## **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      |  |
| ROPER-STRAYHORN, LAKIESHA | 000000936418340 | FCC - Type B Home |  |
| Address                   |                 | County            |  |
| 1689 Mandarin Dr          |                 | HAMILTON          |  |
|                           |                 |                   |  |
| Cincinnati                |                 |                   |  |
| OH 45140                  |                 |                   |  |

| Inspection Information |                     |                  |                  |                   |                   |  |
|------------------------|---------------------|------------------|------------------|-------------------|-------------------|--|
| Inspection Type        |                     | Inspection Scope |                  | Inspection Notice | Inspection Notice |  |
| Amendment - cha        | nge of location     | Full             |                  | Announced         | Announced         |  |
| Inspection Date        |                     | Begin Time       |                  | End Time          |                   |  |
| 05/26/2023             |                     | 10:55 AM         |                  | 11:59 AM          |                   |  |
| Reviewer:              |                     |                  |                  |                   |                   |  |
| Jacob Downard          |                     |                  |                  |                   |                   |  |
| Summary of Findings    |                     |                  |                  |                   |                   |  |
| No. Rules Verified     | No. Rules with Non- | compliances      | No. Serious Risk | No. Moderate Risk | No. Low Risk      |  |
| 68                     | 2                   |                  | 0                | 0                 | 2                 |  |

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

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|----------------------------------------------|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| 5/26/2023                                    | Mixed Age Group | 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                                          |  |  |  |  |
|-----------------------------------------------------------------------|--|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection  |  |  |  |  |
| ·                                                                     |  |  |  |  |
|                                                                       |  |  |  |  |
|                                                                       |  |  |  |  |
|                                                                       |  |  |  |  |
|                                                                       |  |  |  |  |
|                                                                       |  |  |  |  |
| Moderate Risk Non-Compliances                                         |  |  |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |  |  |
|                                                                       |  |  |  |  |
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|                                                                       |  |  |  |  |

## **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-13-09 Background Checks

Code: The program is required to have the applicable JFS 01176 "Program Notification of Background Check

Review for Child Care" on file.



Findings: In review of the staff records, it was determined that background check requirements had not been followed, for a household member, as noted in number 1 below:

- 1. The JFS 01176 "Program Notification of Background Check Review for Child Care" the program received from the Department was not on file and the individual was not left alone with children.
- 2. The JFS 01177 "Individual Notification of Background Check Review for Child Care" was on file instead of the JFS 01176.
- 3. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/30/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in numbers 9 and 10 below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not created or updated the program's organizational dashboard in the OPR.
- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.
- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.
- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

11.Other: []

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



| Corrective Action Plan Due: 07/13/2023 |  |
|----------------------------------------|--|
|                                        |  |
|                                        |  |

## Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-02 License Visible       | Compliant |                                         |
|                                    |           |                                         |
|                                    |           |                                         |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary   | Compliant | Bodamenting statement(s), it approals   |
| Closure                            | '         |                                         |
|                                    |           |                                         |
| Rule                               | Ctatus    | Decumenting States and A. If a maliable |
|                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location    | Compliant |                                         |
|                                    |           |                                         |
|                                    |           |                                         |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS  | Compliant |                                         |
|                                    |           |                                         |
|                                    |           |                                         |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical      | Compliant |                                         |
|                                    |           |                                         |
|                                    |           |                                         |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection            | Compliant |                                         |
| Requirements                       | ·         |                                         |
|                                    |           |                                         |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | Documenting Statement(s), it applicable |
| for Type B Homes                   | Compliant |                                         |
| 10. Type billomes                  |           |                                         |
|                                    |           |                                         |
| Rule                               | Status    | Documenting Statement(s), If applicable |

| 5101:2-13-04 Fire Safety for Type B<br>Homes                            | Compliant           |                                         |
|-------------------------------------------------------------------------|---------------------|-----------------------------------------|
| Rule                                                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and<br>Combustible Materials in a Type B<br>Home | Compliant           | Documenting Statement(s), if applicable |
| Rule                                                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B<br>Home                                | Compliant           |                                         |
| Rule                                                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster<br>Parent                         | Compliant           | bocumenting statement(3), if applicable |
|                                                                         | 1 -                 |                                         |
| S101:2-13-08 Employee Requirements                                      | Compliant Compliant | Documenting Statement(s), If applicable |
|                                                                         |                     |                                         |
| Rule                                                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements                              | Compliant           |                                         |
| Rule                                                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                                             | Compliant           | Documentally octation on the product    |
|                                                                         |                     |                                         |
| 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 Development                                   | Compliant           |                                         |
| Rule                                                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                                              | Compliant           | Documenting Statement(3), if applicable |
|                                                                         | 1.                  |                                         |
| Rule                                                                    | Status              | Documenting Statement(s), If applicable |

| 5101:2-13-11 Outdoor Equipment                                      | Compliant           |                                             |
|---------------------------------------------------------------------|---------------------|---------------------------------------------|
| Rule                                                                | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Fall Zone                                              | Compliant           | Documenting Statement(s), if applicable     |
| Bulo                                                                | Ctatus              | Decumenting Statement(s) If applicable      |
| Rule 5101:2-13-12 Safe Equipment                                    | Status Compliant    | Documenting Statement(s), If applicable     |
| Rule                                                                | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-12 Safe Environment                                       | Compliant           | becamening statement(s), it applicable      |
| Rule                                                                | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-13 Clean environment and equipment                        | Compliant           | bocamenting statement(s), if applicable     |
|                                                                     |                     |                                             |
| S101:2-13-13 Handwashing                                            | Compliant Compliant | Documenting Statement(s), If applicable     |
|                                                                     |                     |                                             |
| Rule 5101:2-13-13 Smoke Free                                        | Status Compliant    | Documenting Statement(s), If applicable     |
|                                                                     |                     |                                             |
| Rule 5101:2-13-13 Toothbrushing                                     | Status<br>Compliant | Documenting Statement(s), If applicable     |
|                                                                     |                     |                                             |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips          | Status Compliant    | Documenting Statement(s), If applicable     |
|                                                                     |                     |                                             |
| Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant    | Documenting Statement(s), If applicable     |
| Dula                                                                | Ctatus              | Desumenting States and (a) If any live live |
| Rule 5101:2-13-14 Driver Requirements                               | Status<br>Compliant | Documenting Statement(s), If applicable     |

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| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Compliant   | bocumenting statement(s), it applicable |
| 3101.2-13-14 Vehicle hispections     | Compliant   |                                         |
|                                      |             |                                         |
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| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant   |                                         |
|                                      | Compilarit  |                                         |
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|                                      |             |                                         |
| 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> </u>    |                                         |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant   | bocamenting statement(5), it applicable |
| and Confidentiality                  | Compliant   |                                         |
| and community                        |             |                                         |
|                                      |             | •                                       |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant   |                                         |
| General Emergency Plan               |             |                                         |
|                                      |             |                                         |
|                                      |             |                                         |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant   |                                         |
|                                      |             |                                         |
|                                      |             |                                         |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant   |                                         |
| Precautions                          | Compilation |                                         |
|                                      |             |                                         |
|                                      |             |                                         |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant   |                                         |
|                                      |             |                                         |
|                                      |             |                                         |
|                                      |             |                                         |
| Rule                                 | 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                               |                                          |
| 3101.2-13-10 Disaster Flati         | Compliant                               |                                          |
|                                     |                                         |                                          |
|                                     |                                         |                                          |
|                                     |                                         |                                          |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance             | Compliant                               |                                          |
| 3101.2 13 107(((()))                | Compilant                               |                                          |
|                                     |                                         |                                          |
|                                     |                                         |                                          |
|                                     | _                                       |                                          |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision            | Compliant                               |                                          |
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| Dulo                                | Ctatus                                  | Decumenting Statement/s) If annies blo   |
| 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         |                                         | bocamenting statement(s), it applicable  |
| 5101.2-15-19 Cillia Galdance        | Compliant                               |                                          |
|                                     |                                         |                                          |
|                                     |                                         |                                          |
|                                     |                                         |                                          |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap          | Compliant                               |                                          |
| Requirements                        |                                         |                                          |
| Requirements                        |                                         |                                          |
| L                                   | <u> </u>                                |                                          |
| D 1                                 | [ c                                     | 2 (/ ) ( 1 1 1                           |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen       | Compliant                               |                                          |
| Requirements                        |                                         |                                          |
| ·                                   |                                         |                                          |
|                                     |                                         |                                          |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
|                                     |                                         | Southeriting statement(s), it applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant                               |                                          |
| Care                                |                                         |                                          |
|                                     |                                         |                                          |
|                                     |                                         |                                          |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment   | Compliant                               |                                          |
| and Hygiene                         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                          |
| and Hygiene                         |                                         |                                          |
|                                     | 1                                       |                                          |
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| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 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   | Documenting statement(s), it applicable |
| JIOI.Z-IJ-ZZ I IUIU IVIIIK             | Compliant   |                                         |
|                                        |             |                                         |
|                                        |             |                                         |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant   | Documenting statement(s), it approach   |
| 3101.2 13 22 1 300 1 31.5              | Compilation |                                         |
|                                        |             |                                         |
|                                        |             |                                         |
| 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                            |             |                                         |
|                                        |             |                                         |
| l                                      |             |                                         |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant   |                                         |
|                                        |             |                                         |
|                                        |             |                                         |
|                                        |             |                                         |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant   |                                         |
| Swimming                               |             |                                         |
|                                        |             |                                         |
| 2.1.                                   | Challer     | Chatamantia (tatamantia) if applicable  |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant   |                                         |
| Requirements                           |             |                                         |
|                                        |             |                                         |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant   | Documenting Statement(s), it applicable |
|                                        | Compilant   |                                         |
|                                        |             |                                         |
|                                        |             |                                         |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant   | Documenting statement(s), it approach   |
|                                        | Compilant   |                                         |
|                                        |             |                                         |
|                                        |             |                                         |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and         | Compliant   |                                         |
| Procedures                             | Copa        |                                         |
| Troccaures                             |             |                                         |
|                                        |             |                                         |

| Rule                         | Status     | Documenting Statement(s), If applicable |
|------------------------------|------------|-----------------------------------------|
| 5101:2-13-12 Carbon Monoxide | Compliant  | , , , , , ,                             |
| Detectors - Type B Only      | ·          |                                         |
| ,,                           |            |                                         |
|                              |            |                                         |
| Rule                         | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space    | Compliant  |                                         |
|                              |            |                                         |
|                              |            |                                         |
| Rule                         | Status     | Decumenting Statement(s) If applicable  |
|                              | Compliant  | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming     | Compliant  | 1                                       |
|                              |            |                                         |
|                              |            |                                         |
| Rule                         | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools   | Compliant  | -                                       |
|                              |            |                                         |
|                              |            |                                         |
|                              | Γ-         | 1                                       |
| Rule                         | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets            | Compliant  |                                         |
|                              |            |                                         |
| L                            | _ <b>L</b> | 1                                       |
| Rule                         | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites  | Compliant  | 200minum gotatement (a) in approach     |
|                              |            |                                         |
|                              |            |                                         |
|                              |            |                                         |
| Rule                         | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and   | Compliant  |                                         |
| Equipment                    |            |                                         |
|                              |            |                                         |
|                              |            |                                         |