## **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      |
| Adja's Happy Feet Daycare | 2210025435     | FCC - Type B Home |
| Address                   |                | County            |
| 1624 First Avenue         |                | HAMILTON          |
|                           |                |                   |
| Cincinnati                |                |                   |
| OH 45205                  |                |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Provisional            | Full                           |                  | Announced         | Announced    |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 04/11/2023             | 8:00 AM                        | 8:00 AM          |                   | 9:00 AM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Lindsey Sweeney        |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 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)                                 |                  | 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 |  |        |  |
| 04/11/23                                     |  | 1 to 0 |  |



## **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| 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: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 140 degrees in the following room bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/11/2023

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number 5 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

Correct the violation and submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/11/2023

## Rules In-Compliance/Not Verified

| D. J.                               | Chahara   | D                                       |
|-------------------------------------|-----------|---|
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| D. J.                               | Chahara   | D                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary    | Compliant |   |
| Closure                             |           |   |
|                                     |           |   |
| Dulo                                | Ctatus    | Decumenting Statement(s) If applicable  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting 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 | bocumenting statement(s), it applicable |
| 3101.2-13-02 Flovider Medical       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection             | Compliant | Documenting statement(s); it applicable |
| Requirements                        | Compliant |   |
| Requirements                        |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant | Booking statement(5), it applicable     |
| for Type B Homes                    |           |   |
| Tot Type Briomes                    |           |   |
|                                     |           | 1                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant |   |
| Homes                               | 23        |   |
|                                     |           |   |
|                                     | - I       |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     | 1.000     |   |

| 5101:2-13-04 Flammable and<br>Combustible Materials in a Type B<br>Home | Compliant |   |
|---|-----------|---|
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B<br>Home                                | Compliant | bocumenting statement(s), if applicable |
|   | <u> </u>  |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records  | Compliant | bocamenting statement(s), it applicable |
| 0                                 | oopa      |   |
| Dula  | Chahua    | Decumenting Statements \ If applicable  |
| 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 |
| 5101:2-13-08 Employee Requirements                                      | Compliant |   |
|   |           |   |
| Rule  | Chatus    | Decumenting Statement(s) If applicable  |
| 5101:2-13-08 Child Care Staff   | Status    | Documenting Statement(s), If applicable |
| Requirements  | Compliant |   |
| nequirements  |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower   | 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 |   |
|   |           |   |
|   | <u> </u>  |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional   | Compliant |   |
| Development   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| Nuie  | 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           |  |
|  | 6                   |  |
| Rule 5101:2-13-11 Fall Zone                  | Status<br>Compliant | Documenting Statement(s), If applicable  |
|  |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment                  | Compliant           |  |
|  |                     |  |
| 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           | - Commentation of the Comment of the |
| Dula   | Chabina             | Decumenting Statements of the multiple   |
| Rule 5101:2-13-13 Smoke Free                 | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 3101.2 13 13 3110KC 11CC                     | Compilation         |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing                   | Compliant           |  |
| Pulo   | Status              | Documenting Statement/s) If annies his   |
| Rule 5101:2-13-14 Requirements for Field     | Status<br>Compliant | Documenting Statement(s), If applicable  |
| and Routine Trips                            | Соттриали           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Ratio and Supervision           | Compliant           |  |
| for Field and Routine Trips                  | ,                   |  |
| D. J.  | Chatana             | December Chataman (1) (C. 1)   |
| Rule F101:2 12 14 Driver Pequirements        | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Driver Requirements             | Compliant           |  |

| Degining:                            | 1         |  |
|--------------------------------------|-----------|--|
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections     | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|                                      |           | bocumenting statement(s), if applicable  |
| 5101:2-13-14 Vehicle Requirements    | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Medical and       | Compliant |  |
| Enrollment Records                   |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Health Conditions       | Compliant | and a second sec |
| 3101.2-13-13 Health Conditions       | Compilant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | 1 -       |  |
| 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               | '         |  |
| General Emergency Flair              |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|                                      |           | bocumenting statement(3), if applicable  |
| 5101:2-13-16 Emergency Drills        | Compliant |  |
|                                      |           |  |
|                                      | <u> </u>  |  |
|                                      |           |  |
| 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 | , , , , , , , , , , , , , , , , , , ,  |
| 3101.2 13 10 Disaster Flam           |           |  |
|                                      |           |  |
|                                      | 1         |  |
| D. J.                                | Chatura   | Decree ation Chataman (1) (f. 1)   |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury         | Compliant |  |
|                                      | Ī         |  |

| Beginning!                          |           |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant | U (" 11                                 |
| 310112 13 13 / (celladilee          |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Desumenting Statement(s) If applicable  |
| 7 7                                 |           | 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
|                                     | Compilant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Ctatus    | Decumenting Statement(s) If applicable  |
|                                     | 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                         |           |   |
| and Hygiene                         |           |   |
|                                     | <u> </u>  | <b>'</b>                                |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant | bocamenting statement(s), it applicable |
| 2101.2-12-22 IVIEDIS DITU SHOCKS    | 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 |   |
| _                                      |           |   |
|  |           |   |
|  |           |   |
| 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 |   |
| Preparation                            |           |   |
|  | l         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-23 Diapering                 | Compliant |   |
|  |           |   |
| -                                      | 1         |   |
| Rule                                   | 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 |   |
| Requirements                           |           |   |
|  |           |   |
|  | I a       |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
|  |           |   |
|  | l .       |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant | bocumenting statement(s), if applicable |
| 5101.2-13-10 Group Size and Natios     | Compilant |   |
|  |           |   |
|  |           |   |
| 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                |           |   |
| Detections Type B Ging                 |           |   |
| Detections Type 5 5y                   |           |   |

| 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 | -                                       |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets           | Compliant |   |
|                             |           |   |
| L                           |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | 3 3 3 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|                             | '         |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |