# **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      |  |
| MAIMOUNA BA  | 000000201451   |                 | FCC - Type A Home |  |
| Address  |                |                 | County            |  |
| 3406 Werk Rd,  |                |                 | HAMILTON          |  |
|  |                |                 |                   |  |
| Cincinnati   |                |                 |                   |  |
| OH 45211   |                |                 |                   |  |
| Building and Fire Approvals apply to Type A Family Child Care Homes only |                |                 |                   |  |
| Building Approval Date   | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |  |
| 05/21/2021   |                |                 |                   |  |
| Fire Inspection Approval Date  |                |                 |                   |  |
| 05/21/2021   |                |                 |                   |  |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                  | ope              | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Announced         |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 10/19/2023             | 11:28 AM                       | 11:28 AM         |                   | 12:30 PM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Jennifer Herzog        |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 66                     | 3                              | 0                | 0                 | 4            |  |

| 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)                                  |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 6                | 2          | 0         | 2     |
| Older Toddler   |                  | 3          | 0         | 3     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 15         | 0         | 15    |
| Total Capacity/Enrollment                                 | 12               | 19         | 0         | 21    |

| Staff-Child Ratios at the Time of Inspection |                 |        |         |
|--|-----------------|--------|---------|
| Group Age Group/Range Ratio Observed Comment |                 |        | Comment |
| 10/19/2023                                   | Mixed Age Group | 2 to 5 |         |



# **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  |  |  |  |
| No Serious Risk Non-Compilances were observed during this hispection  |  |  |  |
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|   |  |  |  |
| Moderate Risk Non-Compliances   |  |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |  |
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## **Low Risk Non-Compliances**

**Domain: 00 License & Approvals** 

Rule: 5101:2-13-04 Fire Inspections for Type A Homes

Code: The program is required to have a fire approval completed within 12 months from the date of the last fire approval.

Findings: The program had not been inspected and approved within 12 months from the date of the last fire approval by the local fire department, as required. Secure and submit an updated fire approval as part of the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/19/2023

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.
- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 11/19/2023

## **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the current version of the JFS 01201 "Dental First Aid" was not completed nor posted. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/19/2023

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number 2 below:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- 3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 11/19/2023

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

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-02 License Visible      | Compliant |   |
| J101.2-13 02 LICCHSC VISIBIC      | Compilant |   |
|                                   |           | [1                                      |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   | L         |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location   | Compliant |   |
| 310112 13 02 011a11gc 01 200at.5  | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   | T         | T                                       |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant |   |
|                                   | ·         |   |

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|                                       | •         |  |
| Rule                                  | Status    | Documenting Statement(s) If applicable   |
|                                       |           | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical         | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|                                       |           | bootinenting statement(s), it approaches |
| 5101:2-13-02 Type A Ownership         | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection               | Compliant | 0 (7 11                                  |
| •                                     | Compilant |  |
| Requirements                          |           |  |
|                                       | l         |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Inspections for | Compliant |  |
| Type A Homes                          |           |  |
| Type A Homes                          |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records            | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| - 1                                   | I -       | 1  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements    | Compliant |  |
|                                       |           |  |
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|                                       |           |  |
| 2.1                                   | C         | D 11 Ct 1 1/ ) If 11 11                  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff         | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
| <u> </u>                              | •         | •  |
| Dulo                                  | Ctatus    | Decumenting Statement/s) If smalleship   |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower           | Compliant |  |
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| Pulo                                  | Status    | Documenting Statement/s) If and itself   |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks        | Compliant |  |
|                                       |           |  |
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| Dule                                  | Ctatus    | Decumenting Statement (a) If a well-all- |
| 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 | Bocumenting statement(s), it applicable |
| Development Development            | Compliant |   |
| Bevelopment                        |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space         | Compliant | 3 (" 11                                 |
| ·                                  | ·         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | La.       |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone             | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment        | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-12 Sale Equipment        | Compliant |   |
|                                    |           |   |
|                                    | <u> </u>  |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment      | Compliant | 3 (" 11                                 |
|                                    |           |   |
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|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant |   |
| equipment                          |           |   |
|                                    |           |   |
|                                    | I.        |   |
| 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 | Documenting Statement(s), if applicable |
| JIOI.2-IJ-IJ JIIIONE I I EE        | Compilant |   |
|                                    |           |   |
|                                    | <u>.</u>  |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing         | Compliant |   |
|                                    | - 1       |   |
|                                    |           |   |
|                                    |           |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable           |
|--------------------------------------|-----------|---|
| 5101:2-13-14 Requirements for Field  | Compliant | (-), ·· -, p   ·· · · · · · · · · · · · · · · · · |
| 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 | Documenting Statement(3), if applicable           |
| 3101.2-13-14 Driver Requirements     | Compilant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-14 Vehicle Inspections     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | Leu       |   |
| 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                   | ,         |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      | <u>I</u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-15 Child Records Retention | Compliant | 2 damenting statement(a), it applicable           |
| and Confidentiality                  |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 | Documenting Statement(s), If applicable           |
|                                      | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable           |
|                                      |           |   |

| 5101:2-13-16 Incident/Injury                       | Compliant           |  |
|--|---------------------|--|
| Rule   | Status              | Decumenting Statement(s) If applicable   |
| 5101:2-13-16 Disaster Plan                         | Compliant           | Documenting Statement(s), If applicable  |
| Pule   | Chahus              | Decumenting Chahamant/s) If annicable  |
| Rule<br>5101:2-13-18 Attendance                    | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision                           | Compliant           | bocumenting statement(s), if applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision                | Compliant           | bocumenting statement(s), if applicable  |
|  |                     |  |
| Sule 5101:2-13-19 Child Guidance                   | Status Compliant    | Documenting Statement(s), If applicable  |
|  |                     |  |
| Rule 5101:2-13-20 Sleep and Nap Requirements       | Status Compliant    | Documenting Statement(s), If applicable  |
|  |                     |  |
| Rule 5101:2-13-20 Crib and Playpen Requirements    | Status Compliant    | Documenting Statement(s), If applicable  |
|  | 6                   | D C  |
| Rule 5101:2-13-21 Evening and Overnight Care       | Status Compliant    | Documenting Statement(s), If applicable  |
|  |                     |  |
| Rule 5101:2-13-21 Sanitary Environment and Hygiene | Status   Compliant  | Documenting Statement(s), If applicable  |
| Dula   | Chahara             | Down atting City of the Line of the City of the Line of the City o |
| Rule 5101:2-13-22 Meals and Snacks                 | Status<br>Compliant | Documenting Statement(s), If applicable  |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-22 Fluid Milk                | Compliant | bocamenting statement(s), it applicable |
| 3101.2 13 22 Hala Wilk                 | Compilant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant | , , , , , , , , , , , , , , , , , , ,   |
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|  |           |   |
|  |           |   |
| 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                            |           |   |
|  |           |   |
|  | T         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant |   |
|  |           |   |
|  |           |   |
| D. I-                                  | Chatina   |   |
| 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 | - 13aa. otatea.it(0), ii appiioaate     |
| Requirements                           | Compliant |   |
|  |           |   |
|  | •         |   |
| 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                             |           |   |

| Rule                             | Status      | Documenting Statement(s), If applicable   |
|----------------------------------|-------------|---|
| 5101:2-13-11 Indoor Space        | Compliant   | V // 11                                   |
| 3101.2 13 11 maoor space         | Compilant   |   |
|                                  |             |   |
|                                  |             |   |
| - 1                              |             |   |
| 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   | 0 (" 11                                   |
| 3101.2 13 2 1 011 310 1 0013     | Compliant   |   |
|                                  |             |   |
|                                  |             |   |
| - 1                              |             |   |
| Rule                             | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Review Policies and | Compliant   |   |
| Procedures                       |             |   |
|                                  |             |   |
|                                  |             |   |
| Rule                             | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Pets                | Compliant   |   |
| 310112 13 12 1 0 13              | Compilation |   |
|                                  |             |   |
| <u> </u>                         | I           | I   |
| Dulo                             | Ctatus      | Decumenting Statement (a) If annihilation |
| Rule                             | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-24 Swimming Sites      | Compliant   |   |
|                                  |             |   |
|                                  |             |   |
|                                  |             |   |
| Rule                             | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Materials and       | Compliant   |   |
| Equipment                        |             |   |
| Lydipilicit                      |             |   |
|                                  | I           | I   |
|                                  |             |   |