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 http://jfs.ohio.gov/CDC/childcare.stm. 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 |
| ALLEN, LYDIA | 00000900573620 | FCC - Type B Home |
| Address | | County |
| 2916 COSTELLO AV | | HAMILTON |
| | | |
| CINCINNATI | | |
| OH 45211 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|-------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Announced | |
| Inspection Date | Begin Time | | End Time | |
| 06/13/2024 | 12:50 PM | | 1:20 PM | |
| Reviewer: | | | | |
| Jacob Downard | | | | |
| | Sui | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 5 | 0 | 1 | 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) | | 0 | 0 | 0 |
| Young Toddler | | 1 | 0 | 1 |
| Total Under 2 Years | 3 | 1 | 0 | 1 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 3 | 0 | 3 |
| Total Capacity/Enrollment | 6 | 3 | 0 | 4 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--------|--|
| Group | Group Age Group/Range Ratio Observed Comment | | |
| 6/13/2024 | | 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 | | |
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| No Serious Risk Non-Compliances were observed during this inspection | | |
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Moderate Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to

engage in assigned duties or be near children.

Findings: it was determined that the provider had not submitted a background check request in the OPR (OCCRA).

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/14/2024



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 128 degrees in the 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: 07/14/2024

Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: The program is required to safely store food.

Findings: During this inspection, it was determined the refrigerator did not maintain a temperature of 40 degrees Fahrenheit or below

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

Corrective Action Plan Due: 07/14/2024

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933

"Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for Amora. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/14/2024

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the CCSM or Substitute CCSM, Holden Hurdle, had expired communicable disease and child abuse training.

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/14/2024

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-02 License Visible | Compliant | |
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| Rule | Chahua | Decree onting Chatage ant/a) If a mulicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
| Closure | | |
| 1 | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
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| | | |
| Rule | Chahua | Described Statement (a) If any limble |
| | 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 |
| 5101:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | Documenting statement(s), it applicable |
| Requirements | Compilant | |
| Nequilements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|--|
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Compliant | 3 (" 11 |
| Combustible Materials in a Type B | | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | Bocamenting statement(s), it applicable |
| Parent | | |
| 7 27 27 27 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | Documenting Statement(s), if applicable |
| STOT.2-13-00 WIIISHE BIOWEI | Compnant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-11 Outdoor Equipment | Compliant | |
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| Rule 5101:2-12-14 Fall Zana | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s) If a reliable |
| 5101:2-13-13 Clean environment and | Compliant | Documenting Statement(s), If applicable |
| equipment | Compilant | |
| equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | Bocumenting statement(3), if applicable |
| STOTIL TO TO SMOKE THE | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | bocamenting statement(s), if applicable |
| for Field and Routine Trips | | |
| To Their and Roughle Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| nuic | Jacatus | bocamenting 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 | Documenting Statement(s), if applicable |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-13-15 Child Medical and | Compliant | Documenting Statement(s), If applicable |
| Enrollment Records | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | Journal of Control of |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | Joseph Comment of the |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | Documenting Statement(S), if applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard Precautions | | Becamening statement(s), it applicable |
| 1 recautions | Compliant | boomening statement(s), it approaches |
| | | |
| Rule 5101:2-13-16 Communicable Diseases | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-16 Communicable Diseases | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-16 Communicable Diseases Rule | Status Compliant Status | |
| Rule 5101:2-13-16 Communicable Diseases | Status Compliant | Documenting Statement(s), If applicable |

| 5101:2-13-16 Emergency Preparedness and Response Plan | Compliant | |
|--|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| Rule | Ctatus | Decumenting Statement(s) If applicable |
| 5101:2-13-19 Supervision | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
| Dula | Chahua | Decomposition (testamosusta) If a multipolate |
| Rule 5101:2-13-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-13 child Guidance | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | Bocamenting statement(5), it applicable |
| Requirements | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
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| Rule 5101:2-13-21 Sanitary Environment | Status | Documenting Statement(s), If applicable |
| and Hygiene | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | 3 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-23 Infant Daily Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | | bocumenting statement(3), if applicable |
| | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | 0 - 11-11 approximation |
| | Compilant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| 020212 20 20 010 ap 0120 and 11a 11a | - Compilation | |
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| Pulo | Status | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | ' | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-17 Programming | Compliant | bocamenting statement(s), ii applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |