



## 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<br>MATHIS, LAARON                            | Program Number<br>000000941448395 | Program Type<br>FCC - Type B Home |
| Address<br>6412 Savannah rd<br><br>Cincinnati<br>OH 45239 |                                   | County<br>HAMILTON                |

| Inspection Information            |                          |                                  |
|-----------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Compliance     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>04/14/2023     | Begin Time<br>11:55 AM   | End Time<br>1:10 PM              |
| Reviewer:<br>Lisa Johnson-Garrett |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>68 | No. Rules with Non-compliances<br>5 | No. Serious Risk<br>0 | No. Moderate Risk<br>1 | No. Low Risk<br>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)                                 | 3                | 0          | 0         | 0     |
| Young Toddler   |                  | 1          | 0         | 1     |
| <b>Total Under 2 Years</b>                                |                  | 1          | 0         | 1     |
| Older Toddler   | 6                | 0          | 0         | 0     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 7          | 0         | 7     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 11         | 0         | 12    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Inspection 4/14/23                           | Mixed Age Group | 2 to 8         |         |



### 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

**Domain: 08 Staff Files**

Rule: 5101:2-13-09 Background Checks

Code: Individuals associated to the program are required to request background checks.

Findings: In review of the staff records, it was determined that a resident of the home turned 18 years of age moved into the home and background checks were not requested within 10 business days. Submit the program's corrective action plan, which includes a copy of the resident's JFS 01176, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/17/2023

#### Low Risk Non-Compliances

**Domain: 08 Staff Files**

Rule: 5101:2-13-07 Provider Responsibilities



Code: The program is required to notify the county agency of any change in the household composition.

Findings: During the inspection, it was determined the provider did not update OCLQS as noted in the following number 1 below:

1. A change in household composition including someone joining the household or leaving the household within five calendar days.
2. An individual staying in the home for more than ten consecutive calendar days.

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

Corrective Action Plan Due: 05/17/2023

**Domain: 08 Staff Files**

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program staff is required to complete the prescribed orientation within 30 days of starting employment.

Findings: In review of the staff records, it was determined that the child care staff member(s) or substitute child care staff member had not completed the online orientation training as noted in number (s) 1,3 below:

1. The training was not completed within thirty days of the starting employment.
2. There was no documentation of completing the training after December 31, 2016.
3. Completion of training is not documented with verification from the OPR for the Child Care Staff Member(s) and/or Substitute Child Care Staff Member(s) listed on the Employee Record Chart, as required.

Submit the program's corrective action plan, which includes copies of verification of training, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/17/2023

**Domain: 08 Staff Files**

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to have hours of availability to meet with parents posted in a noticeable place.

Findings: During the inspection, it was determined that the provider did not have hours of availability to meet with parents a noticeable location. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/17/2023



**Domain: 08 Staff Files**

Rule: 5101:2-13-08 Employee Requirements

Code: The program staff is required to obtain a completed medical examination statement within 12 months of the staff's first day of employment.

Findings: During the inspection, it was determined that a completed medical examination statement, dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement with all required information, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/17/2023

**Domain: 09 Children's Files**

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

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1,2 below

:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
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: 05/17/2023

**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(s) 4 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: 05/17/2023

**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 Closure                          | Compliant |   |
| 5101:2-13-02 Change of Location                                   | Compliant |   |
| 5101:2-13-02 Information in OCLQS                                 | Compliant |   |
| 5101:2-13-02 Provider Medical                                     | Compliant |   |
| 5101:2-13-03 Inspection Requirements                              | Compliant |   |
| 5101:2-13-04 Building Requirements for Type B Homes               | Compliant |   |
| 5101:2-13-04 Fire Safety for Type B Homes                         | Compliant |   |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant |   |
| 5101:2-13-04 Heaters in a Type B Home                             | Compliant |   |
| 5101:2-13-07 Staff Records  | Compliant |   |



| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-07 Type B Provider - Foster Parent | Compliant |   |
| 5101:2-13-08 Whistle Blower                  | Compliant |   |
| 5101:2-13-10 Health Training                 | Compliant |   |
| 5101:2-13-10 Professional Development        | Compliant |   |
| 5101:2-13-11 Outdoor Space                   | Compliant |   |
| 5101:2-13-11 Outdoor Equipment               | Compliant |   |
| 5101:2-13-11 Fall Zone                       | Compliant |   |
| 5101:2-13-12 Safe Equipment                  | Compliant |   |
| 5101:2-13-12 Safe Environment                | Compliant |   |
| 5101:2-13-13 Clean environment and equipment | Compliant |   |



| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-13 Handwashing                                       | Compliant |   |
| 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 |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips          | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                               | Compliant |   |
| 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 |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                                 | Compliant |   |
| 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 General Emergency Plan | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Emergency Drills                            | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 First Aid Kit/Standard Precautions          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Communicable Diseases                       | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Incident/Injury                             | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Disaster Plan                               | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-18 Attendance                                  | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 Supervision                                 | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 School Age Supervision                      | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 Child Guidance                              | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |



|   |               |  |
|---|---------------|--|
| 5101:2-13-20 Sleep and Nap Requirements         | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Crib and Playpen Requirements      | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-21 Evening and Overnight Care         | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-21 Sanitary Environment and Hygiene   | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Meals and Snacks                   | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Fluid Milk                         | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Food Handling                      | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Infant Daily Care                  | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Diapering                          | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |



|  |               |  |
|--|---------------|--|
| 5101:2-13-24 Parent Permission for Swimming          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-25 Medication Requirements                 | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-18 Group Size and Ratios                   | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13 Written Policies and Procedures            | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Indoor Space                            | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-17 Programming                             | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-24 On-site Pools                           | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Pets                                    | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-24 Swimming Sites                          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |



|                                      |           |  |
|--------------------------------------|-----------|--|
| 5101:2-13-17 Materials and Equipment | Compliant |  |
|                                      |           |  |