## **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      |
| BROWN, ANITA      | 000000942303957 | FCC - Type B Home |
| Address           |                 | County            |
| 5627 BUTTERCUP LN |                 | HAMILTON          |
|                   |                 |                   |
| CINCINNATI        |                 |                   |
| OH 45239          |                 |                   |

|                     | Insp                           | ection Information |                   |              |
|---------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type     | Inspection So                  | cope               | Inspection Notice |              |
| Compliance          | Full                           |                    | Announced         |              |
| Inspection Date     | Begin Time                     |                    | End Time          |              |
| 02/23/2022          | 1:00 PM                        |                    | 1:30 PM           |              |
| 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                 | 1            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           | nspection |
|---|------------------|------------|-----------|-----------|
| Age Group   | License Capacity | Enrollment |           |           |
|   | Totals           | Full Time  | Part Time | Total     |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0         |
| Young Toddler   |                  | 1          | 0         | 1         |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1         |
| Older Toddler   |                  | 0          | 0         | 0         |
| Preschool   |                  | 0          | 0         | 0         |
| School Age  |                  | 2          | 0         | 2         |
| Total Capacity/Enrollment                                 | 6                | 2          | 0         | 3         |

| S         | taff-Child Ratios at the Time of Ins | pection        |         |
|-----------|--------------------------------------|----------------|---------|
| Group     | Age Group/Range                      | Ratio Observed | Comment |
| 2/23/2022 |                                      | 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  |
|   |
|   |
|   |
|   |
|   |
|   |
| 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 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item numbers 1-3 below:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- 3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 03/26/2022

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

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-02 License Visible                        | Compliant |   |
|   |           |   |
|   |           |   |
| D. J.   | Chahara   | Decree atting Chatana antick if and the |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary                    | Compliant |   |
| Closure   |           |   |
|   | 1         |   |
| 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 |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical                       | Compliant |   |
|   | 22        |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                             | Compliant |   |
| Requirements  |           |   |
|   |           |   |
| Rule  | Ctatus    | Decumenting Statement(s) If applicable  |
|   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements for Type B Homes | Compliant |   |
| TOT TYPE B HOTTIES                                  |           |   |

| peglinning.                           |           |   |
|---------------------------------------|-----------|---|
|                                       |           |   |
|                                       |           |   |
| 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                                  |           |   |
| Home                                  | <u> </u>  |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
|                                       | Status    | Documenting Statement(s), if applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant |   |
| Home                                  |           |   |
|                                       | l         |   |
| Pulo                                  | Charlie   | Decumenting Statement(s) If annies his  |
| Rule<br>5101:2-13-07 Staff Records    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Ctatus    | Decumenting Statement(s) If applicable  |
|                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
| D                                     | l c       |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| - 1                                   | I         | 2                                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff         | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
|                                       | I a       |   |
| 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 | bocumenting statement(s), ii applicable     |
| 3101.2 13 11 04.400. 39460         |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Outdoor Equipment     | Compliant |   |
|                                    |           |   |
|                                    | 1         |   |
| 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 | bocumenting statement(3), ii applicable     |
| 310112 13 12 said Equipment        |           |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-12 Safe Environment      | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| 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 | 2553. Horising ottatement(5), it applicable |
|                                    | 1         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-13 Smoke Free            | Compliant |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-13 Toothbrushing         | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| Nule                               | Jialus    | Documenting statement(s), if applicable     |

| 5101:2-13-14 Requirements for Field and Routine Trips             | Compliant        |   |
|---|------------------|---|
| Rule  | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-14 Ratio and Supervision<br>for Field and Routine Trips | Compliant        | bocumenting statement(s), ii applicable     |
| Dula  | Chahua           | Decumenting Chatement (a) If and inchis     |
| S101:2-13-14 Driver Requirements                                  | Status Compliant | Documenting Statement(s), If applicable     |
|   |                  | 10 11 61 11 11 11                           |
| S101:2-13-14 Vehicle Inspections                                  | Status Compliant | Documenting Statement(s), If applicable     |
|   |                  |   |
| Rule 5101:2-13-14 Vehicle Requirements                            | Status Compliant | Documenting Statement(s), If applicable     |
|   |                  |   |
| Rule 5101:2-13-15 Child Medical and Enrollment Records            | Status Compliant | Documenting Statement(s), If applicable     |
| Rule  | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-15 Health Conditions                                    | Compliant        | bocumenting statement(s), ii applicasie     |
| Rule  | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-15 Child Records Retention and Confidentiality          | Compliant        | Documenting statement(s), if applicable     |
|   |                  |   |
| Rule 5101:2-13-16 Medical, Dental, and General Emergency Plan     | Status Compliant | Documenting Statement(s), If applicable     |
| Dulo  | Chahus           | Degree onting Statement (a) If a well-alide |
| Rule 5101:2-13-16 First Aid Kit/Standard Precautions              | Status Compliant | Documenting Statement(s), If applicable     |
| Rule  | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-16 Communicable Diseases                                | Compliant        | 2004 Territing State Trends, in applicable  |

| Degintary:                          |           |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           | <u> </u>                                |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant | <u> </u>                                |
| 310112 13 10 31343661 7 1411        |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             |           | bocumenting statement(s), if applicable |
| 3101.2-13-16 Attenuance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| D 1                                 |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant | Documenting Statement(3), if applicable |
|                                     | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Dula                                | Ctatus    | Decumenting States and a life and leads |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting 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                         |           |   |
| and rightine                        |           |   |
|                                     |           |   |
|                                     |           |   |



| Rule                                   | Status              | Documenting Statement(s), If applicable  |
|--|---------------------|--|
| 5101:2-13-22 Meals and Snacks          | Compliant           |  |
|  |                     |  |
|  |                     |  |
| 0.1                                    | l c                 | D C                                      |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk                | Compliant           |  |
|  |                     |  |
|  | 1                   |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Food Handling             | Compliant           |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Ctatus              | Decumenting Statement   If a will all    |
| 11010                                  | 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                                   | Chatus              | Decumenting Statement(s) If applicable   |
| 5101:2-13-23 Diapering                 | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 3101.2-13-23 Diapering                 | Compilant           |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant           |  |
| Swimming                               |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                | Compliant           | 2 continuing statement(s), it applicable |
| Requirements                           |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities | Compliant           |  |
|  |                     |  |
|  | <u> </u>            |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant           | g = 13.5(s), applicable                  |
|  |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |

| Status<br>Compliant | Documenting Statement(s), If applicable |
|---------------------|---|
|                     | Documenting Statement(s), If applicable |
| Compliant           |   |
|                     |   |
|                     |   |
| Chatus              | Decumenting Statement(s) If applicable  |
|                     | Documenting Statement(s), If applicable |
| Compliant           |   |
| Status              | Documenting Statement(s), If applicable |
|                     | σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ   |
|                     |   |
| Status              | Documenting Statement(s), If applicable |
| Compliant           |   |
|                     |   |
| Status              | Documenting Statement(s), If applicable |
| Compliant           |   |
|                     |   |
|                     | Documenting Statement(s), If applicable |
| Compliant           |   |
| Status              | Decumenting Statement(s) If analisable  |
|                     | Documenting Statement(s), If applicable |
| Compilant           |   |
|                     | Compliant                               |