# **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      |
| Mommy Home Daycare | 2210025078     | FCC - Type B Home |
| Address            | •              | County            |
| 523 HUNT VALLEY DR |                | FRANKLIN          |
|                    |                |                   |
| REYNOLDSBURG       |                |                   |
| OH 43068           |                |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Provisional            | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 09/26/2022             | 1:00 PM                        | 1:00 PM          |                   | 3:00 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Cristina Boyer         |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 7                              | 0                | 2                 | 6            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 4          | 0         | 5     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Netsanet Gmichael                            | Mixed Age Group | 1 to 3         |         |



## **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

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

**Domain: 07 Diapering & Infant Care** 

Rule: 5101:2-13-20 Crib and Playpen Requirements

Code: The program staff is required to place infants in a crib or playpen to sleep unless a JFS 01235 "Sleep

Position Waiver Statement for Child Care" is on file.

Findings: During the inspection, it was determined an infant slept in equipment other than their crib and did not have written permission from a physician on file. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 10/26/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-13-09 Background Checks

Code: The program is required to have background checks for all staff and residents over 18 years of age.

Findings: In review of staff records, it was determined that background check were not requested for the person listed on the Employee Record Chart as noted in number 1 below:

- 1. Submitting the request for a background check for child care in the OPR;
- 2. Submitting fingerprints electronically according to the process established by the BCI.



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

Corrective Action Plan Due: 10/26/2022

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

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item numbers 1,2 and 3 below:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- 3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 10/26/2022

### Domain: 07 Diapering & Infant Care

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program staff is required to have all bottles labeled.

Findings: During the inspection, it was determined that a bottle containing formula for a particular infant were not labeled with the child's name and date of preparation. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/26/2022

**Domain: 08 Staff Files** 



Rule: 5101:2-13-07 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 record in the Ohio Professional Registry (OPR) were not created as noted in number 1 below:

- 1. The provider had not updated her profile in the OPR.
- 2. The provider had not created or updated the program's organizational dashboard in the OPR.
- 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: 10/26/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-13-09 Background Checks

Code: Individuals are required to completed the background check process and obtain complete results.

Findings: In review of the staff records, it was determined that background check requirements were incomplete for the individuals listed on the Employee Record Chart, as noted in number(s) [ ] below:

- 1. The JFS 01176 "Program Notification of Background check Review for Child Care" was not on file at the program, but was on file at the county agency and the individual is eligible.
- 2. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the program and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.



3. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the county agency and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/26/2022

#### **Domain: 08 Staff Files**

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not obtain the required liability insurance/have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for 3 child in care. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 10/26/2022

#### 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 1 below

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- 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.

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Corrective Action Plan Due: 10/27/2022

## **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                                    | Ctatus    | Decumenting Statement(s) If a reliable  |
| *************************************** | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location         | Compliant |   |
|   |           |   |
|   | 1         | <u> </u>                                |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS       | Compliant | · · · · · · · · · · · · · · · · · · ·   |
| ,                                       | · ·       |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical           | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                 | Compliant |   |
| Requirements                            |           |   |
|   |           |   |

| Rule                                  | Status      | Documenting Statement(s), If applicable     |
|---------------------------------------|-------------|---|
| 5101:2-13-04 Building Requirements    | Compliant   |   |
| for Type B Homes                      |             |   |
|                                       |             |   |
| DI-                                   | Ct-tu-      | Decree with a Chatana anti-) If a milestell |
| 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     | Compilation |   |
| Home                                  |             |   |
| 1                                     | <u> </u>    | ı   |
| Rule                                  | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-04 Heaters in a Type B      | Compliant   | 6   |
| Home                                  |             |   |
|                                       |             |   |
|                                       |             |   |
| 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   |   |
|                                       |             |   |
|                                       |             | 1   |
| Rule                                  | Status      | Documenting Statement(s) If applicable      |
| 5101:2-13-08 Child Care Staff         | Compliant   | Documenting Statement(s), If applicable     |
|                                       | Compilant   |   |
| Requirements                          |             |   |
|                                       | 1           |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Whistle Blower           | 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                           |             |   |
|                                       |             |   |
|                                       |             |   |

| Rule                                | 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 | bocamenting statement(3), ii applicable    |
| 3101.2 13 12 Juic Equipment         | Compilant |  |
|                                     |           |  |
|                                     | •         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Safe Environment       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-13 Clean environment and  | Compliant |  |
| equipment                           |           |  |
|                                     |           |  |
| P. J.                               | Chahara   | Decree with a Chaham and/a) If and it also |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-13 Handwashing            | Compliant |  |
|                                     |           |  |
| <u> </u>                            | ı         | ı  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-13 Smoke Free             | Compliant | = = = = = = = = = = = = = = = = = = =      |
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|                                     |           |  |
|                                     |           |  |
| 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         |  |
| Pulo                                | Status    | Documenting Statement/s) If applicable     |
| Rule                                | Status    | Documenting Statement(s), If applicable    |

| 5404 2 42 44 B · · · · · · · · · · · · · · · · · | Carralla at |   |
|--|-------------|---|
| 5101:2-13-14 Ratio and Supervision               | Compliant   |   |
| for Field and Routine Trips                      |             |   |
|  |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                 | Compliant   |   |
| · ·  |             |   |
|  |             |   |
|  | •           |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections                 | Compliant   | bocamenting statement(s), it applicable |
| 3101.2-13-14 Vehicle hispections                 | Compilant   |   |
|  |             |   |
|  |             |   |
|  |             |   |
| 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 |
|  |             | Documenting Statement(s), if applicable |
| 5101:2-13-15 Child Records Retention             | Compliant   |   |
| and Confidentiality                              |             |   |
|  |             |   |
|  | 1           |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and                | Compliant   |   |
| General Emergency Plan                           |             |   |
| - ,  |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard              | Compliant   | 5 , ,, , , , ,                          |
| Precautions                                      |             |   |
| Tecautions                                       |             |   |
|  | 1           |   |
| Pulo   | Status      | Documenting Statement/s) If a reliable  |
| 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 Disaster Plan                       | Compliant   |   |
|  |             |   |
|  |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury                     | Compliant   | becamening statement(s), it applicable  |
| 3101.2-13-10 incident/injury                     | Compliant   |   |

| beginning:                          |           |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
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|                                     | 1.        |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |
|                                     | _1        |   |
| Dula                                | Chahua    | Decomposition Chateron and Auto III     |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         | 12 11 21 11 11 11                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Compliant |   |
|                                     |           |   |

| Beginning!                         |           |  |
|------------------------------------|-----------|--|
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Daily Care     | Compliant |  |
| Jioi.2 13 23 mant bany care        | Compilant |  |
|                                    |           |  |
|                                    |           |  |
| 2.1                                |           |  |
| 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 |  |
| Swimming                           | ·         |  |
| •                                  |           |  |
|                                    | •         | ·  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication            | Compliant | 2003Sing ottatement(3), it applicable    |
|                                    | Compliant |  |
| Requirements                       |           |  |
|                                    |           |  |
| - 1                                | I a       |  |
| 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            | Compilant |  |
| Detectors - Type B Offig           |           |  |
|                                    |           |  |
| Dula                               | Chahua    | Decimanting Statement (1) If and itself  |
| 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 On-site Pools         |           | bootimenting statement(s), it applicable |
| 3101.2-13-24 OII-SILE POOIS        | Compliant |  |
|                                    |           |  |
|                                    |           |  |



| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-12 Pets           | Compliant |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
|                             |           | bocumenting 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                   | ·         |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |