# **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      |  |
| JENKINS, KIARA   | 000000917409106 | FCC - Type B Home |  |
| Address          |                 | County            |  |
| 4722 HARDWICK DR |                 | HAMILTON          |  |
|                  |                 |                   |  |
| CINCINNATI       |                 |                   |  |
| OH 45238         |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/20/2022             | 10:38 AM                       |                  | 11:00 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Jennifer Herzog        |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 1                              | 0                | 0                 | 2            |

| 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     |
| <b>Total Under 2 Years</b>                                | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 6                | 4          | 0         | 4     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| 1/20/2022                                    |                 | 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  |
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|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
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|   |

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

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: 02/20/2022

#### **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 numbers 1 and 14 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: 02/20/2022

## **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   | Status    | 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 |  |
|  |           |  |
|  |           |  |
|  |           |  |
| 0.1  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical                                | Compliant | Documenting Statement(s), If applicable  |
|  |           | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical                                | Compliant |  |
| 5101:2-13-02 Provider Medical  Rule                          | Compliant |  |
| S101:2-13-02 Provider Medical  Rule  5101:2-13-03 Inspection | Compliant |  |
| S101:2-13-02 Provider Medical  Rule 5101:2-13-03 Inspection  | Compliant |  |

| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| 5101:2-13-04 Building Requirements    | Compliant |   |
| for Type B Homes                      | ·         |   |
|                                       |           |   |
|                                       | T         |   |
| 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     | ·         |   |
| Home                                  |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-04 Heaters in a Type B      | Compliant |   |
| Home                                  |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Staff Records            | Compliant | 2 - Sameriang Statement(s), it applicable |
| STOTIL TO 67 Stan Necorus             |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       | <u> </u>  |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Employee Requirements    | Compliant | (0),                                      |
|                                       | '         |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Child Care Staff         | Compliant |   |
| Requirements                          |           |   |
|                                       | I         |   |
| 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 |   |
|                                       |           |   |
|                                       | l         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-10 Health Training          | Compliant | , , , , , , , , , , , , , , , , , , ,     |
|                                       |           |   |

| Rule         Status         Documenting Statement(s), If applicable           S101:2-13-10 Professional Development         Compliant           Rule         Status         Documenting Statement(s), If applicable           S101:2-13-11 Outdoor Space         Compliant           Rule         Status         Documenting Statement(s), If applicable           S101:2-13-11 Outdoor Equipment         Compliant           Rule         Status         Documenting Statement(s), If applicable           S101:2-13-11 Fall Zone         Compliant           Rule         Status         Documenting Statement(s), If applicable           S101:2-13-12 Safe Equipment         Compliant           Rule         Status         Documenting Statement(s), If applicable           S101:2-13-13 Clean environment and equipment         Compliant           Rule         Status         Documenting Statement(s), If applicable           S101:2-13-13 Handwashing         Compliant           Rule         Status         Documenting Statement(s), If applicable           S101:2-13-13 Smoke Free         Compliant   |          |
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| 5101:2-13-13 Smoke Free Compliant  | JIE      |
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| Rule Status Documenting Statement(s), If applicable  | ole      |
|  | J.C      |
| 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 | 3 (" 11                                  |
| for Field and Routine Trips          |           |  |
| Tor Field and Roadine Trips          |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Driver Requirements     | Compliant | Bearer (e), eppeac.                      |
| 5101.2 15 14 Driver Requirements     | Сотриате  |  |
|                                      |           |  |
|                                      |           | l  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|                                      |           | Documenting Statement(s), if applicable  |
| 5101:2-13-14 Vehicle Inspections     | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | Ι.        |  |
| 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  |
| 5101:2-13-15 Child Records Retention | Compliant |  |
| and Confidentiality                  |           |  |
| ,                                    |           |  |
|                                      |           |  |
| 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 | 3 - 1(1)                                 |
|                                      |           |  |
|                                      |           |  |
|                                      | 1         | '  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant | Documenting Statement(3), it applicable  |
|                                      | Compliant |  |
| Precautions                          |           |  |
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| Rule                                 | Ctatus    | Decumenting Statement (a) If a well-all- |
| RIII D                               | Status    | Documenting Statement(s), If applicable  |

| 5101:2-13-16 Communicable Diseases                    | Compliant           |   |
|---|---------------------|---|
| Rule 5101:2-13-16 Incident/Injury                     | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-16 Disaster Plan                    | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-18 Attendance                          | Status Compliant    | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision  Rule                        | Compliant           | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision                   | Compliant           |   |
| Rule 5101:2-13-19 Child Guidance                      | Status Compliant    | Documenting Statement(s), If applicable |
| Rule 5101:2-13-20 Sleep and Nap Requirements          | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-20 Crib and Playpen<br>Requirements | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-21 Evening and Overnight Care          | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-21 Sanitary Environment and Hygiene    | Status<br>Compliant | Documenting Statement(s), If applicable |

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| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks          | Compliant |   |
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| 2.1                                    |           | D :: 6: : :/\\: : !: !!                 |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                | Compliant |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant | , , , , , , , , , , , , , , , , , , ,   |
| 310112 10 12 1000 110110111.8          |           |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Compliant |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food    | Compliant | bootimenting statement(s), it approasts |
|  | Compliant |   |
| Preparation                            |           |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     |           | Bocamenting statement(s), it applicable |
|  | Compliant |   |
| Swimming                               |           |   |
|  |           |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant |   |
| Requirements                           |           |   |
|  |           |   |
|  | 1         | <u> </u>                                |
| Rule                                   | Status    | Decumenting Statement/s) If applicable  |
|  |           | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
|  |           |   |
|  |           |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant |   |
| 3101.2 13 10 Group 3120 and Natios     | Compliant |   |
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| Rule   | Status      | Documenting Statement(s), If applicable  |
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| 5101:2-13 Written Policies and                 | Compliant   | Documenting statement(3), it applicable  |
| Procedures                                     | Compilant   |  |
| Procedures                                     |             |  |
|  |             |  |
| Rule   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Carbon Monoxide                   | Compliant   | Booth State Control of the Sta |
| Detectors - Type B Only                        | Compilation |  |
| Detectors Type B offiny                        |             |  |
|  |             |  |
| Rule   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space                      | Compliant   |  |
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| Rule   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming                       | Compliant   |  |
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| l  |             |  |
| Rule   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-24 On-site Pools                     | Compliant   |  |
|  |             |  |
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| Rule   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Pets                              | Compliant   |  |
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|  |             | 5 - Chatamant   If and back  |
| Rule   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Swimming Sites                    | Compliant   |  |
|  |             |  |
| <del> </del>                                   |             |  |
| Rule   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Materials and                     | Compliant   | Documenting statement(s), if applicable  |
|  | Compilant   |  |
| Equipment                                      |             |  |
| <del>                                   </del> |             |  |
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