# **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 Deta      | ils             |                   |
|--|-------------------|-----------------|-------------------|
| Program Name   | Program Number    |                 | Program Type      |
| Sister Sister first Step Academy, LLC                    | 2210025374        |                 | FCC - Type A Home |
| Address  |                   |                 | County            |
| 5876 Mall View Court                                     |                   |                 | FRANKLIN          |
|  |                   |                 |                   |
| Columbus   |                   |                 |                   |
| OH 43231   |                   |                 |                   |
| Building and Fire Approvals apply to Type A Family Child | d Care Homes only |                 |                   |
| Building Approval Date                                   | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |
| 09/13/2021   | NA                |                 |                   |
| Fire Inspection Approval Date                            |                   |                 |                   |
| 09/15/2021   |                   |                 |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection Sc                  | ope              | Inspection Notice |              |  |
| Monitor             | Partial                        |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 11/08/2022          | 3:00 PM                        |                  | 3:45 PM           |              |  |
| Reviewer:           |                                |                  |                   |              |  |
| Cristina Boyer      |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 2                   | 2                              | 0                | 1                 | 1            |  |

| Lic                       | 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             |   | 4          | 0         | 4     |  |
| Total Under 2 Years       | 6   | 5          | 0         | 5     |  |
| Older Toddler             |   | 3          | 0         | 3     |  |
| Preschool                 |   | 0          | 0         | 0     |  |
| School Age                |   | 7          | 0         | 7     |  |
| Total Capacity/Enrollment | 12  | 10         | 0         | 15    |  |

| Staff-Child Ratios at the Time of Inspection |  |         |  |
|--|--|---------|--|
| Group  | Group Age Group/Range Ratio Observed Comment |         |  |
| Thalia                                       | Mixed Age Group                              | 3 to 15 |  |





## **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   |
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| No Serious Risk Non-Compliances were observed during this inspection   |
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| Moderate Risk Non-Compliances  |
| Domain: 01 Ratio & Supervision   |
| Rule: 5101:2-13-18 Group Size and Ratios   |
| Code: The program is required to monitor the number of children in care to remain within the licensed capacity.    |
| Findings: During the inspection, it was determined there were 15 children in care during the hours of operation,   |
| which is over the capacity listed on the license. Submit the program's corrective action plan to verify compliance |
| with the requirements of this rule.  |
| Corrective Action Plan Due: 12/08/2022   |
| Confective / lettern   lett B del 12/ 00/ 2022   |
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#### **Low Risk Non-Compliances**

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

### Code: The program is required to maintain attendance records.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 2 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The original attendance documentation was not kept at the program for a period of one year.

Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/08/2022

#### **Rules In-Compliance/Not Verified**

| _                                      |              |   |
|--|--------------|---|
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible           | Not Verified |   |
|  |              |   |
|  |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary       | Not Verified |   |
| Closure                                |              |   |
|  |              |   |
|  | I s          | D :: 6:/ \ .f :                         |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location        | Not Verified |   |
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| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS      | Not Verified | Bocamenting statement(3), it applicable |
| 3101.2-13-02 IIIIOIIIIatioii iii Octos | Not verified |   |
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| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical          | Not Verified | -                                       |
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| Rule                                   | Status       | Documenting Statement(s), If applicable |

| 5101:2-13-02 Type A Ownership                      | Not Verified           |   |
|--|------------------------|---|
| Rule   | Status                 | Documenting Statement(s), If applicable     |
| 5101:2-13-03 Inspection<br>Requirements            | Not Verified           |   |
| Rule   | Status                 | Documenting Statement(s), If applicable     |
| 5101:2-13-04 Building Inspections for Type A Homes | Not Verified           | Documenting Statement(3), if applicable     |
| Rule   | Status                 | Documenting Statement(s), If applicable     |
| 5101:2-13-04 Fire Inspections for Type<br>A Homes  | Not Verified           | bocumenting statement(3), if applicable     |
| Rule   | Status                 | Documenting Statement(s), If applicable     |
| 5101:2-13-05 Denial, Revocation, and Suspension    | Not Verified           | Decumenting statement(s), it approaches     |
|  | C                      |   |
| Sule 5101:2-13-07 Staff Records                    | Not Verified           | Documenting Statement(s), If applicable     |
| D. J.  | Chatria                | Decree as the Chatana and (a) If a multiple |
| Rule 5101:2-13-08 Employee Requirements            | Not Verified           | Documenting Statement(s), If applicable     |
|  |                        |   |
| Rule 5101:2-13-08 Child Care Staff Requirements    | Status<br>Not Verified | Documenting Statement(s), If applicable     |
|  |                        |   |
| Sule 5101:2-13-08 Whistle Blower                   | Not Verified           | Documenting Statement(s), If applicable     |
|  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable     |
| 5101:2-13-09 Background Checks                     | Not Verified           |   |
| Dula   | Chahua                 | Decorporation Chatter with the              |
| Rule 5101:2-13-10 Health Training                  | Status<br>Not Verified | Documenting Statement(s), If applicable     |

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| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional               | Not Verified                            |   |
| Development                             |   |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space              | Not Verified                            |   |
|   |   |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment          | Not Verified                            |   |
|   |   |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                  | Not Verified                            |   |
|   |   |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment             | Not Verified                            |   |
|   |   |   |
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|   |   |   |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment           | Not Verified                            | , , , , , , , , , , , , , , , , , , ,   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and      | Not Verified                            |   |
| equipment                               |   |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                | Not Verified                            |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free                 | Not Verified                            |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing              | Not Verified                            |   |
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| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field  | Not Verified  | , , , , , , , , , , , , , , , , , , ,   |
| ·                                    | Not verified  |   |
| and Routine Trips                    |               |   |
|                                      |               |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Not Verified  |   |
| for Field and Routine Trips          |               |   |
|                                      |               |   |
|                                      | 1             |   |
| Rule                                 | Status        | Documenting Statement(s) If applicable  |
|                                      |               | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements     | Not Verified  |   |
|                                      |               |   |
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| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Not Verified  |   |
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| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Not Verified  |   |
|                                      |               |   |
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|                                      | 1             |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
|                                      |               | Documenting Statement(3), if applicable |
| 5101:2-13-15 Child Medical and       | Not Verified  |   |
| Enrollment Records                   |               |   |
|                                      |               |   |
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| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Not Verified  |   |
|                                      |               |   |
|                                      |               |   |
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| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Not Verified  |   |
| and Confidentiality                  |               |   |
| ′                                    |               |   |
|                                      | •             |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
|                                      |               | Documenting Statement(s), it applicable |
| 5101:2-13-16 Medical, Dental, and    | Not Verified  |   |
| General Emergency Plan               |               |   |
|                                      |               |   |
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| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Not Verified  |   |
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| Rule                                | Status       | Documenting Statement(s), If applicable |
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| 5101:2-13-16 First Aid Kit/Standard | Not Verified |   |
| Precautions                         |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases  | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Not Verified | Documenting Statement(s), it applicable |
| 3101.2-13-10 incluent/injury        | Not verified |   |
|                                     |              |   |
|                                     | 1            |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Not Verified |   |
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| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Not Verified |   |
|                                     |              |   |
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| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Not Verified | Documenting Statement(s), if applicable |
| 3101.2-13-13 3CHOOLAge Supervision  | Not verified |   |
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|                                     | 1            |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
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| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Not Verified |   |
| Requirements                        |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Not Verified | Documenting statement(s), if applicable |
|                                     | NOL VEITHEU  |   |
| Requirements                        |              |   |
|                                     | 1            |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Not Verified | , , , , , , , , , , , , , , , , , , ,   |
| Care                                |              |   |
|                                     |              |   |
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| Rule                                   | Status       | Documenting Statement(s), If applicable  |
|--|--------------|--|
| 5101:2-13-21 Sanitary Environment      | Not Verified | e comment of the control of the cont |
| and Hygiene                            |              |  |
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| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks          | Not Verified |  |
|  |              |  |
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| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk                | Not Verified | bocumenting statement(3), if applicable  |
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| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Food Handling             | Not Verified |  |
|  |              |  |
|  |              |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Daily Care         | Not Verified | Documenting Statement(s), if applicable  |
| 3101.2-13-23 Illiant Daily Care        | Not verified |  |
|  |              |  |
|  |              |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Bottle and Food    | Not Verified |  |
| Preparation                            |              |  |
|  |              |  |
|  | I a          |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering                 | Not Verified |  |
|  |              |  |
|  | I            |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Not Verified |  |
| Swimming                               |              |  |
|  |              |  |
|  |              |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                | Not Verified |  |
| Requirements                           |              |  |
|  | I .          | 1  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities | Not Verified | and a second sec |
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| Rule                                   | Status       | Documenting Statement(s), If applicable  |

| Status       | Documenting Statement(s), If applicable   |
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| Not Verified |   |
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