

# **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
Mama Bear Childcare	2240030204	FCC - Type B Home
Address	·	County
474 Faber Street		FRANKLIN
pickerington		
OH 43147		

	Insp	ection Information		
Inspection Type	Inspection So	соре	Inspection Notice	
Pre-license	Full	7336	Announced	
Inspection Date	Begin Time		End Time	
01/24/2025	10:05 AM		12:23 PM	
Reviewer:	·			
Melinda Irwin				
	Sui	mmary of Findings	S.	
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
68	7	0	1	6

Lic	ense Capacity and	d Enrollment a	at the Time of I	nspection
Age Group	License Capacity	Enrollment		
	Totals	Full Time	Part Time	Total
Infant ( Birth to < 18 m)		0	0	0
Young Toddler		0	0	0
Total Under 2 Years		0	0	0
Older Toddler		0	0	0
Preschool		0	0	0
School Age		0	0	0
Total Capacity/Enrollment		0	0	0

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Mama Bear Childcare		1 to 0	



## **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
Moderate Risk Non-Compliances
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 Type B Home did not have a working carbon
monoxide detector in the basement. 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: 02/23/2025

## **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment



Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following conditions which may threaten their health, safety, or well being as noted in the following numbers 1 and 4 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Telephone cords.
- 7. Employee(s) purse(s).
- 8. Diaper bags.
- 9. Television not securely anchored.
- 10. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 11. Staff member stepped over a barrier/gate while holding a child.
- 12. Chipping or peeling paint.
- 13. An area rug did not have a nonskid backing.
- 14. An area rug presented a tripping hazard.
- 15. A floor surface was unsafe in that [].
- 16. No platform was provided for the sink or toilet.
- 17. The platform provided for the sink or toilet was not sturdy.
- 18. The platform provided for the sink or toilet posed a safety hazard in that [ ].
- 19. Emergency exits were blocked by the following furniture in that [ ].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [ ].

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

Corrective Action Plan Due: 02/23/2025

### Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-13 Clean environment and equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number 3 below, were in the program restroom:

- 1. There was no liquid soap.
- 2. There was no toilet tissue.



- 3. There were no individually assigned towels or disposable towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet was not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 02/23/2025

## Domain: 03 Postings & Equipment

Rule: 5180:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 1 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.
- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 02/23/2025

# Domain: 05 Health & Safety

Rule: 5180:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.



Findings: During the inspection, it was determined that the program did not have a first aid kit onsite as required, that included all items listed in the appendix A of the rule. The kit was missing the items listed in numbers 9, 11 and 13 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 02/23/2025

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

Rule: 5180:2-13-07 Provider Responsibilities

Code: The provider is required to reside at the licensed location, not have additional activities or employment during the program's operating hours, be on-site at the program for at least 75 percent of the program's operating hours, and have hours of availability posted in a noticeable place.

Findings: During the inspection, it was determined that the provider was not meeting the following requirements as noted in number 4 below:

- 1. The provider no longer resides at the licensed location.
- 2. The licensed provider has additional activities/employment during operating hours, in that [].
- 3. The provider was not on-site for 75 percent of the program's operating hours as required by this rule.
- 4. 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: 02/23/2025

#### **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 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: 02/23/2025



Rule 5180:2-13-02 Voluntary Temporary Closure  Rule 5180:2-13-02 License Visible	Status Compliant Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
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5180:2-13-02 Change of Location	Compliant	
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5180:2-13-02 Information in OCLQS	Compliant	
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5180:2-13-02 Provider Medical	Compliant	
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Requirements  Rule 5180:2-13-04 Building Requirements	Status	Documenting Statement(s), If applicable
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Rule 5180:2-13-04 Building Requirements for Type B Homes  Rule 5180:2-13-04 Fire Safety for Type B Homes  Rule 5180:2-13-04 Flammable and Combustible Materials in a Type B	Status Compliant Status Compliant Status Status	Documenting Statement(s), If applicable
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5180:2-13-07 Type B Provider - Foster	Compliant	
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5180:2-13-08 Employee Requirements	Compliant	
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5180:2-13-08 Child Care Staff	Compliant	
Requirements		
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5180:2-13-08 Whistle Blower	Compliant	
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5180:2-13-09 Background Checks	Compliant	
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5180:2-13-10 Health Training	Compliant	
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5180:2-13-10 Professional	Compliant	
Development		
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5180:2-13-11 Indoor Space	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-11 Outdoor Space	Compliant	
Rule	Status	Documenting Statement(s), If applicable



5180:2-13-11 Outdoor Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-11 Fall Zone	Compliant	
Rule 5180:2-13-12 Safe Equipment	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-12 Pets	Status	Documenting Statement(s), If applicable
5180:2-13-12 Pets	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-14 Ratio and Supervision for Field and Routine Trips	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-13 Toothbrushing	Compliant	
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Rule 5180:2-13-13 Smoke Free	Status	Documenting Statement(s), If applicable
5160:2-15-15 SMOKE Free	Compliant	
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5180:2-13-13 Handwashing	Compliant	Documenting Statement(s), if applicable
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5180:2-13-14 Driver Requirements	Compliant	2 20amonano statoment(s), il applicable
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5180:2-13-14 Vehicle Inspections	Compliant	



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5180:2-13-15 Child Medical and	Compliant	
Enrollment Records		
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5180:2-13-15 Health Conditions	Compliant	
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5180:2-13-15 Child Records Retention	Compliant	
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5180:2-13-16 Emergency Drills	Compliant	
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5180:2-13-16 Communicable Diseases		Documenting Statement(s), it applicable
5180:2-15-16 Communicable Diseases	Compliant	
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