## **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      |
| Happy Home Childcare Services | 2210024435     | FCC - Type B Home |
| Address                       |                | County            |
| 3056 Queen City Avenue        |                | HAMILTON          |
|                               |                |                   |
| Cinicinnati                   |                |                   |
| OH 45238                      |                |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Provisional            | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          | End Time     |  |
| 09/09/2022             | 10:00 AM                       | 10:00 AM         |                   | 11:10 AM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Jenny Schloss          |                                |                  |                   |              |  |
| 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)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 1          | 0         | 1     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Placements 9/12/2022                         | Mixed Age Group | 1 to 1 |  |



## **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  |
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|   |
|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
|   |
|   |
|   |
|   |

## **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number 1.

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.
- 6. Other [ ].

Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/12/2022

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

| Rule                              | Status    | Documenting Statement(s), If applicable     |
|-----------------------------------|-----------|---|
| 5101:2-13-02 License Visible      | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| D. I.                             | I c       | 5 (1) 15                                    |
| Rule                              | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   | T a       |   |
| Rule                              | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| D 1                               | I c       | 5 (1) 15 15 15                              |
| Rule                              | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-02 Information in OCLQS | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Decumenting Statement/s) If applies his     |
|                                   |           | Documenting Statement(s), If applicable     |
| 5101:2-13-02 Provider Medical     | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| Dula                              | Chahua    | Decume aution Chatage aut/s) If a palicular |
| Rule                              | Status    | Documenting Statement(s), If applicable     |

| D I -                                  | Chatana             | Decree of the Chatter of the Amelian II.   |
|--|---------------------|--|
| 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           | V // 11  |
| Homes                                  | ·                   |  |
|  |                     |  |
|  | I a                 |  |
| Rule 5101:2-13-04 Flammable and        | Status              | Documenting Statement(s), If applicable  |
|  | Compliant           |  |
| Combustible Materials in a Type B Home |                     |  |
| Home                                   | l                   |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B       | Compliant           | J  |
| Home                                   |                     |  |
|  |                     |  |
|  | I c                 | 5 (  |
| Rule 5101:2-13-07 Staff Records        | Status              | Documenting Statement(s), If applicable  |
| 3101:2-13-07 Staff Records             | Compliant           |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster  | Compliant           |  |
| Parent                                 |                     |  |
|  |                     |  |
| 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                           |                     |  |
|  |                     | <u>,                                      </u>                                   |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| Rule<br>5101:2-13-08 Whistle Blower    | Status<br>Compliant | Documenting Statement(s), If applicable  |
|  |                     | Documenting Statement(s), If applicable  |
|  |                     | Documenting Statement(s), If applicable  |
|  |                     | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |

| 5101:2-13-09 Background Checks                    | Compliant           |   |
|---|---------------------|---|
| Rule<br>5101:2-13-10 Health Training              | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-11 Outdoor Space                   | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment                    | Compliant           |   |
| Rule 5101:2-13-11 Fall Zone                       | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-12 Safe Equipment               | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-12 Safe Environment             | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Clean environment and equipment | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing                     | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Smoke Free                      | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Toothbrushing                   | Status<br>Compliant | Documenting Statement(s), If applicable |

| DESILIZING.                          |           |   |
|--------------------------------------|-----------|---|
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |
| 5101:2-13-14 Ratio and Supervision   | Compliant |   |
| for Field and Routine Trips          |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting 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       | Compliant |   |
| Enrollment Records                   |           |   |
|                                      |           |   |
|                                      | 1.        |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      | 1         |   |
| Dula                                 | Chatura   | Decumenting Chatana and A. If the Line  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
| Dula                                 | Chatura   | Dogumenting State                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      |           |   |
| Dula                                 | Chatura   | Dogumenting State                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
|                                      |           |   |

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|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable     |
| 5101:2-13-16 First Aid Kit/Standard | Compliant     |   |
| Precautions                         | Compilant     |   |
| Frecautions                         |               |   |
|                                     |               |   |
| Dula                                | Chahira       | Decume aution Chatage aut/a) If a miliaghla |
| 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 Disaster Plan          | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable     |
| 5101:2-13-16 Incident/Injury        | Compliant     |   |
|                                     | - Compilation |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Desumenting Statement(s) If applicable      |
|                                     | 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     |   |
|                                     |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable     |
| 5101:2-13-19 School Age Supervision | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
| <b>-</b>                            | •             | •   |
| Rule                                | Status        | Documenting Statement(s), If applicable     |
| 5101:2-13-19 Child Guidance         | Compliant     | Bocamenting statement(s), it applicable     |
| 3101.2-13-19 Cillia Galdance        | Compliant     |   |
|                                     |               |   |
|                                     | l             |   |
| D 1                                 |               |   |
| 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                        |               |   |
| Requirements                        |               |   |
| _[                                  | 1             |   |

| 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                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant | Documenting Statement(s), if applicable |
| 5101.2-15-22 Wedis and Shacks       | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
| D 1                                 | CLI       | D :: (C) 1 (1/1) (f   1/1)              |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | 3 (" 11                                 |
| Preparation                         | '         |   |
| - T                                 |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering              | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Bulo                                | Status    | Decumenting Statement(s) If and inchis  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for  | Compliant |   |
| Swimming                            |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication             | Compliant |   |
| Requirements                        | -5        |   |
|                                     |           |   |
|                                     |           |   |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-07 Provider Responsibilities | Compliant | C C C C C C C C C C C C C C C C C C C   |
|  |           |   |
|  |           |   |
|  |           |   |
| 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                             |           |   |
|  |           |   |
|  |           |   |
| 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 |   |
|  |           |   |
|  |           |   |
|  | l c       |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                      | Compliant |   |
|  |           |   |
|  |           |   |
| D. J.                                  | Ct-t      | Decree with a Chatana 1/ ) If           |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites            | Compliant |   |
|  |           |   |
|  |           |   |
| D. J.                                  | Ct-t      | Decree with a Chatana 1/ ) If           |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and             | Compliant |   |
| Equipment                              |           |   |
|  |           |   |
|  |           |   |
|  |           |   |

