



## 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>WATKINS, CHINESHA                        | Program Number<br>000000949317420 | Program Type<br>FCC - Type B Home |
| Address<br>10574 LATINA CT<br><br>CINCINNATI<br>OH 45218 |                                   | County<br>HAMILTON                |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>05/02/2024 | Begin Time<br>6:00 PM    | End Time<br>6:45 PM              |
| Reviewer:<br>Eryn Hunt        |                          |                                  |

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

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| 5/2/24                                       |                 | 1 to 1         |         |



### 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: 06/02/2024

#### Low Risk Non-Compliances

**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 number(s) 9 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: 06/02/2024

### 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 Closure                          | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-02 Change of Location                                   | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-02 Information in OCLQS                                 | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-02 Provider Medical                                     | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-03 Inspection Requirements                              | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-04 Building Requirements for Type B Homes               | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-04 Fire Safety for Type B Homes                         | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-04 Heaters in a Type B Home                             | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-07 Type B Provider - Foster Parent                      | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |



|                                              |               |                                                |
|----------------------------------------------|---------------|------------------------------------------------|
| 5101:2-13-08 Employee Requirements           | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-08 Whistle Blower                  | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-10 Health Training                 | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-10 Professional Development        | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Outdoor Space                   | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Outdoor Equipment               | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Fall Zone                       | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Safe Equipment                  | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Safe Environment                | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Clean environment and equipment | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 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 Child Medical and Enrollment Records              | 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 |                                         |
| 5101:2-13-16 Emergency Drills                            | Compliant |                                         |
| 5101:2-13-16 First Aid Kit/Standard Precautions          | Compliant |                                         |
| 5101:2-13-16 Communicable Diseases                       | Compliant |                                         |
| 5101:2-13-16 Incident/Injury                             | Compliant |                                         |
| 5101:2-13-16 Emergency Preparedness and Response Plan    | Compliant |                                         |
| 5101:2-13-18 Attendance                                  | Compliant |                                         |
| 5101:2-13-19 Supervision                                 | Compliant |                                         |
| 5101:2-13-19 School Age Supervision                      | Compliant |                                         |
| 5101:2-13-19 Child Guidance                              | Compliant |                                         |



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





| Rule                                                 | Status    | Documenting Statement(s), If applicable |
|------------------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-24 Parent Permission for Swimming          | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Requirements                 | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities               | Compliant |                                         |
| 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 Procedures            | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements           | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space                            | Compliant |                                         |
| 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     |                                                |
| <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     |                                                |