

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 <u>http://jfs.ohio.gov/CDC/childcare.stm</u>. 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 S | соре | Inspection Notice | | |
| Compliance | Full | | Announced | | |
| Inspection Date Begin Time | | End Time | | | |
| 04/11/2022 | 22 12:06 PM | | 2:05 PM | | |
| Reviewer: | Reviewer: | | | | |
| Lisa Johnson-Garr | Lisa Johnson-Garrett | | | | |
| 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 | |

| Lic | 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) | | 3 | 0 | 3 | |
| Young Toddler | | 2 | 0 | 2 | |
| Total Under 2 Years | 3 | 5 | 0 | 5 | |
| Older Toddler | | 0 | 0 | 0 | |
| Preschool | | 4 | 1 | 5 | |
| School Age | | 10 | 0 | 10 | |
| Total Capacity/Enrollment | 6 | 14 | 1 | 20 | |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| Inspection 4/11/22 | Mixed Age Group | 1 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

Low Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 2 below



| | 1. No medical was on file for at least one child | |
|---|--|----|
| | 2. Medical(s) on file was not updated every 13 months | |
| | 3. Medical(s) were missing child's name and date of birth | |
| | 4. Medical(s) were missing the date of the medical examination | |
| | 5. The date of the exam was more than 13 months prior to the date the form was signed | |
| | 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for | |
| | participation in group care | |
| | 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child | |
| | 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year | |
| | 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized | |
| | or is in the process of being immunized against the diseases | |
| | required by division 5104.014 of the Revised Code and found in appendix A to this rule | |
| | 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have | |
| | the child immunized against the disease for reasons of | |
| | conscience, including religious convictions | |
| | 11. Other [] | |
| | | |
| | Submit the program's corrective action plan to the Department to verify compliance with the requirements of | |
| | this rule. | |
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| | Corrective Action Plan Due: 05/11/2022 | ┛╿ |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
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| 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 |
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| 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 | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
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| Rule | Status | 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 | | |
| Home | | |
| home | | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-07 Staff Records | Compliant | |
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| Dulo | Status | Documenting Statement(a) If any list la |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
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| Dula | Status | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-13-08 Child Care Staff | Compliant | |
|------------------------------------|-----------|---|
| | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Status | Documenting Statement(s), if applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | bocumenting statement(s), in applicable |
| | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | 5 (<i>n</i> 11 |
| | compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), in 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 | |
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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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| Rule | Status | Documenting Statement(s), If applicable |
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| 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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| Dula | Chatura | Decomposition Statement(s) If any limited |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
| 5101.2-13-14 Driver Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| STOTIZ IS IT Venice inspections | compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | bocamenting statement(s), it applicable |
| S101.2-13-10 Emergency Drins | compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
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| Rule 5101:2-13-16 Disaster Plan | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
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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 | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
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Department of Education Department of Job and Family Services

| 5101:2-13-20 Sleep and Nap Requirements | Compliant | |
|--|---------------------|---|
| Rule 5101:2-13-20 Crib and Playpen Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-21 Evening and Overnight Care | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-21 Sanitary Environment and Hygiene | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-22 Meals and Snacks | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-22 Fluid Milk | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-22 Food Handling | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-23 Infant Daily Care | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-23 Infant Bottle and Food Preparation | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-23 Diapering | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-24 Parent Permission for Swimming | Status Compliant | Documenting Statement(s), If applicable |



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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 | |
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| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and Procedures | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
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| Dula | Ctatus | Decumenting Statement(a) If emplicable |
| Rule 5101:2 12 11 Indeer Space | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule 5101:2-13-24 On-site Pools | Status Compliant | Documenting Statement(s), If applicable |
| J101.2-13-24 OII-SILE PUUIS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
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| D. I. | Chatura | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
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