

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 |
| ROPER-STRAYHORN, LAKIESHA | 00000936418340 | FCC - Type B Home |
| Address | | County |
| 1689 Mandarin Dr | | HAMILTON |
| | | |
| Cincinnati | | |
| OH 45240 | | |

| | Inspection Information | | | | |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | соре | Inspection Notice | | |
| Compliance | Full | | Announced | | |
| Inspection Date | Begin Time | | End Time | | |
| 07/19/2023 | 12:30 PM | | 1:11 PM | | |
| Reviewer: | | | | | |
| Jacob Downard | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 68 | 1 | 0 | 0 | 1 | |

| 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 |
| 7/19/2023 | | 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

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: 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 125 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: 08/19/2023

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 | |
| Closure | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | bocumenting statement(s), it applicable |
| STOT: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 | |
| | compliant | |
| | | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), it applicable |
| 5101:2-13-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
| - // | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|---------------------|--|
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
| | | |
| Pula | Status | Decumenting Statement(a) If any list has |
| Rule 5101:2-13-04 Flammable and | Compliant | Documenting Statement(s), If applicable |
| Combustible Materials in a Type B | | |
| Home | | |
| Tionic | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | bocamenting statement(s), it applicable |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
| L | | I] |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | bocumenting statement(s), if applicable |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
| | | |
| L | 1 | 1] |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |
| | | |
| Dula | Chatura | Desumenting Statement() If souther his |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | |
| | | |
| L | 1 | 1] |
| | | |



| Dula | Chahua | |
|-------------------------------------|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
| | | |
| Rule | Statuc | Documenting Statement(s) If applicable |
| | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
| 5101.2 13 11 1 01 20116 | | |
| | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
| STOTIZ IS IZ SUIC Equipment | | |
| | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | |
| equipment | | |
| -42.6 | | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
| 5 | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
| , j | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
| • | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |



| 5101:2-13-14 Ratio and Supervision | Compliant | |
|--------------------------------------|---------------------|---|
| for Field and Routine Trips | | |
| | | |
| Rule | Status | Decumenting Statement(c) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | Documenting statement(s), if applicable |
| | | |
| | | |
| | | |
| 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 | Documenting statement(s), it applicable |
| | compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| Dula | Chabus | |
| Rule | Status Compliant | 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| 2101.2-12-10 COUMINGING DISEASES | Compliant | |



| L | | 1 |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | bocumenting statement(s), it applicable |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| | | |
| | 1 | |
| 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 | |
| | | |
| | | |
| Rule | Ctatus | Decumenting Statement(s) If englishing |
| 5101:2-13-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
| | | |
| Dula | Ctatus | Desumanting Statemart(s) If any list be |
| Rule 5101:2-13-21 Sanitary Environment | Status Compliant | Documenting Statement(s), If applicable |
| and Hygiene | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-22 Meals and Snacks | Compliant | |
| | | |
| | | |
| | | |
| 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 | |
| | | |
| | | |
| | | |
| 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 | | |
| | | |
| | • | |
| 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 | p | |
| Switting . | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
| Requirements | | |
| <u></u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
| | | |
| | | |
| | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
| | | |
| Rule | Status | Desumenting Statement(s) If emplicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| | | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
| 5101.2 15 12 1 013 | Compliant | |
| | | |
| | • | · · · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| | | |