

## **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      |  |
| Lavernes Daycare  | 2210024718        |                 | FCC - Type A Home |  |
| Address   |                   |                 | County            |  |
| 1911 Fairmount Ave                                      |                   |                 | HAMILTON          |  |
|   |                   |                 |                   |  |
| Cincinnati  |                   |                 |                   |  |
| OH 45214  |                   |                 |                   |  |
| Building and Fire Approvals apply to Type A Family Chil | d Care Homes only |                 |                   |  |
| Building Approval Date                                  | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |  |
| 05/27/2021  |                   |                 |                   |  |
| Fire Inspection Approval Date                           |                   |                 | ·                 |  |
| 07/22/2021  |                   |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/28/2022             | 2:35 PM                        |                  | 2:42 PM           |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 02/01/2022             | 2:22 PM                        |                  | 3:54 PM           |              |
| Reviewer:              | Reviewer:                      |                  |                   |              |
| Gina McDevitt          | ina McDevitt                   |                  |                   |              |
| Reviewer:              | Reviewer:                      |                  |                   |              |
| Gina McDevitt          | Gina McDevitt                  |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 67                     | 2                              | 0                | 0                 | 2            |

| 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                                       | 6                | 5          | 0         | 5     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 3          | 0         | 3     |
| School Age  |                  | 17         | 0         | 17    |
| Total Capacity/Enrollment                                 | 12               | 20         | 0         | 25    |



| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| 02/01/2022                                   | Mixed Age Group | 2 to 2         |         |

## **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 Diels New Commissions are absorbed during this impostion  |   |
| No Moderate Risk Non-Compliances were observed during this inspection |   |
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## **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program staff is required to complete the prescribed orientation within 30 days of starting

employment.

Findings: In review of the staff records, it was determined that the child care staff members or substitute child care staff member had not completed the online orientation training as noted in number 1 below:

- 1. The training was not completed within thirty days of the starting employment.
- 2. There was no documentation of completing the training after December 31, 2016.
- 3. Completion of training is not documented with verification from the OPR for the Child Care Staff Member(s) and/or Substitute Child Care Staff Member(s) listed on the Employee Record Chart, as required.

Submit the program's corrective action plan, which includes copies of verification of training, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/04/2022

**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 2 below

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- 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.

Corrective Action Plan Due: 03/04/2022

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

| 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 Voluntary Temporary           | Compliant           | bootinenting statement(s), it approach        |
| Closure                                    | '                   |   |
|  |                     |   |
| Dula                                       | Chahira             | Design outing Chateres outled If a militarial |
| Rule 5101:2-13-02 Change of Location       | Status<br>Compliant | Documenting Statement(s), If applicable       |
| 3101.2-13-02 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           |   |
|  |                     |   |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable       |
| 5101:2-13-02 Type A Ownership              | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable       |
| 5101:2-13-03 Inspection                    | Compliant           | Documenting statement(3), it applicable       |
| Requirements                               |                     |   |
|  |                     |   |
| Dula                                       | Chahus              | Decrease white Chaterer with the well-all     |
| Rule 5101:2-13-04 Building Inspections for | Status<br>Compliant | Documenting Statement(s), If applicable       |
| Type A Homes                               | Compliant           |   |
| · /pe / (Tomes                             |                     |   |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable       |

| 5101:2-13-04 Fire Inspections for Type<br>A Homes | Compliant           |  |
|---|---------------------|--|
| Rule  | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-07 Staff Records                        | Compliant           | bocumenting statement(s), if applicable        |
| Rule  | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-08 Employee Requirements                | Compliant           | bocumenting statement(s), if applicable        |
| Dula  | Chahua              | Decrease in Chatanant of the muliciple         |
| S101:2-13-08 Whistle Blower                       | Compliant           | Documenting Statement(s), If applicable        |
|   | I                   |  |
| Rule 5101:2-13-09 Background Checks               | Status   Compliant  | Documenting Statement(s), If applicable        |
| Rule  | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-10 Health Training                      | Compliant           |  |
| Rule  | Chahua              | Design out in a Chatago and a life and include |
| 5101:2-13-10 Professional<br>Development          | Compliant           | Documenting Statement(s), If applicable        |
|   |                     |  |
| Rule 5101:2-13-11 Outdoor Space                   | Status Compliant    | Documenting Statement(s), If applicable        |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-11 Outdoor Equipment                    | Compliant           |  |
| Dula  | Chahua              | Decoration (Section 2014) If                   |
| S101:2-13-11 Fall Zone                            | Compliant           | Documenting Statement(s), If applicable        |
| Pule  | Chahus              | Decumenting Statement   If!:b!-                |
| Rule 5101:2-13-12 Safe Equipment                  | Status<br>Compliant | Documenting Statement(s), If applicable        |
| 3101.2 13 12 Juie Equipment                       | Compilant           |  |

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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment       | Compliant | Documenting statement(s), it approase   |
| 3101.2-13-12 Sale Lilvironment      | Compilant |   |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant |   |
| equipment                           |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Compliant |   |
|                                     | ·         |   |
|                                     |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free             | Compliant |   |
| 3101.2-13-13 31110KE 11EE           | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| 2.1                                 |           | D C                                     |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing          | 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 |
| 5101:2-13-14 Ratio and Supervision  | Compliant |   |
| for Field and Routine Trips         | Compilant |   |
| Tor Field and Routine Trips         |           |   |
| <u> </u>                            | <u> </u>  |   |
| Rule                                | Status    | Documenting Statement(s) If applicable  |
|                                     | Status    | Documenting Statement(s), If applicable |
| 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 |   |
| ·                                   |           |   |
|                                     |           |   |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements   | Compliant | Statement(s), it approunts              |
| 5101.2 15 14 Vehicle Requirements   | Compilant |   |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-13-15 Health Conditions       | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Decumenting Statement/s) If applicable   |
| 5101:2-13-15 Child Records Retention | Compliant | Documenting Statement(s), If applicable  |
| and Confidentiality                  | Compilant |  |
| and community                        |           |  |
|                                      |           |  |
| 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 | 2000                                     |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| 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 | Bootimenting statement(s), it approaches |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury         | Compliant |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan           | Compliant | 1 1/2 11                                 |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| 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 |  |
|                                      |           |  |
|                                      |           |  |
| Dula                                 | Chahara   | December 51 to 1/1 to 1/1                |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision  | Compliant |  |

| Rule                                | Status    | Decumenting Statement/s) If applicable       |
|-------------------------------------|-----------|--|
| 5101:2-13-19 Child Guidance         | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-19 Child Guidance         | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Dula                                | Chahua    | Decrease in a Chatamant (a) If a militable   |
| Rule                                | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-20 Sleep and Nap          | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Pula                                | Ctatus    | Decumenting Statement(s) If applicable       |
| Rule                                | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-20 Crib and Playpen       | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Dulo                                | Status    | Decumenting Statements of a muliciple        |
| Rule                                |           | Documenting Statement(s), If applicable      |
| 5101:2-13-21 Evening and Overnight  | Compliant |  |
| Care                                |           |  |
|                                     |           |  |
| DI-                                 | Chahara   | Decomposition Chatana and a life and include |
| Rule                                | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-21 Sanitary Environment   | Compliant |  |
| and Hygiene                         |           |  |
|                                     |           |  |
| Rule                                | Status    | Decumenting Statement/s) If applicable       |
|                                     |           | 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 | bocumenting statement(s), it applicable      |
| 3101.2-13-22 Fluid Wilk             | Compliant |  |
|                                     |           |  |
|                                     | 1         | <u> </u>                                     |
| Rule                                | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-22 Food Handling          | Compliant | bocumenting statement(s), if applicable      |
| JIUI.Z-IJ-ZZ FUUU MAHUIIIIK         | Compilant |  |
|                                     |           |  |
|                                     |           | <u> </u>                                     |
| Rule                                | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-23 Infant Daily Care      | Compliant | bocumenting statement(s), if applicable      |
| JIOI.2-13-23 IIIIalit Dally Cale    | Compliant |  |
|                                     |           |  |
| L                                   | l         | I  |
| Rule                                | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-23 Infant Bottle and Food | Compliant | bocumenting statement(s), if applicable      |
|                                     | Compliant |  |
| Preparation                         |           |  |
|                                     |           |  |

| Rule                                   | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| 5101:2-13-23 Diapering                 | Compliant |   |
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|  |           |   |
|  |           |   |
| Rule                                   | Ctatus    | Desumenting Statement/s) If applicable    |
|  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-24 Parent Permission for     | Compliant |   |
| Swimming                               |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication                | Compliant | , , , , , , , , , , , , , , , , , , ,     |
|  | Compilant |   |
| Requirements                           |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
| ·                                      | ·         |   |
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| Rule                                   | Ctatus    | Decumenting Statement/s) If applicable    |
|  | 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 | <i>"</i>                                  |
| Procedures                             | Compilant |   |
| Procedures                             |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Indoor Space              | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
|  |           | bocamenting statement(3), it applicable   |
| 5101:2-13-17 Programming               | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-24 On-site Pools             | Compliant |   |
| 220212 20 21 011 3100 1 0013           |           |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Review Policies and       | Compliant |   |
| Procedures                             |           |   |
|  |           |   |
| <u> </u>                               | <u> </u>  |   |
| Dula                                   | Chahus    | Decumenting Statement (-) If a collection |
| 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 |
| 5101:2-13-16 First Aid Kit  | Compliant |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |