# **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      |
| Rhonda's IN-home Childcare   | 2220025746        |                 | FCC - Type A Home |
| Address  |                   |                 | County            |
| 1941 BURROUGHS DR  |                   |                 | MONTGOMERY        |
| DAYTON OH 45406 Building and Fire Approvals apply to Type A Family Chil. | d Care Homes only |                 |                   |
| Building Approval Date   | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |
| 02/09/2022   | NA                |                 |                   |
| Fire Inspection Approval Date  |                   |                 |                   |
| 02/10/2022   |                   |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Provisional            | Full                           |                  | Announced         |              |  |
| Inspection Date        | ection Date Begin Time E       |                  | End Time          |              |  |
| 10/26/2022             | 10:10 AM                       | 10:10 AM         |                   | 12:00 PM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Avery Wynings          |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 66                     | 3                              | 0                | 0                 | 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)                                  |                  | 3          | 0         | 3     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 6                | 3          | 0         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 3          | 0         | 3     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 12               | 3          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group  | Age Group/Range Ratio Observed Comment |        |  |
| Rhonda's Group                               | 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  |
|---|
| School Risk Worl Compliances  |
| No Serious Risk Non-Compliances were observed during this inspection  |
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|   |
| Moderate Risk Non-Compliances   |
| No Madamata Birla Nan Camalian and a sanad during this insuration     |
| No Moderate Risk Non-Compliances were observed during this inspection |
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# **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.



Findings: During the inspection, it was determined the water temperature was 130 degrees F in the following room: child care bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/27/2022

### **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to store alcohol in a space not used by children.

Findings: During the inspection, it was observed that a sealed container of alcohol was observed in a space approved or used for child care as noted in the following number(s) below: 1& 2

- 1. A sealed container was observed but children in care did not gain access to the alcohol.
- 2. A sealed container of alcohol was observed but children in care were not observed in the space at the time of the inspection.

These items must be removed or stored in space not approved or used for children as required. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 11/27/2022

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to refrain from using and storing outdoor machinery around children.

Findings: During the inspections, a potentially hazardous substance, which was determined to not present a serious risk to a child, was accessible to children as noted in number 11 (plug in air freshener) below:

- 1. Cosmetics
- 2. Disinfecting wipes
- 3. Fish food
- 4. Hand lotion
- 5. Hand sanitizer (for children under 24 months).
- 6. Laundry detergent
- 7. Powder dish washing soap
- 8. Paint cans
- 9. White out
- 10. Potting soil
- 11. plug in air freshener (heated oil type)



The potentially hazardous substance was determined to be accessible to children in the following area: [ ] Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/27/2022

#### 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 have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care. Correct the violation and submit proof of insurance (or JFS 01933) with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/27/2022

## Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to have hours of availability to meet with parents posted in a noticeable place.

Findings: During the inspection, it was determined that the provider did not have hours of availability to meet with parents a noticeable location. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/27/2022

## Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 4, 13, 14 & 15 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 11/27/2022

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

| Rule                              | Status      | Documenting Statement(s), If applicable       |
|-----------------------------------|-------------|---|
| 5101:2-13-02 License Visible      | Compliant   |   |
| 310112 10 02 2.001.00 1.0.010     | Compilation |   |
|                                   |             |   |
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| Dula                              | Chahara     | Decrease the Ctatage and a life and live life |
| Rule                              | Status      | Documenting Statement(s), If applicable       |
| 5101:2-13-02 Voluntary Temporary  | Compliant   |   |
| Closure                           |             |   |
|                                   |             |   |
|                                   |             |   |
| Rule                              | Status      | Documenting Statement(s), If applicable       |
| 5101:2-13-02 Change of Location   | Compliant   |   |
|                                   | '           |   |
|                                   |             |   |
|                                   | 1           |   |
| 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   | Documenting Statement(s), if applicable  |
| 3101.2-13-02 Plovider Medical          | Compilant   |  |
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|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Type A Ownership          | Compliant   | 2004 menting ocacement(0)) in applicable |
| 3101.2 13 02 Type / Ownership          | Compilation |  |
|  |             |  |
|  |             |  |
| 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 Inspections for  | Compliant   |  |
| Type A Homes                           |             |  |
|  |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Inspections for Type | Compliant   |  |
| A Homes                                |             |  |
|  |             |  |
| Dula                                   | Chabina     | Decrees the Ctatana ant/a) If and inchia |
| Rule 5101:2-13-07 Staff Records        | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records             | Compliant   |  |
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| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements     | Compliant   | Dodamenting oracement(e)) in approach    |
| 3101.2 13 00 Employee Requirements     | Compilation |  |
|  |             |  |
|  | •           | ·  |
| 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   |  |
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| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-10 Health Training           | Compliant |   |
| 3101.2-13-10 Health Halling            | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-10 Professional              | Compliant |   |
| Development                            | ·         |   |
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| Rule                                   | Status    | Documenting Statement(s) If applicable    |
|  |           | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Outdoor Space             | Compliant |   |
|  |           |   |
|  |           |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Outdoor Equipment         | Compliant |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Fall Zone                 | Compliant |   |
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|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Safe Equipment            | Compliant | у при |
| 3101.2-13-12 Sale Equipment            | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Clean environment and     | Compliant |   |
| equipment                              |           |   |
|  |           |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable   |
|  |           | bocamenting statement(s), if applicable   |
| 5101:2-13-13 Handwashing               | Compliant |   |
|  |           |   |
|  |           |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Smoke Free                | Compliant |   |
|  |           |   |
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|  | 1         |   |
| D 1                                    |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Toothbrushing             | Compliant |   |
|  |           |   |
|  | <u> </u>  |   |
| <u> </u>                               | <u> </u>  | 1   |

| 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          |           |  |
|                                      |           |  |
| 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 |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Decumenting Statement(s) If applicable   |
|                                      |           | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Requirements    | Compliant |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Health Conditions       | Compliant | -  |
|                                      |           |  |
|                                      |           |  |
|                                      | -         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention | Compliant |  |
| and Confidentiality                  |           |  |
|                                      | <u> </u>  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and    | Compliant |  |
| General Emergency Plan               |           |  |
| 2.2.2.2                              |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills        | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Decumenting Statement(s) If a will call. |
| IIA                                  | Status    | Documenting Statement(s), If applicable  |
|                                      | Compliant |  |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |  |
|                                      | Compliant |  |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |  |

| Rule                                | Status              | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-13-16 Communicable Diseases  | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     | 1                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant           |   |
|                                     |                     |   |
|                                     | L                   | 1                                       |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant           | -                                       |
|                                     |                     |   |
|                                     |                     |   |
| Della                               | Chahara             | Danier Chair (1) If III                 |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant           |   |
|                                     |                     |   |
|                                     | ı                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Chatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-19 School Age Supervision | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-13 School Age Supervision | Compilant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant           |   |
|                                     |                     |   |
| <del>L</del>                        | l                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant           |   |
| Requirements                        |                     |   |
|                                     | ı                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant           |   |
| Care                                |                     |   |
|                                     |                     |   |
| Dula                                | Chahus              | Decrementing Chairmant/ A 16            |
| Rule                                | Status              | Documenting Statement(s), If applicable |

| Designation.                        |           | 1   |
|-------------------------------------|-----------|---|
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-22 Meals and Snacks       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-23 Infant Daily Care      | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1.        |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-23 Infant Bottle and Food | Compliant |   |
| Preparation                         |           |   |
|                                     |           |   |
|                                     | I s       |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-23 Diapering              | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| D. J.                               | Chahara   | Decree of the Chatery of Automotive Chatery |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-24 Parent Permission for  | Compliant |   |
| Swimming                            |           |   |
|                                     |           |   |
| Pula                                | Ctatus    | Decumenting Statement/s) If applicable      |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-25 Medication             | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
|                                     |           | Documenting statement(s), if applicable     |
| 5101:2-13-18 Group Size and Ratios  | Compliant |   |
|                                     |           |   |
|                                     |           | I   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
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| Compliant |  |
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| Compliant |  |
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| Compliant | Security of the security of th |
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| Compliant |  |
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