

## 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://ifs.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<br>THOMPSON, SHIRLEY    | Program Number<br>000000934383999 | Program Type<br>FCC - Type B Home |
| Address<br>4875 WINTONRIDGE LN APT 1 |                                   | County<br>HAMILTON                |
| CINCINNATI<br>OH 45232               |                                   |                                   |

| Inspection Information        |                                     |                                  |
|-------------------------------|-------------------------------------|----------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full            | Inspection Notice<br>Unannounced |
| Inspection Date<br>01/28/2026 | Begin Time<br>12:15 PM              | End Time<br>1:00 PM              |
| Inspection Date<br>01/28/2026 | Begin Time<br>12:15 PM              | End Time<br>1:00 PM              |
| Reviewer:<br>Amber Saulsbury  |                                     |                                  |
| Reviewer:<br>Amber Saulsbury  |                                     |                                  |
| Summary of Findings           |                                     |                                  |
| No. Rules Verified<br>68      | No. Rules with Non-compliances<br>3 | No. Serious Risk<br>0            |
|                               |                                     | No. Moderate Risk<br>0           |
|                               |                                     | No. Low Risk<br>3                |

| 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     |
| <b>Total Under 2 Years</b>                                | <b>3</b>         | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 5          | 0         | 5     |
| <b>Total Capacity/Enrollment</b>                          | <b>6</b>         | 5          | 0         | 5     |

| Staff-Child Ratios at the Time of Inspection |                 |                |                      |
|--|-----------------|----------------|----------------------|
| Group  | Age Group/Range | Ratio Observed | Comment              |
| 1/28/26                                      | Mixed Age Group | 1 to 0         | own son out of ratio |



Department of  
Children & Youth



### 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: 00 License & Approvals

Rule: 5180:2-13-03 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 7/28/25. 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: 02/28/2026

#### **Domain: 08 Staff Files**

Rule: 5180:2-13-08 Employee Requirements

Code: The program is required to obtain completed medical statements for all program staff.

**Findings:** In review of the staff records, it was determined that the medical statements for those individuals listed on the Employee Record Chart did not include the required information listed below in number 1 .

1. A medical statement was not on file;
2. The medical statement(s) on file were not dated within 12 months of the individual's first day of employment;
3. Date of examination was missing;
4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
5. A statement was missing that verifies the individual is:
  - a. Physically fit for employment in a program caring for children;
  - b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
  - c. Immunized against Measles, Mumps, and Rubella (MMR);

Submit the program's corrective action plan, which includes a copy of the completed medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/28/2026

#### **Domain: 09 Children's Files**

Rule: 5180:2-13-15 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: 02/28/2026

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

| Rule                                     | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-02 Voluntary Temporary Closure | Compliant |   |
| 5180:2-13-02 License Visible             | Compliant |   |
| 5180:2-13-02 Change of Location          | Compliant |   |
| 5180:2-13-02 Information in OCLQS        | Compliant |   |
| 5180:2-13-02 Provider Medical            | Compliant |   |

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-04 Building Requirements for Type B Homes               | Compliant |   |
| 5180:2-13-04 Fire Safety for Type B Homes                         | Compliant |   |
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant |   |
| 5180:2-13-04 Heaters in a Type B Home                             | Compliant |   |
| 5180:2-13-07 Staff Records  | Compliant |   |
| 5180:2-13-07 Provider Responsibilities                            | Compliant |   |
| 5180:2-13 Written Policies and Procedures                         | Compliant |   |
| 5180:2-13-07 Type B Provider - Foster Parent                      | Compliant |   |
| 5180:2-13-08 Child Care Staff Requirements                        | Compliant |   |
| 5180:2-13-08 Whistle Blower                                       | Compliant |   |

| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-09 Background Checks                       | Compliant |   |
| 5180:2-13-10 Health Training                         | Compliant |   |
| 5180:2-13-10 Professional Development                | Compliant |   |
| 5180:2-13-11 Indoor Space                            | Compliant |   |
| 5180:2-13-11 Outdoor Space                           | Compliant |   |
| 5180:2-13-11 Outdoor Equipment                       | Compliant |   |
| 5180:2-13-11 Fall Zone                               | Compliant |   |
| 5180:2-13-12 Safe Equipment                          | Compliant |   |
| 5180:2-13-12 Safe Environment                        | Compliant |   |
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant |   |
| 5180:2-13-12 Pets                                    | Compliant |   |

|  |               |  |
|--|---------------|--|
|  |               |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Clean environment and equipment                   | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Smoke Free  | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Handwashing                                       | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Toothbrushing                                     | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Requirements for Field and Routine Trips          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Driver Requirements                               | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Vehicle Inspections                               | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Vehicle Requirements                              | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Health Conditions                                 | Compliant     |  |

| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant |   |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant |   |
| 5180:2-13-16 Emergency Drills                            | Compliant |   |
| 5180:2-13-16 First Aid Kit/Standard Precautions          | Compliant |   |
| 5180:2-13-16 Communicable Diseases                       | Compliant |   |
| 5180:2-13-16 Incident/Injury                             | Compliant |   |
| 5180:2-13-16 Emergency Preparedness and Response Plan    | Compliant |   |
| 5180:2-13-17 Programming                                 | Compliant |   |
| 5180:2-13-17 Materials and Equipment                     | Compliant |   |
| 5180:2-13-18 Group Size and Ratios                       | Compliant |   |
|  |           |   |

|   |           |   |
|---|-----------|---|
| 5180:2-13-18 Attendance                       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision                      | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision           | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight Care       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap Requirements       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance                   | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen Requirements    | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks                 | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling                    | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk                       | Compliant |   |

|   |           |   |
|---|-----------|---|
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Daily Care                  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering                          | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools                      | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites                     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for Swimming     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication Requirements            | Compliant |   |