

## 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      |
| QT Child Care     | 2190020919     | FCC - Type B Home |
| Address           |                | County            |
| 2677 McKinley Ave |                | HAMILTON          |
|                   |                |                   |
| Cincinnati        |                |                   |
| OH 45211          |                |                   |

|                      | Inspection Information         |                  |                   |              |  |
|----------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type      | Inspection S                   | соре             | Inspection Notice |              |  |
| Compliance           | Full                           |                  | Unannounced       |              |  |
| Inspection Date      | Begin Time                     |                  | End Time          |              |  |
| 12/30/2021           | 10:32 AM                       |                  | 11:45 AM          |              |  |
| Reviewer:            |                                |                  |                   |              |  |
| Lisa Johnson-Garrett |                                |                  |                   |              |  |
| 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   |                  | 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 |
| Inspection 12/30/21                          |                 | 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**

| Dula                                    | Chaburg   | Desumenting Chatemark() If souther h    |
|---|-----------|---|
| 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 Change of Location         | Compliant |   |
| S101.2 15 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 |   |
|   |           |   |
|   |           |   |
| Dula                                    | Chaburg   | Decumenting Statement(a) If emplicable  |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection<br>Requirements | 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                                   |           |   |
|   |           |   |
|   |           |   |
| 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 Type B Provider - Foster | Compliant |   |
| Parent                                | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 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 |   |
|                                       | compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                | Compliant |   |
|                                       |           |   |
|                                       | 1         | I                                       |
| 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 |   |
|                                       |           |   |
|                                       | 1         |   |
| 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           |  |
| Dula  | Chabura             | Desumenting Statement(s) If emplicable   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Smoke Free   | Compliant           |  |
| Dula  | Chatura             | Decumenting Statement(s) If emplicable   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing  | Compliant           |  |
| Rule  | Status              | Documenting Statement(c) If applicable   |
|   |                     | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field and Routine Trips             | Compliant           |  |
| 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  |
| 5101:2-13-14 Driver Requirements                                  | Compliant           |  |
| 5101.2-13-14 Driver Kequirements                                  | Compliant           |  |
| Dul   | Chature             |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections                                  | Compliant           |  |
| Dulo  | Status              | Desumenting (taken set/a) if any list is |
| Rule  | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Requirements                                 | Compliant           |  |
| Dula  | Chaburg             |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Medical and<br>Enrollment Records              | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 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               | Compliant |   |
| 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 |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard<br>Precautions | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases                 | Compliant |   |
|  |           |   |
| 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 |   |
| 5101.2-15-10 Disaster Fiam                         | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                            | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision                           | Compliant |   |
| 2101.2-13-13 Subervision                           |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision                | Compliant |   |
|  |           |   |



| Rule                                   | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-13-19 Child Guidance            | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap             | Compliant           |   |
| Requirements                           | Compliant           |   |
|  |                     |   |
|  |                     |   |
| 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           |   |
| and Hygiene                            | compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks          | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Dulo                                   | Status              | Desumanting Statement/a) if smilles his |
| Rule<br>5101:2-13-23 Infant Daily Care | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-25 IIIIdiit Dally Cdre       | Compilant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food    | Compliant           |   |
| Preparation                            |                     |   |
| <u> </u>                               |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant           |   |
| i i i i i i i i i i i i i i i i i i i  |                     |   |



| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-25 Medication<br>Requirements | Compliant |   |
| hequienents                             |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities  | Compliant |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios      | Compliant |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and          | Compliant |   |
| Procedures                              | compliant |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide            | Compliant |   |
| Detectors - Type B Only                 | compilant |   |
|   |           |   |
| 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 |
| 5101:2-13-17 Materials and              | Compliant |   |
| Equipment                               |           |   |
| L                                       |           | 1                                       |
|   |           |   |