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 |
| BROWN, LATASHA | 000000912916025 | FCC - Type B Home |
| Address | · | County |
| 6430 ZOELLNERS | | BUTLER |
| | | |
| HAMILTON | | |
| OH 45011 | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Compliance | Full | | Announced | | |
| Inspection Date | Inspection Date Begin Time | | End Time | End Time | |
| 01/09/2024 | 9:00 AM | | 10:40 AM | | |
| Reviewer: | | | | | |
| Donna Eisenbraun | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 68 | 0 | 0 | 0 | 0 | |

| 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 | 2 | 2 |
| Young Toddler | | 0 | 1 | 1 |
| Total Under 2 Years | 3 | 0 | 3 | 3 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 2 | 6 | 8 |
| Total Capacity/Enrollment | 6 | 3 | 6 | 12 |

| Staff-Child Ratios at the Time of Inspection | | | |
|----------------------------------------------|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Latasha Brown | Mixed Age Group | 1 to 2 | |



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 |
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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 |
| No Low Risk Non-Compliances were observed during this inspection |
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Rule

| | Rules In-Compliance/ | Not Verified |
|----------------------------------------------------------|----------------------|-----------------------------------------|
| Rule 5101:2-13-02 License Visible | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Voluntary Temporary Closure | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Change of Location | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Information in OCLQS | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Provider Medical | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-03 Inspection Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Building Requirements for Type B Homes | Status Compliant | Documenting Statement(s), If applicable |

Status

Documenting Statement(s), If applicable

| 5101:2-13-04 Fire Safety for Type B Homes | Compliant | |
|-------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | and the second s |
| | | |
| Rule 5101:2-13-07 Type B Provider - Foster Parent | Status Compliant | Documenting Statement(s), If applicable |
| P. J. | Chabina | Decree while a Chaham and (a) If any lively |
| Sule 5101:2-13-08 Employee Requirements | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
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| Sule 5101:2-13-08 Whistle Blower | Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| Pulo | Status | Documenting Statement(s) If applicable |
| Rule 5101:2-13-10 Health Training | Status Compliant | Documenting Statement(s), If applicable |
| Dula | Chahara | Decumenting Chaterrent(-) If I'll |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-10 Professional | Compliant | |
|------------------------------------|-----------|-----------------------------------------|
| | 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 |
| 5101:2-13-11 Outdoor Equipment | Compliant | Bocumenting statement(s), it applicable |
| 3101.2-13-11 Odtaoor Equipment | Compliant | |
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| Rule | 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 | g statement(o), it approaces |
| 3101.2-13-12 Sale Equipment | Compliant | |
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| | 1 - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | S (" 11 |
| equipment | Compliant | |
| equipment | | |
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| D. In | Chahara | Decree action City of the Line |
| 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 | |
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| Dulo | Ctatus | Decumenting Statement (a) If any limit |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
| Doda | Chahara | December Chales and Mark If any live his |
| Rule 5101:2-13-14 Driver Requirements | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2 15 14 briver requirements | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | Documenting Statement(s), if applicable |
| 5101.2 15 14 Vehicle hispections | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | Documenting Statement(s), it applicable |
| 5101.2 15 14 Vemole Requirements | Compilant | |
| 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 | 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
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| 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 | Compliant | Section (e), it approaches |
| General Emergency Plan | , | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | Documenting statement(s), ii applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | Documenting statement(s), if applicable |
| 3101.2-13-10 includent/ injury | Соттриате | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | becamening statement(a), it applicable |
| Dulo | Chatus | Decumenting Statement(s) If applicable |
| Rule 5101:2-13-18 Attendance | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-16 Attendance | Соприанс | |
| Rule | Status | 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 | bootimenting statement(s); if applicable |
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| 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 | 3 |
| Requirements | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| nule | Status | Documenting Statement(s), it applicable |

| 5101:2-13-21 Evening and Overnight Care | Compliant | |
|------------------------------------------------|---------------------|---------------------------------------------|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | Documenting statement(3), it applicable |
| D. J. | Chabina | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| Dula | Chatura | Decree with a Chaterra which if any limited |
| 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 | J (// 11 |
| P. J. | Chabina | Decree the Chateres at a life and ball |
| 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 | Joeannent (e) |
| Preparation | | |
| | L | |
| 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 Swimming | Compliant | |
| Rulo | Chantuc | Documenting Statement/s) If and in-his |
| Rule 5101:2-13-25 Medication | Status Compliant | Documenting Statement(s), If applicable |
| Requirements | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-18 Group Size and Ratios | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | bocumenting statement(s), it applicable |
| Procedures | Compilant | |
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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 |
| 5101:2-13-11 Indoor Space | Compliant | Bocamenting statement(3), it applicable |
| 5101.2 15 11 magor space | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | bocumenting statement(s), if applicable |
| 5101.2-13-24 OH-3ite 1 00is | 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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