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 http://jfs.ohio.gov/CDC/childcare.stm. 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 |
| MCCOY, VALERIE | 000000958807719 | FCC - Type B Home |
| Address | | County |
| 2021 HEWITT AVE | | HAMILTON |
| | | |
| CINCINNATI | | |
| OH 45207 | | |

| | Insp | ection Information | | |
|----------------------|--------------------------------|--------------------|-------------------|---|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 03/10/2022 | 2:55 PM | | 4:55 PM | |
| Reviewer: | | | | |
| Lisa Johnson-Garrett | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | | | |
| 68 | 3 | 0 | 0 | 3 |

| 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 | 3 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 3 | 0 | 3 |
| Total Capacity/Enrollment | 6 | 3 | 0 | 3 |

| S | taff-Child Ratios at the Time of Ins | pection | |
|--------------------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Inspection 3/10/22 | School-Age to < 11 years | 1 to 2 | |



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 |
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| 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: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: Individuals are required to completed the background check process and obtain complete results.

Findings: In review of the staff records, it was determined that background check requirements were incomplete for the individuals listed on the Employee Record Chart, as noted in number(s) 1 below:

- 1. The JFS 01176 "Program Notification of Background check Review for Child Care" was not on file at the program, but was on file at the county agency and the individual is eligible.
- 2. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the program and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.
- 3. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the county agency and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/10/2022

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in number(s) 10,14 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 04/09/2022

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) 2,14 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: 04/09/2022

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------|-----------|---|
| 5101:2-13-02 License Visible | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | Bocamenting statement(5), it applicable |
| 5101.2-15-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | Boodinenting statement(5), it applicable |
| | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | • | |
| Tor Type Billomes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Compliant | |
| Combustible Materials in a Type B | Compilant | |
| | | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | ' | |
| Thomas and the second s | | |
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| Pule | Ctatus | Decumenting Statement (a) If a multiple |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | 5 (", "1" |
| | Compilant | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 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 | bocamenting statement(3), ii applicable |
| 3101.2 13 12 sare Equipment | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | |
| equipment | | |
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| P. J. | Chahara | Decree with a Chaham and/a) If and it also |
| Rule | Status | Documenting 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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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement/s) If applicable |
| nule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| Rule 5101:2-13-15 Child Records Retention | Status Compliant | Documenting Statement(s), If applicable |
| and Confidentiality | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | bocumenting statement(3), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | bootimenting statement(s), in applicable |
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| Rule 5101:2-13-16 Incident/Injury | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | g statement (e _f) it applicable |
| Rulo | Chatus | Decumenting Statement/s) If a will ask to |
| Rule 5101:2-13-19 Supervision | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
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| 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 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
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| 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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | 0 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | bocumenting statement(s), ii applicable |
| 3101.2 13 23 Bidpering | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | 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 | bocamenting statement(3), it applicable |
| 3101.2 13 13 Group 312c and Natios | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13 Written Policies and | Compliant | |
| 5101:2-13 Written Policies and Procedures | Compliant | |
| | Compliant | |
| Procedures | | |
| Procedures Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Carbon Monoxide | | Documenting Statement(s), If applicable |
| Procedures Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Carbon Monoxide | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Status Compliant | |
| Rule 5101:2-13-12 Carbon Monoxide Detectors - Type B Only Rule | Status Compliant Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Status Compliant | |
| Rule 5101:2-13-12 Carbon Monoxide Detectors - Type B Only Rule | Status Compliant Status | |
| Rule 5101:2-13-12 Carbon Monoxide Detectors - Type B Only Rule 5101:2-13-11 Indoor Space | Status Compliant Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Carbon Monoxide Detectors - Type B Only Rule 5101:2-13-11 Indoor Space | Status Compliant Status Compliant Status Status | |
| Rule 5101:2-13-12 Carbon Monoxide Detectors - Type B Only Rule 5101:2-13-11 Indoor Space | Status Compliant Status Compliant | Documenting Statement(s), If applicable |
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