

## 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      |  |
| Suzanne Schwab    | 2170014244     | FCC - Type B Home |  |
| Address           |                | County            |  |
| 3288 Milverton Ct |                | HAMILTON          |  |
|                   |                |                   |  |
| Cincinnati        |                |                   |  |
| OH 45248          |                |                   |  |

| Inspection Information |                     |               |                  |                   |              |
|------------------------|---------------------|---------------|------------------|-------------------|--------------|
| Inspection Type        |                     | Inspection So | соре             | Inspection Notice |              |
| Amendment - cha        | nge of location     | Full          |                  | Announced         |              |
| Inspection Date        |                     | Begin Time    |                  | End Time          |              |
| 07/20/2021             |                     | 1:20 PM       |                  | 4:59 PM           |              |
| Reviewer:              |                     |               |                  |                   |              |
| Lisa Johnson-Garrett   |                     |               |                  |                   |              |
| Summary of Findings    |                     |               |                  |                   |              |
| No. Rules Verified     | No. Rules with Non- | compliances   | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 78                     | 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   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Relocation inspection                        |                 | 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

No Low Risk Non-Compliances were observed during this inspection



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

| Rule                               | Status              | Documenting Statement(s), If applicable |
|------------------------------------|---------------------|---|
| 5101:2-13-14 Driver Requirements   | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant           |   |
| Care                               |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted        | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care     | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training B     | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 JFS 01234 'Child      | Compliant           |   |
| Enrollment and Health Information' |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Desumenting Statement(s) If any light   |
|                                    | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan         | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size  | Compliant           | Documenting statement(s), if applicable |
| 5101.2-15-10 Katio allu Gloup 5126 | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| INUIC                              | Status              | Documenting statement(s), if applicable |



| 5101:2-13-18 Ratio and Group Size                                  | Compliant           |   |
|--|---------------------|---|
|  |                     |   |
| Rule<br>5101:2-13-07 Provider Requirements                         | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space  | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff<br>Requirements                      | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and<br>Combustible Materials in Type B Home | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and<br>Lotions                       | Compliant           |   |
|  | 1                   |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing   | Compliant           |   |
| Rule   | Status              | Decumenting Statement(s) If applicable  |
| 5101:2-13-17 Programming   | Compliant           | Documenting Statement(s), If applicable |
|  |                     |   |
| Dul.   | Chattan             |   |
| Rule<br>5101:2-13-24 On-site Pools                                 | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment  | Compliant           |   |
|  |                     |   |
| Rule   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B<br>Homes                       | Compliant           |   |



|   | Documenting Statement(s), If applicable   |
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| Compliant          Status         Compliant         Status         Compliant         Status         Status         Status         Status         Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable         |
|   | Compliant<br>Status<br>Compliant<br>Status<br>Compliant                                 |



| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-14 Vehicle Requirements | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone            | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records        | Compliant |   |
| 5101.2 15 00 5tan Accords         | compliant |   |
|                                   |           |   |
|                                   |           | i                                       |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury      | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering            | 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 |
| 5101:2-13-22 Food Handling        | Compliant | Documenting statement(s), it applicable |
| 5101.2-15-22 1 000 Handling       | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment     | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment    | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| 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 |
|---|-----------|---|
| 5101:2-13-16 First Aid Kit  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B<br>Home                          | Compliant |   |
| Dul   | Chatura   |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision<br>for Field and Routine Trips | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and                                 | Compliant |   |
| General Emergency Requirements                                    |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and                                 | Compliant |   |
| General Emergency Requirements                                    |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage                                   | Compliant |   |
| Dula  | Chabus    |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision                               | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster<br>Parent                   | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food<br>Preparation                | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing  | Compliant |   |
|   |           |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-17 Materials and           | Compliant |   |
| Equipment                            |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision             | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Dula                                 | Ctatus    | Desumanting Statement(s) If applicable  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and   | Compliant |   |
| Equipment                            |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |
|                                      |           |   |
|                                      |           | 1                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment    | Compliant |   |
| and Hygiene                          |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication              | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider | Compliant |   |
| Portal                               | 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 |
| 5101:2-13-08 Whistle Blower          | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Nuic                                 | Status    | Documenting statement(s), if applicable |



| 5101:2-13-10 Professional                 | Compliant           |   |
|---|---------------------|---|
| Development                               |                     |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen      | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical              | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks             | Compliant           |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute                   | Compliant           |   |
| Requirements                              |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute                   | Compliant           |   |
| Requirements                              |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions            | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Dulo                                      | Status              | Decumenting Statement(s) If any lister  |
| Rule<br>5101:2-13-02 Information in OCLQS | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                | Compliant           |   |
|   |                     |   |
|   |                     | 1                                       |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical             | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks            | Compliant           |   |
|   |                     |   |
|   |                     |   |



| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-09 Background Checks     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance            | Compliant | Documenting statement(s), if applicable |
| 5101.2-15-16 Attendance            | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location    | Compliant |   |
| 5                                  |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection            | Compliant |   |
| Requirements                       |           |   |
|                                    | I         | I                                       |
|                                    |           |   |
|                                    |           |   |