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 |
| WILLIAMS, LAVETTE | 000000958488419 | FCC - Type B Home |
| Address | | County |
| 5235 NEWFIELD ST | | HAMILTON |
| | | |
| CINCINNATI | | |
| OH 45237 | | |

| | Insp | ection Information | | |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 01/11/2024 | 10:15 AM | | 10:55 AM | |
| Reviewer: | | | | |
| Eryn Hunt | | | | |
| | Sui | mmary 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 | 1 | 3 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 2 | 1 | 3 |
| Older Toddler | | 0 | 1 | 1 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 1 | 0 | 1 |
| Total Capacity/Enrollment | 6 | 1 | 1 | 5 |

| S | taff-Child Ratios at the Time of Ins | pection | |
|---------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| 1/11/24 | | 1 to 2 | |



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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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Low Risk Non-Compliances

Domain: 07 Diapering & Infant Care

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program staff is required to have all bottles labeled.

Findings: During the inspection, it was determined that bottles containing milk/formula for a particular infant were not labeled with the child's name and date of preparation. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/11/2024

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) 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: 02/11/2024

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-------------|---|
| 5101:2-13-02 License Visible | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(c) If applicable |
| 5101:2-13-02 Change of Location | Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-02 Change of Location | Comphant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | - V / / 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | Documenting Statement(s), it applicable |
| Requirements | Compnant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
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| 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 | Documenting Statement(3), it applicable |
| Combustible Materials in a Type B | Compliant | |
| Home | | |
| Home | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | bocamenting statement(3), it applicable |
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| Home | Compilation | |

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| Rule Status Documenting Statement(s), If applicable | 5101:2-13-07 Type B Provider - Foster | Compliant | |
| 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 Rule Status Documenting Statement(s), if applicable 5101:2-13-08 Whistle Blower Compliant Rule Status Documenting Statement(s), if applicable 5101:2-13-09 Background Checks Compliant 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 Rule Status Documenting Statement(s), if applicable Fulle Status Documenting Statement(s), if applicable | | | |
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| 5101:2-13-11 Fall Zone | Compliant | Documenting Statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | bocamenting statement(s), it applicable |
| 3101.2-13-12 Sale Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | bocamenting statement(s), it approasie |
| 3101.2-13-12 Sale Lilviloninent | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | (// |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-14 Vehicle Inspections | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | bocamenting statement(3), it applicable |
| and Confidentiality | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | , , , , , , , , , , , , , , , , , , , |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | Documenting statement(s), if applicable |
| 3101.2-13-10 Collination Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | 0 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-18 Attendance | Compliant | |
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| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-13-19 Supervision | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | bocumenting statement(s), if applicable |
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| Rule 5101:2-13-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-20 Sleep and Nap Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | Documenting Statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight Care | Compliant | a commence of the control of the con |
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| Sule 5101:2-13-21 Sanitary Environment and Hygiene | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-22 Meals and Snacks | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-22 Fluid Milk | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-22 Food Handling | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | government(e), it approach |
| J101.2-13-23 Illiant Daily Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| 310112 13 23 Bidpering | Compilarit | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(3), if applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | 5 (7 11 |
| 3101.2 13 10 Group Size and Natios | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | ' | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-24 On-site Pools | Compliant | bocamenting statement(s), it applicaste |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Kule | Compliant | Documenting Statement(s), if applicable |
| 5101:2-13-17 Materials and | Compilant | |