## **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      |  |
| SICKMAN, KRYSTLE | 000000959416838 | FCC - Type B Home |  |
| Address          |                 | County            |  |
| 6108 Oakhaven Dr |                 | HAMILTON          |  |
|                  |                 |                   |  |
| Cincinnati       |                 |                   |  |
| OH 45233         |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 07/20/2023             | 1:13 PM                        |                  | 2:37 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Lisa Johnson-Garrett   |                                |                  |                   |              |
| 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          | 1         | 1     |
| Young Toddler   |                  | 5          | 1         | 6     |
| Total Under 2 Years                                       | 3                | 5          | 2         | 7     |
| Older Toddler   |                  | 0          | 1         | 1     |
| Preschool   |                  | 0          | 1         | 1     |
| School Age  |                  | 12         | 3         | 15    |
| Total Capacity/Enrollment                                 | 6                | 12         | 5         | 24    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Inspection 7/20/23                           | Mixed Age Group | 1 to 5 |  |

## **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  |
|   |
|   |
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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 Daily Care

Code: The program is required to provide a daily written record for each infant in care to the parents when

picking up the infant each day.

Findings: During the inspection, it was determined that the written record used to document infant routines and activities did not meet the requirements as noted in number(s) 5 below:

- 1. A daily written record was not provided to the parent or person picking up the infant on a daily basis.
- 2. Food intake was missing.
- 3. Sleeping patterns was missing.
- 4. Times and results of diaper changes was missing.
- 5. Information about daily activities was missing.

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

Corrective Action Plan Due: 08/26/2023

## **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                           |           |   |
|                                   |           |   |
|                                   |           | 1                                       |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| D. I                              |           | 5 6                                     |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 110110                            |           | bocumenting statement(s), if applicable |
| 5101:2-13-02 Provider Medical     | Compliant |   |
|                                   |           |   |
| L                                 | I         | <u> </u>                                |
| Rule                              | Status    | Documenting Statement(s), If applicable |
|                                   |           | and are contained by the series         |

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|--|---------------------|--|
| 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           | V // 11  |
| Homes                                  | ·                   |  |
|  |                     |  |
|  | I a                 |  |
| Rule 5101:2-13-04 Flammable and        | Status              | Documenting Statement(s), If applicable  |
|  | Compliant           |  |
| Combustible Materials in a Type B Home |                     |  |
| Home                                   | l                   |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B       | Compliant           | J  |
| Home                                   |                     |  |
|  |                     |  |
|  | I c                 | 5 (  |
| Rule 5101:2-13-07 Staff Records        | Status              | Documenting Statement(s), If applicable  |
| 3101:2-13-07 Staff Records             | Compliant           |  |
|  |                     |  |
|  |                     |  |
| 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           |  |
|  | ·                   |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff          | Compliant           |  |
| Requirements                           |                     |  |
|  |                     | <u>,                                      </u>                                   |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| Rule<br>5101:2-13-08 Whistle Blower    | Status<br>Compliant | Documenting Statement(s), If applicable  |
|  |                     | Documenting Statement(s), If applicable  |
|  |                     | Documenting Statement(s), If applicable  |
|  |                     | Documenting Statement(s), If applicable  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           | Documenting statement(s), if applicable |
| Pulo                                       | Status              | Documenting Statement(s) If applicable  |
| Rule 5101:2-13-10 Professional Development | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                 | Compliant           | bocumenting statement(s), if applicable |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment             | Compliant           | bocumenting statement(s), if applicable |
|  |                     |   |
| Rule 5101:2-13-11 Fall Zone                | Compliant           | Documenting Statement(s), If applicable |
| Dida                                       | Chahus              | Decumenting Chatemanh/s) If anni-schile |
| Rule 5101:2-13-12 Safe Equipment           | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-12 Safe Environment         | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-13 Clean environment and    | Status<br>Compliant | Documenting Statement(s), If applicable |
| equipment                                  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                   | Compliant           | boothering statement(3), if applicable  |
|  |                     |   |
| Rule 5101:2-13-13 Smoke Free               | Status<br>Compliant | Documenting Statement(s), If applicable |
| 2101.2-13-13 3HOVE LIEE                    | Compilant           |   |

| Rule   | Status      | Documenting Statement(s), If applicable |
|--|-------------|---|
| 5101:2-13-13 Toothbrushing   | Compliant   | Documenting Statement(s), if applicable |
| 5101.2-15-15 TOOLIDIUSIIIIIg   | Compilant   |   |
|  |             |   |
|  | 1           |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field  | Compliant   | bocamenting statement(s), it applicable |
| and Routine Trips  | Compliant   |   |
| and Routine Trips  |             |   |
|  | <u> </u>    |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant   | Bocamenting statement(3), it applicable |
| for Field and Routine Trips  | Compilant   |   |
| Tot Fleid and Roddine Trips  |             |   |
|  | <u> </u>    |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements   | Compliant   |   |
| STOTIC TO THE MENT MENT AND THE MENT OF TH | Compilation |   |
|  |             |   |
|  | 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   | <u> </u>                                |
| ·  | ,           |   |
|  |             |   |
|  |             |   |
| 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   |   |
|  |             |   |
|  |             |   |
|  |             |   |
| 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   |             |   |

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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills       | Compliant | 3 (" 11                                 |
| Signif is in Emergency Sims         |           |   |
|                                     |           |   |
|                                     | I.        |   |
| Rule                                | Status    | Decumenting Statement(s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant |   |
| Precautions                         |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Desumenting Statement/s) If applicable  |
|                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | ı         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant | <u> </u>                                |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Documenting Statement(s), if applicable |
| 5101:2-13-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
|                                     | Compliant |   |
| Requirements                        |           |   |
|                                     | 1         |   |

| Rule                                | Status              | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-13-20 Crib and Playpen       | Compliant           | J                                       |
| Requirements                        | ·                   |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant           |   |
| Care                                |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant           | bocumenting statement(s), it applicable |
| and Hygiene                         | Compliant           |   |
| and riggiene                        |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Ctatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-22 Fluid Milk             | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-22 Fluid Wilk             | Compliant           |   |
|                                     |                     |   |
|                                     | - 1                 |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| D. I.                               |                     | D :: C:                                 |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant           |   |
| Preparation                         |                     |   |
|                                     | _1                  | 1                                       |
| 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                            |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication             | Compliant           |   |
| Requirements                        | ,                   |   |
|                                     |                     |   |
|                                     |                     |   |

| Rule                                   | Status      | Documenting Statement(s), If applicable    |
|--|-------------|--|
| 5101:2-13-07 Provider Responsibilities | Compliant   | Bootinenting octatement (5), in applicable |
| 3101.2 13 07 Frovider Responsibilities | Compilation |  |
|  |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-18 Group Size and Ratios     | Compliant   | 0 (" 11                                    |
|  |             |  |
|  |             |  |
|  |             |  |
| 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    |
| 5101:2-13-11 Indoor Space              | Compliant   |  |
|  |             |  |
|  |             |  |
| Doda                                   | Chatura     | Decree the Chater and I for all all a      |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-17 Programming               | Compliant   |  |
|  |             |  |
|  | <u> </u>    |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Pets                      | Compliant   | bocamenting statement(s), it applicable    |
| 3101.2 13 12 1 03                      | Compilant   |  |
|  |             |  |
|  | 1           |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-24 Swimming Sites            | Compliant   |  |
| <b>3</b> - 111                         | '           |  |
|  |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-17 Materials and             | Compliant   |  |
| Equipment                              |             |  |
|  |             |  |
|  |             |  |
|  |             |  |