## **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      |
| KIRKLAND, ANGELA | 000000978126614 | FCC - Type B Home |
| Address          |                 | County            |
| 1221 FRANKLIN    |                 | HAMILTON          |
|                  |                 |                   |
| CINCINNATI       |                 |                   |
| OH 45237         |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Announced         |              |  |
| Inspection Date        |                                |                  |                   |              |  |
| 11/21/2022             | 12:59 PM                       | 12:59 PM         |                   | 3:10 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   |                  | 0          | 2         | 2     |
| Total Under 2 Years                                       | 3                | 0          | 3         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 2         | 2     |
| School Age  |                  | 0          | 2         | 2     |
| Total Capacity/Enrollment                                 | 6                | 0          | 4         | 7     |

| Staff-Child Ratios at the Time of Inspection |                      |        |  |
|--|----------------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                      |        |  |
| Inspection 11/21/22                          | 3 years to < 4 years | 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   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
|   |
|   |
|   |

## **Low Risk Non-Compliances**

**Domain: 06 Program Information** 

Rule: 5101:2-13-14 Vehicle Inspections

Code: The program is required to complete and document weekly vehicle inspections.

Findings: During the inspection, it was determined that the program had not documented weekly inspections of vehicles used for transporting children. The weekly inspection needs to include the following:

- 1. A visual inspection of the tires for wear and tire pressure;
- 2. A visual inspection of headlights, taillights, signals, mirrors, wiper blades, and dash gauges;
- 3. An inspection for properly functioning child and driver restraints;
- 4. An inspection for properly functioning doors and windows;
- 5. An inspection for, and cleaning of, debris from the inside of the vehicle;
- 6. Other Consistent records.

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

Corrective Action Plan Due: 12/21/2022

## **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 | bocamenting statement(s), it applicable |
| Closure                                | Compilant |   |
| Closure                                |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location        | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS      | Compliant | Bocamenting Statement(3), if applicable |
| 3101.2-13-02 IIIIOIIIIatioii iii OCLQ3 | Compliant |   |
|  |           |   |
|  | •         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical          | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| Nuie                                   | Status    | Documenting Statement(S), if applicable |

| 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        | Totalian in a private in a priv |
| Homes                                 |                  |  |
|                                       |                  |  |
|                                       |                  |  |
| Rule 5101:2-13-04 Flammable and       | Status           | Documenting Statement(s), If applicable  |
| Combustible Materials in a Type B     | Compliant        |  |
| Home                                  |                  |  |
|                                       | 1                |  |
| 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        | Joseph Market Ma |
|                                       |                  |  |
|                                       |                  |  |
| Rule                                  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster | Compliant        | bocumenting statement(3), ii applicable  |
| Parent                                |                  |  |
|                                       |                  |  |
| Puls                                  | Chahara          | December Chair 1/ ) If II II   |
| Rule 5101:2-13-08 Child Care Staff    | Status           | Documenting Statement(s), If applicable  |
| Requirements                          | Compliant        |  |
| nequirements                          |                  |  |
|                                       |                  |  |
| Rule                                  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks        | Compliant        |  |
|                                       |                  |  |
|                                       | 1                |  |
|                                       |                  | Documenting Statement(s), If applicable  |
| Rule                                  | Status           | Documenting Statement(s), if applicable  |
| Rule<br>5101:2-13-10 Health Training  | Status 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   |

| 5101:2-13-10 Professional          | Compliant |  |
|------------------------------------|-----------|--|
|                                    | Compliant |  |
| Development                        |           |  |
|                                    | 1         |  |
| Rule                               | Ctatus    | Desumenting Statement(s) If applicable   |
|                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space         | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment     | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Fall Zone             | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment        | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Environment      | Compliant |  |
|                                    | '         |  |
|                                    |           |  |
|                                    | •         |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and | Compliant | 3 (7 11                                  |
| equipment                          |           |  |
| - Equipment                        |           |  |
|                                    | 1         |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing           | Compliant | bookinenting statement(3), ii applicable |
| Jioi.Z-13-13 Hanawashing           | Compliant |  |
|                                    |           |  |
|                                    | I         |  |
| Pulo                               | Status    | Documenting Statement/s) If a reliable   |
| 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<br>for Field and Routine Trips | Compliant           | bocumenting statement(s), if applicable   |
| Dulo  | Ctatus              | Decumenting Statement(s) If applicable    |
| Rule 5101:2-13-14 Driver Requirements                             | Status<br>Compliant | Documenting Statement(s), If applicable   |
| 5101.2-15-14 Driver Requirements                                  | 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           |   |
| Dulo  | Ctatus              | Decumenting Statement/s) If applicable    |
| S101:2-13-15 Health Conditions                                    | Compliant Compliant | Documenting Statement(s), If applicable   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Child Records Retention and Confidentiality          | Compliant           | J (" 11                                   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Medical, Dental, and<br>General Emergency Plan       | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Emergency Drills                                     | Compliant           | Bootimenting ottatement(s)) if applicable |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-16 First Aid Kit/Standard Precautions                   | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Communicable Diseases                                | Compliant           | 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |

| Rule                                | Status    | 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          | Compliant |   |
|                                     |           |   |
|                                     | I         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting 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 |   |
|                                     |           |   |
|                                     | I         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     |           |   |
|                                     | I         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     | 1         | 1                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |

| Deg <u>inolog</u>                      |           |  |
|--|-----------|--|
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks          | Compliant | Boodinenting statement(5), it applicable   |
| 5101.2-15-22 IVIERIS RIIU SHRCKS       | Compilant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk                | Compliant |  |
| 310112 10 22 11010 111111              |           |  |
|  |           |  |
|  |           |  |
|  | 1         | 1  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Food Handling             | Compliant |  |
|  | '         |  |
|  |           |  |
|  | 1         |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Daily Care         | Compliant |  |
| •                                      |           |  |
|  |           |  |
|  | 1         |  |
| - •                                    | 1 -       |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Bottle and Food    | Compliant |  |
| Preparation                            |           |  |
|  |           |  |
|  |           |  |
| Dule                                   | Chahua    | Decumenting Statement(s) If applicable   |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering                 | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           | bocumenting statement(s), if applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant |  |
| Swimming                               |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           | bocamenting statement(s), ii applicable  |
| 5101:2-13-25 Medication                | Compliant |  |
| Requirements                           |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           |  |
| 5101:2-13-07 Provider Responsibilities | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           | and the second s |
| 5101:2-13-18 Group Size and Ratios     | Compliant |  |
|  |           |  |
|  |           |  |

| Rule                           | Status    | Documenting Statement(s), If applicable    |
|--------------------------------|-----------|--|
| 5101:2-13 Written Policies and | Compliant | 0 (" 11                                    |
| Procedures                     |           |  |
| 1.00044.03                     |           |  |
|                                | -         | ·  |
| 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 | bocamenting statement(3), it applicable    |
| 3101.2-13-11 illu001 3pace     | 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 Swimming Sites    | Compliant |  |
|                                |           |  |
|                                |           |  |
| Dul                            | Chahara   | Decree at the Chateman at (a) If any 11 11 |
| Rule                           | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-17 Materials and     | Compliant |  |
|                                |           |  |
| Equipment                      |           |  |