## **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      |
| MIREE-WHITFIELD, KERRY | 000000978911240 | FCC - Type B Home |
| Address                |                 | County            |
| 3540 oakspring drive   |                 | BUTLER            |
|                        |                 |                   |
| Hamilton               |                 |                   |
| OH 45011               |                 |                   |

| Inspection Information |                                     |                  |                   |              |
|------------------------|-------------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                       | cope             | Inspection Notice |              |
| Compliance             | Full                                |                  | Unannounced       |              |
| Inspection Date        | Inspection Date Begin Time End Time |                  |                   |              |
| 02/08/2022             | 9:45 AM                             |                  | 11:30 AM          |              |
| Reviewer:              |                                     |                  |                   |              |
| Donna Eisenbraun       |                                     |                  |                   |              |
| 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)                                  |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 4         | 4     |
| <b>Total Under 2 Years</b>                                | 3                | 1          | 4         | 5     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 2          | 3         | 5     |
| School Age  |                  | 0          | 8         | 8     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 2          | 11        | 18    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Kerry Miree Whitfield                        | Mixed Age Group | 2 to 5 |  |



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

## **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Pets

Code: The program is required to properly care for all pets.

Findings: During the inspection, it was determined that a pet at the program posed a threat to the safety or health of the children, in that proper licensing for new year has not been obtained. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

| Corrective Action Plan Due: 03/10/2022 |  |
|--|--|
|  |  |
|  |  |

## Rules In-Compliance/Not Verified

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| 5101:2-13-02 License Visible        | Compliant | 0 (" 11  |
| STOTIC TO GE EIGENISE VISIBLE       | Compilant |  |
|                                     |           |  |
|                                     |           | <u> </u>   |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Voluntary Temporary    | Compliant | - comment of the control of the cont |
| Closure                             | Compilant |  |
| Closure                             |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Change of Location     | Compliant | 0 (" 11  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| 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 |  |
|                                     | ·         |  |
|                                     |           |  |
|                                     |           |  |
| 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                    |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B | Compliant |  |
| Homes                               |           |  |
|                                     |           |  |
| nomes                               |           |  |

| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-13-04 Flammable and           | Compliant | Joseph Grand Committee Com |
| 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  |
| 5101:2-13-05 Denial, Revocation, and | Compliant |  |
| Suspension                           |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records           | Compliant |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements   | Compliant | bocumenting statement(s), it applicable  |
| 3101.2-13-08 Employee Requirements   | Compilant |  |
|                                      |           |  |
|                                      |           |  |
| 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  |
|                                      |           | Documenting statement(s), if applicable  |
| 5101:2-13-09 Background Checks       | Compliant |  |
|                                      |           |  |
| <u> </u>                             | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training         | Compliant | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
|                                      | '         |  |
|                                      |           |  |
|                                      |           |  |
| 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           | bocumenting statement(s), if applicable  |
| Rule  | Chabina             | Design outing Chatemant/a) If applicable |
| 5101:2-13-11 Fall Zone  | Status Compliant    | Documenting Statement(s), If applicable  |
| Rule  | Chahus              | Desumenting Statement/s) If applicable   |
| 5101:2-13-12 Safe Equipment   | Compliant           | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule<br>5101:2-13-12 Safe Environment                               | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and equipment                        | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing  | Compliant           | Documenting statement(s), if applicable  |
|   |                     |  |
| Sule 5101:2-13-13 Smoke Free  | Compliant           | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule 5101:2-13-13 Toothbrushing                                     | Status Compliant    | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips          | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Dulo  | Chahus              | Dogumenting Statemental If and the life  |
| Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status<br>Compliant | Documenting Statement(s), If applicable  |

| Degintary:                           | 1         |  |
|--------------------------------------|-----------|--|
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-14 Driver Requirements     | Compliant |  |
| '                                    | '         |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
|                                      |           | bocumenting 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       |           | Bocamenting statement(3), it applicable      |
|                                      | Compliant |  |
| Enrollment Records                   |           |  |
|                                      |           |  |
|                                      |           |  |
| 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 |  |
|                                      | Compilant |  |
| 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 | , n  |
| Jedne 10 10 Emergency Dimo           | Joniphane |  |
|                                      |           |  |
|                                      | 1         |  |
| Dula                                 | Chahua    | Decumenting State was the life and live life |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |  |
| Precautions                          |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Communicable Diseases   | Compliant |  |
|                                      | 35        |  |
|                                      |           |  |
|                                      | 1         |  |
|                                      |           |  |

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|-------------------------------------|-----------|---|
| Rule                                | Status    | Documenting Statement(s), If 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 |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant | 2 damenting statement(s), it applicable |
| 3101.2 13 13 Supervision            | Compliant |   |
|                                     |           |   |
|                                     | _1        |   |
| Rule                                | Status    | Documenting Statement(s) If applicable  |
|                                     |           | 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 |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 | 0                                       |
| and Hygiene                         |           |   |
| and rightine                        |           |   |
|                                     |           | ı                                       |
| Rule                                | Status    | Decumenting Statement/s) If applicable  |
|                                     |           |   |
| 5101:2-13-22 Meals and Snacks       | Compliant | Documenting Statement(s), If applicable |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-22 Fluid Milk                | Compliant |   |
|  |           |   |
|  |           |   |
|  | <u> </u>  |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
|  |           | 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 | 0                                       |
|  | Compilant |   |
| Preparation                            |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant |   |
|  |           |   |
|  |           |   |
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| - 1                                    | I         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant |   |
| Swimming                               |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
|  |           | bocamenting statement(s), it applicable |
| 5101:2-13-25 Medication                | Compliant |   |
| Requirements                           |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
| 2 2 2 2 2 7 1 2 1 del Responsibilities |           |   |
|  |           |   |
|  | l         |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant |   |
| ·                                      |           |   |
|  |           |   |
| L                                      | 1         |   |
| Dulo                                   | Ctatus    | Decumenting Statement/s) If any lively  |
| 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      |           |   |
| ,, ,                         |           |   |
|                              | <u> </u>  | ·                                       |
| 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 Swimming Sites  | Compliant |   |
|                              |           |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and   | Compliant |   |
| Equipment                    |           |   |
|                              |           |   |
|                              |           | '                                       |
|                              |           |   |