## **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      |
| HERRING, SENIYA | 00000963234481 | FCC - Type B Home |
| Address         |                | County            |
| 7745 FANCYCAB   |                | HAMILTON          |
|                 |                |                   |
| CINCINNATI      |                |                   |
| OH 45231        |                |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Announced         | Announced    |  |
| Inspection Date        | Begin Time                     |                  | End Time          | End Time     |  |
| 07/19/2022             | 11:30 AM                       | 11:30 AM         |                   | 12:24 PM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Jacob Downard          |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 0                              | 0                | 0                 | 0            |  |

| 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   |                  | 2          | 0         | 2     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 15         | 0         | 15    |
| Total Capacity/Enrollment                                 | 6                | 17         | 0         | 17    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| 7/19/2022                                    | Mixed Age Group | 1 to 3 |  |



## **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  |
| No Low Risk Non-Compliances were observed during this inspection      |
|   |
|   |
| [ ]   |



|                                     | 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                 |   |
|                                     |                           |   |
|                                     |                           |   |
| Rule                                | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical       | Compliant                 |   |
|                                     |                           |   |
|                                     | l .                       |   |
| Rule                                | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection             | Compliant                 |   |
| Requirements                        |                           |   |
|                                     |                           |   |
| Rule                                | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant                 |   |
| for Type B Homes                    |                           |   |
|                                     | 1                         |   |
| 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 |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | Documenting statement(s), if applicable |
| Parent                                | Compliant |   |
| Tarciit                               |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant |   |
|                                       | ·         |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff         | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
|                                       | Lac       |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant |   |
|                                       |           |   |
| L                                     | <u> </u>  |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant |   |
| TITLE 10 00 Buonground Checks         |           |   |
|                                       |           |   |
|                                       |           |   |
| 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 |   |
|                                     |           |   |
|                                     | <u> </u>  |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone              | Compliant | - comment (e), approximate              |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment       | Compliant | Documenting statement(s), if applicable |
| J101.2-13-12 Jaie Liiviioiiiileiit  | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant |   |
| equipment                           |           |   |
|                                     |           |   |
| Dula                                | Chabina   | Decree while Chatemant of the continue  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Compliant |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 | - 222                                   |
| and Routine Trips                   | 24 6      |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |

| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant           |  |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s) If applicable         |
| 5101:2-13-14 Driver Requirements                               | Compliant           | Documenting Statement(s), If applicable        |
| Dula   | Chahua              | Decrementing Chatemant   If a militable        |
| Rule 5101:2-13-14 Vehicle Inspections                          | Status<br>Compliant | Documenting Statement(s), If applicable        |
| 5101.2 15 14 Vehicle hispections                               | Compilant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-14 Vehicle Requirements                              | Compliant           | g station on (e), it approach                  |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-15 Child Medical and<br>Enrollment Records           | Compliant           | VIII   |
| Dula   | Chahua              | Decree orting Chaterra antick If a muliciple   |
| Sule 5101:2-13-15 Health Conditions                            | Compliant           | Documenting Statement(s), If applicable        |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-15 Child Records Retention and Confidentiality       | Compliant           | bocumenting statement(s), if applicable        |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-16 Medical, Dental, and<br>General Emergency Plan    | Compliant           |  |
| Dula   | Chahan              | Decomposition Chalcons and A. If any live live |
| Rule 5101:2-13-16 Emergency Drills                             | Status Compliant    | Documenting Statement(s), If applicable        |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-16 First Aid Kit/Standard Precautions                | Compliant           | ( // FF  |
| Dula   | Chahan              | Decomposition (Acts are at 1) If               |
| Rule 5101:2-13-16 Communicable Diseases                        | Status<br>Compliant | Documenting Statement(s), If applicable        |
| 3101.2 13 10 Communicable Diseases                             | Compilant           |  |

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-16 Incident/Injury        | Compliant |   |
|                                     |           |   |
|                                     | -1        |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     | I         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     | 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 |   |
|                                     |           |   |
|                                     | I         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     |           |   |
|                                     | I         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     | 1         | 1                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |

| Deg <u>inolog</u>                      |           |  |
|--|-----------|--|
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks          | Compliant | Boodinenting statement(5), it applicable   |
| 5101.2-15-22 IVIERIS RIIU SHRCKS       | Compilant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk                | Compliant |  |
| 310112 10 22 11010 111111              |           |  |
|  |           |  |
|  |           |  |
|  | 1         | 1  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Food Handling             | Compliant |  |
|  | '         |  |
|  |           |  |
|  | 1         |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Daily Care         | Compliant |  |
| •                                      |           |  |
|  |           |  |
|  | 1         |  |
| - •                                    | 1 -       |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Bottle and Food    | Compliant |  |
| Preparation                            |           |  |
|  |           |  |
|  |           |  |
| Dule                                   | Chahua    | Decumenting Statement(s) If applicable   |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering                 | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           | bocumenting statement(s), if applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant |  |
| Swimming                               |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           | bocamenting statement(s), ii applicable  |
| 5101:2-13-25 Medication                | Compliant |  |
| Requirements                           |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           |  |
| 5101:2-13-07 Provider Responsibilities | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           | and the second s |
| 5101:2-13-18 Group Size and Ratios     | Compliant |  |
|  |           |  |
|  |           |  |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-13 Written Policies and | Compliant |   |
| Procedures                     |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide   | Compliant |   |
| Detectors - Type B Only        |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space      | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming       | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools     | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets              | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites    | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and     | Compliant |   |
| Equipment                      |           |   |
| . ,                            |           |   |
|                                |           |   |
|                                |           |   |