## **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      |  |
| WILLIAMS, RAYSHAWNDRA | 000000946396213 | FCC - Type B Home |  |
| Address               |                 | County            |  |
| 1941 STERLING AVENUE  |                 | HAMILTON          |  |
|                       |                 |                   |  |
| CINCINNATI            |                 |                   |  |
| OH 45239              |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 02/08/2024             | 4:42 PM                        |                  | 5:40 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Jennifer Herzog        |                                |                  |                   |              |
| 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)                                 |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 4          | 0         | 4     |
| Total Capacity/Enrollment                                 | 6                | 4          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| 2/8/2024                                     | Mixed Age Group | 1 to 3 |  |



## **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.

| No Serious Risk Non-Compliances were observed during this inspection  Moderate Risk Non-Compliances  No Moderate Risk Non-Compliances were observed during this inspection |   |  |  |  |  |
|--|---|--|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection  Moderate Risk Non-Compliances  | Sorious Pick Non Compliances  |  |  |  |  |
| Moderate Risk Non-Compliances  | Serious Kisk Non-Compliances  |  |  |  |  |
| Moderate Risk Non-Compliances  |   |  |  |  |  |
|  | No Serious Risk Non-Compliances were observed during this inspection  |  |  |  |  |
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| No Moderate Risk Non-Compliances were observed during this inspection  | Moderate Risk Non-Compliances   |  |  |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection  |   |  |  |  |  |
|  | No Moderate Risk Non-Compliances were observed during this inspection |  |  |  |  |
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## **Low Risk Non-Compliances**

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number 14 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

Correct the violation and submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/10/2024

**Domain: 08 Staff Files** 

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in numbers 10 and 14 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training

- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 03/10/2024

## **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  |
| Rule 5101:2-13-02 Change of Location  | Status<br>Compliant | Documenting Statement(s), If applicable  |
|                                       |                     | Documenting Statement(s), If applicable  |
|                                       |                     | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Change of Location       | Compliant           |  |
| 5101:2-13-02 Change of Location  Rule | Compliant           | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location       | Compliant           |  |
| 5101:2-13-02 Change of Location  Rule | 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 | bocumenting statement(s), if applicable |
| for Type B Homes                      | Compilant |   |
| Tor Type B Homes                      |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B   | Compliant |   |
| Homes                                 | -         |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and            | Compliant |   |
| Combustible Materials in a Type B     |           |   |
| Home                                  |           |   |
|                                       |           |   |
| 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 | bocumenting statement(s), if applicable |
| 3101.2-13-07 Stall Recolus            | Compliant |   |
|                                       |           |   |
| <u> </u>                              | 1         | 1                                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant |   |
|                                       |           |   |
| L                                     |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant | bocumenting statement(s), if applicable |
| JIOI.2-13-00 WIIISUE DIOWEI           | Compliant |   |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
|                                       |           | V 11                                    |

| 5101:2-13-09 Background Checks                    | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development             | Compliant           | bocamenting statement(s), it applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                        | Compliant           | Bocamenting statement(s), it applicable |
| Rule  | Status              | Decumenting Statement(c) If applicable  |
| 5101:2-13-11 Outdoor Equipment                    | Compliant           | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                            | Compliant           | bocumenting statement(s), if applicable |
|   | 1                   |   |
| Sule 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           | Documenting Statement(s), if applicable |
|   |                     |   |
| Rule 5101:2-13-13 Clean environment and equipment | Status<br>Compliant | Documenting Statement(s), If applicable |
| Pulo  | Chatus              | Decumenting Statement(s) If applicable  |
| Rule 5101:2-13-13 Handwashing                     | Status Compliant    | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-13 Smoke Free                      | Status<br>Compliant | Documenting Statement(s), If applicable |
| Dula  | Chahua              | Decomposition Chatananata) if           |
| Rule 5101:2-13-13 Toothbrushing                   | Status<br>Compliant | Documenting Statement(s), If applicable |

|  |                     | -   |
|--|---------------------|---|
| 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            |                     |   |
|  | 1                   | <u>l</u>  |
| Rule                                   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Driver Requirements       | Compliant           | Double the second the |
|  |                     |   |
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| 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           | bocumenting statement(3), ii applicable   |
| 3101.2 13 11 Vernole Requirements      | Compilarit          |   |
|  |                     |   |
|  |                     |   |
| 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), if applicable   |
| 5101.2-15-15 Health Conditions         | Compilant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Child Records Retention   | Compliant           |   |
| and Confidentiality                    |                     |   |
|  |                     |   |
| Pulo                                   | Status              | Documenting Statement(s) If and inchis  |
| Rule 5101:2-13-16 Medical, Dental, and | Status<br>Compliant | Documenting Statement(s), If applicable   |
| General Emergency Plan                 | Computation         |   |
| General Linergency Flair               |                     |   |
| ,                                      |                     | 1   |
| Rule                                   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Emergency Drills          | Compliant           |   |
|  |                     |   |

|                                     | 1         |   |
|-------------------------------------|-----------|---|
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases  | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-16 Communicable Diseases  | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Decumenting Statement/s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          |           | bocumenting statement(s), if applicable |
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-16 Attenuance             | Compliant |   |
|                                     |           |   |
| L                                   | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting 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 | bocumenting statement(s), if applicable |
| 3101.2-13-19 3chool Age Supervision | Compilant |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-19 Cillia Galdance        | Compilant |   |
|                                     |           |   |
| L                                   | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant | bocumenting statement(s), it applicable |
| ·                                   | Compilant |   |
| Requirements                        |           |   |
| L                                   | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant | bocamenting statement(s), it applicable |
| Requirements                        | Compilant |   |
| nequirents                          |           |   |
| L                                   | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant | bocumenting statement(s), it applicable |
|                                     | Compilant |   |
| Care                                |           |   |
|                                     |           |   |

| Rule                                   | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-13-21 Sanitary Environment      | Compliant           |   |
| and Hygiene                            |                     |   |
|  |                     |   |
|  | T                   |   |
| 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           | Documenting Statement(s), if applicable |
| 3101.2-13-23 Illiant 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           |   |
|  |                     |   |
| L                                      | <u> </u>            |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant           |   |
| Swimming                               | F                   |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant           |   |
| Requirements                           |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement/c) If applicable  |
| 5101:2-13-07 Provider Responsibilities | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-07 Flovider Responsibilities | Compnant            |   |
|  |                     |   |
| 1                                      | l .                 | ,                                       |
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| 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                         |           |   |
|                                    |           |   |
|                                    |           |   |
| 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   |
| 5101:2-13-08 Child Care Staff      | Compliant | Documenting statement(s), it applicable   |
| Requirements                       | Compilant |   |
| Requirements                       |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Indoor Space          | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Programming           | Compliant |   |
|                                    |           |   |
| L                                  |           |   |
| 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 |   |
|                                    |           |   |
|                                    |           |   |
| Dula                               | Chahua    | Decumenting Chatere aut/s) If a malicable |
| 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                          |           |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |

