## **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      |  |
| WALKER, TYESHA  | 00000900614302 | FCC - Type B Home |  |
| Address         |                | County            |  |
| 1446 Rambler Pl |                | HAMILTON          |  |
|                 |                |                   |  |
| Cincinnati      |                |                   |  |
| OH 45231        |                |                   |  |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          | End Time     |  |
| 11/21/2021             | 10:25 AM                       |                  | 11:00 AM          |              |  |
| Reviewer:              |                                |                  |                   |              |  |
| Eryn Hunt              |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 1                              | 0                | 0                 | 1            |  |

| 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)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment |  |        |  |
| PLACEMENTS 11/21/21                          |  | 1 to 0 |  |



## **Summary of Non-Compliances**

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

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

## **Low Risk Non-Compliances**

Domain: 05 Health & Safety

Rule: 5101:2-13-16 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/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number(s) 11 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: 12/22/2021

## **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                          |           |   |
|                                  |           |   |
|                                  |           |   |

Documenting Statement(s), If applicable

| 5101:2-13-02 Change of Location   | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-02 Information in OCLQS                                       | Compliant           | Documenting statement(s), if applicable   |
| P. J.   | Chahara             | December 5 Chatanage (a) If a call add    |
| Rule 5101:2-13-02 Provider Medical                                      | Compliant           | Documenting Statement(s), If applicable   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-03 Inspection<br>Requirements                                 | Compliant           | Documenting statement(3), if applicable   |
|   |                     |   |
| Rule Building Requirements for Type B Homes                             | Status Compliant    | Documenting Statement(s), If applicable   |
| Doda  | Chatura             | Description (testamental) If analysis lie |
| Rule 5101:2-13-04 Fire Safety for Type B Homes                          | Compliant           | Documenting Statement(s), If applicable   |
| Rule  | Chatus              | Decumenting Statement/s) If amiliable     |
| 5101:2-13-04 Flammable and<br>Combustible Materials in a Type B<br>Home | Status   Compliant  | Documenting Statement(s), If applicable   |
|   | I a                 |   |
| Rule 5101:2-13-04 Heaters in a Type B Home                              | Compliant           | Documenting Statement(s), If applicable   |
|   |                     |   |
| Sule 5101:2-13-07 Staff Records   | Compliant           | Documenting Statement(s), If applicable   |
|   |                     |   |
| Rule 5101:2-13-07 Type B Provider - Foster Parent                       | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Dida  | Chabina             | Dogumenting Chalanger (A) If              |
| S101:2-13-08 Employee Requirements                                      | Status   Compliant  | Documenting Statement(s), If applicable   |

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| D 1  | - C       | D :: C:  |
| 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 |  |
|  |           |  |
|  |           |  |
|  |           |  |
| 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 |  |
|  | 22        |  |
|  |           |  |
|  | <u> </u>  | •  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Environment  | Compliant | 2 Same in the same |
| STOTIZ TO TZ SOIC ENVIRONMENT  | Compilant |  |
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| Rule                                | Status              | Documenting Statement(s), If applicable  |
|-------------------------------------|---------------------|--|
| 5101:2-13-13 Clean environment and  | Compliant           |  |
| equipment                           |                     |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing            | Compliant           | bootinenting statement(s), in applicable |
| Ŭ                                   | '                   |  |
|                                     |                     |  |
| Rule                                | Status              | Decumenting Statement(s) If applicable   |
| 5101:2-13-13 Smoke Free             | Compliant           | Documenting Statement(s), If applicable  |
| 3101.2 13 13 3110KC 11CC            | Compilant           |  |
|                                     |                     |  |
|                                     | T                   |  |
| 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                   |                     |  |
|                                     |                     |  |
| 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              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Requirements   | Compliant           |  |
|                                     |                     |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Medical and      | Compliant           | 2 committing statement(s), it applicable |
| Enrollment Records                  |                     |  |
|                                     |                     |  |
| Pulo                                | Status              | Documenting Statement(s) If applicable   |
| Rule 5101:2-13-15 Health Conditions | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 3101.2 13 13 Health Collabora       | Compliant           |  |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
| and confidentiality                  |           |   |
|                                      |           |   |
| Dulo                                 | Chahus    | Describe Statements (If applicable      |
| 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 Emergency Drills        | Compliant | 0 (7 11                                 |
| 3101.2 13 10 Emergency Dims          | Compilant |   |
|                                      |           |   |
|                                      | l         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | bocamenting statement(s), it applicable |
| 5101:2-13-16 Incident/Injury         | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | bocamenting statement(3), it applicable |
| 5101:2-13-18 Attendance              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
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| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision             | Compliant |   |
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| L                                    | 1         |   |
| Rule                                 | Status    | Decumenting Statement/s) If applicable  |
|                                      | 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 |   |
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|                                      |           |   |
|                                      |           |   |

| 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   | 0 (7)  |
| Requirements                        | Compilation |  |
| Nequirements                        |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable        |
|                                     |             | bocumenting statement(s), if applicable        |
| 5101:2-13-21 Evening and Overnight  | Compliant   |  |
| Care                                |             |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable        |
| 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   | Bocamenting statement(s), it applicable        |
| J101.2-13-22 Hulu Wilk              | Compliant   |  |
|                                     |             |  |
|                                     |             |  |
| Dula                                | Chahua      | Decree of the transport of the continue of the |
| 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   |  |
|                                     |             |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable        |
| 5101:2-13-23 Infant Bottle and Food | Compliant   |  |
| Preparation                         |             |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable        |
|                                     | Compliant   | bocumenting statement(3), if applicable        |
| 5101:2-13-23 Diapering              | Compilant   |  |
|                                     |             |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable        |

| 5101:2-13-24 Parent Permission for Swimming          | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication<br>Requirements              | Compliant           | Documenting Statement(s), if applicable |
| Rule   | Status              | Decumenting Statement(s) If applicable  |
| 5101:2-13-07 Provider Responsibilities               | Compliant           | Documenting Statement(s), If applicable |
|  | 1 6                 |   |
| S101:2-13-18 Group Size and Ratios                   | Status   Compliant  | Documenting Statement(s), If applicable |
|  |                     |   |
| S101:2-13 Written Policies and Procedures            | Status   Compliant  | Documenting Statement(s), If applicable |
|  |                     |   |
| S101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant           | Documenting Statement(s), If applicable |
| Rule   | Status              | Decumenting Statement(s) If applicable  |
| 5101:2-13-11 Indoor Space                            | Compliant           | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-17 Programming                        | Status Compliant    | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-24 On-site Pools                      | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-12 Pets                               | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-24 Swimming Sites                     | Status<br>Compliant | Documenting Statement(s), If applicable |
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| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-17 Materials and Equipment | Compliant | <u> </u>                                |
|                                      |           |   |