## **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      |
| WEEMS, ARONDA    | 000000994154512 | FCC - Type B Home |
| Address          | •               | County            |
| 1855 YORKTOWN RD |                 | HAMILTON          |
|                  |                 |                   |
| CINCINNATI       |                 |                   |
| OH 45237         |                 |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       | Unannounced  |  |
| Inspection Date     | Begin Time                     |                  | End Time          | End Time     |  |
| 08/28/2023          | 10:00 AM                       |                  | 11:00 AM          |              |  |
| Reviewer:           |                                |                  |                   |              |  |
| Eryn Hunt           |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                  | 3                              | 0                | 0                 | 3            |  |

| 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)                                 |                  | 1          | 1         | 2     |
| Young Toddler   |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 3                | 3          | 1         | 4     |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 1          | 2         | 3     |
| Total Capacity/Enrollment                                 | 6                | 3          | 2         | 9     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment |  |        |  |
| PLACEMENTS 8/28/23                           |  | 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  |
|---|
| 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: 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 number(s) 10,14 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: 09/28/2023

## Domain: 08 Staff Files

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number(s) 1.

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.
- 6. Other [ ].

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

Corrective Action Plan Due: 09/28/2023

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: 09/28/2023

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-02 License Visible        | Compliant | bocamenting statement(s), it applicable |
| 3101.2 13 02 Electrise Visible      | Compliant |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary    | Compliant | 0 17                                    |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement/s) If applicable  |
|                                     |           | 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 | (4), 40                                 |
| for Type B Homes                    | Compliant |   |
| Tot Type Billomes                   |           |   |
|                                     | •         |   |
| 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 | - Comment of the control of the cont |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| 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 |  |
|                                       |           |  |
|                                       |           |  |
| Pulo                                  | Charles   | Documenting Statement(s) If a reliable   |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff         | Compliant |  |
| Requirements                          |           |  |
|                                       | I.        | 1  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower           | Compliant | boomening statement(5), if applicable  |
| 3101.2 13 00 Willstie Blower          | Compilant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks        | Compliant | , , , , , , , , , , , , , , , , , , ,  |
|                                       | ·         |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space            | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       | I a       |  |
| 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 | bocamenting statement(s), it applicable  |
|                                       |           |  |
|                                       |           |  |
| L                                     | ı         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment           | Compliant | 0  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| 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 equipment                   | Compliant           | bocumenting statement(s), if applicable        |
| Dula   | Chahira             | Decrease thing Chatagograph(a) If a multi-abla |
| Rule 5101:2-13-13 Handwashing                                  | Status<br>Compliant | Documenting Statement(s), If applicable        |
| 5101.2-13-13 Handwashing                                       | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-13 Smoke Free  | Compliant           | Documenting statement(s), it applicable        |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-13 Toothbrushing                                     | Compliant           | <u> </u>                                       |
|  | 1                   |  |
| Rule 5101:2-13-14 Requirements for Field                       | Status              | Documenting Statement(s), If applicable        |
| 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 5101:2-13-14 Vehicle Inspections                          | Status<br>Compliant | Documenting Statement(s), If applicable        |
| 5101:2-13-14 Venicle Inspections                               | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-14 Vehicle Requirements                              | Compliant           | bocamenting statement(3), if applicable        |
| 2 .2 25 2  |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-15 Health Conditions                                 | Compliant           |  |

| Degintung:                              | 1         |   |
|---|-----------|---|
|   |           |   |
|   |           |   |
|   |           |   |
| 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                  | Compilant |   |
| General Emergency Flan                  |           |   |
|   | I         |   |
| Rule                                    | Ctatus    | Decumenting Statement/s) If applicable  |
|   | 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 First Aid Kit/Standard     | Compliant |   |
| Precautions                             |           |   |
|   |           |   |
|   |           |   |
| 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            |           | Documenting Statement(s), it applicable |
| 3101.2-13-16 incluent/injury            | Compliant |   |
|   |           |   |
|   |           |   |
| Dula                                    | Chahira   | Decumenting (test                       |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan              | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| 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 | 0 (7 11                                 |
| 2 - 2 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - |           |   |
|   |           |   |
|   | 1         |   |
| Rule                                    | Status    | Documenting Statement/s) If applicable  |
|   |           | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision     | Compliant |   |
|   |           |   |

| Beginning!                          |           |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant | boomening statement(s), it approasie    |
| 5101.2-15-15 Cillid Galdance        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Dula                                | Chahua    | Decrees the Ctate of anti-A             |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
| Care                                |           |   |
|                                     | -         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting statement(3), it applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |
|                                     |           |   |
| D 1                                 | l co      | S :: C: 1 1/ ) If I: 11                 |
| 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 |
|                                     |           | Documenting Statement(s), if applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant |   |
|                                     |           |   |
|                                     | 1         |   |
|                                     |           |   |
| 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 | Documenting Statement(3), it applicable |
| 3101.2 13 23 Diapering                 | Compilant |   |
|  |           |   |
|  | <u>l</u>  |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant |   |
| Swimming                               | 001       |   |
|  |           |   |
|  |           |   |
| 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 |   |
|  |           |   |
|  |           |   |
|  |           |   |
| 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                             |           |   |
|  |           |   |
|  | T         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide           | Compliant |   |
| Detectors - Type B Only                |           |   |
|  |           |   |
|  | CL A      | Security States and (a) If a mulicable  |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Ctatus    | Documenting Statement(s), If applicable |
|  | Status    | Documenting Statement(s), if applicable |
| 5101:2-13-17 Programming               | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
|  |           | 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 |   |
|                             |           |   |
|                             |           |   |
|                             | 1         |   |
| 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                   |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |