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 | |
| ROLLEY, JANET | 000000912037728 | FCC - Type B Home | |
| Address | | County | |
| 2642 MELROSE AVE | | HAMILTON | |
| | | | |
| CINCINNATI | | | |
| OH 45206 | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Announced | |
| Inspection Date | Begin Time | | End Time | |
| 04/10/2023 | 1:27 PM | | 2:45 PM | |
| Reviewer: | | | | |
| Jennifer Herzog | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 5 | 0 | 0 | 6 |

| 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 | | 5 | 0 | 5 |
| Total Capacity/Enrollment | 6 | 5 | 0 | 5 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| 4/10/2023 | | 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 |
| No Moderate Risk Non-Compliances were observed during this inspection |
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Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-13-03 Inspection Requirements

Code: The program is required to respond to all non-compliances by the date noted in the inspection report.

Findings: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 10/27/2022. The rule requires the program complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/11/2023

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that surge protectors or outlets did not have childproof receptacle covers. 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: 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 most recent version of the JFS 01201 "Dental First Aid" was not completed or 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: 05/11/2023

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: 05/11/2023

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: Child care staff members and substitute child care staff members are required to complete health trainings within the first ninety days of hire and prior to being left alone with children.

Findings: In review of records, it was determined the CCSM or Substitute CCSM did not meet health training requirements listed in numbers 4 and 5 below:

- 1. All health trainings were not completed prior to being left alone with children.
- 2. First Aid training was not completed within the first ninety days of hire.
- 3. CPR training was not completed within the first ninety days of hire.
- 4. Communicable Disease training was not completed within the first ninety days of hire.
- 5. Child Abuse training was not completed within the first ninety days of hire.

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: 05/11/2023

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number 2 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other []

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

Corrective Action Plan Due: 05/11/2023

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-02 License Visible | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |

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| 5101:2-13-02 Provider Medical Compliant Rule Status Documenting Statement(s), If applicable | | Compilant | |
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| 5101:2-13-02 Information in OCLQS Compliant | 5101.2-15-02 illioilliation ill octos | Compliant | |

| 5101:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development | Compliant | Documenting Statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | bocumenting statement(s), ii applicable |
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| S101:2-13-11 Fall Zone | Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-13 Clean environment and equipment | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-13 Handwashing | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |

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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 | |
| for Field and Routine 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 |
| 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 | <u> </u> |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | O COLOR OF MANY |
| STOTIL TO TO HEALTH CONTAINIONS | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | bookinenting ottatement(a), it applicable |
| 2101.2-13-10 Liliel Believ Dillis | Compliant | |
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| Rule | Status | Documenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
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| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | Bocamenting statement(3), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | Bocamenting statement(3), it applicable |
| Requirements | Compilant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
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| 5101:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
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| 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 | bocamenting statement(s), if applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | 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 | |
| Swimming | | |
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| Rule | Ctatus | Documenting Statement/s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13 Written Policies and | Compliant | Documenting Statement(s), if applicable |
| | Compliant | |
| Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | bocumenting statement(s), if applicable |
| | Compliant | |
| Detectors - Type B Only | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | Dodaniem godacem en (o), ir approacie |
| 3101.2 13 11 mador space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
| 3101.2 13 17 1 10gramming | Compliant | |
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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 | | |
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