# **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      |  |
| HARDY, MICHELLE   | 000000995007506 | FCC - Type B Home |  |
| Address           | •               | County            |  |
| 3177 SOVEREIGN DR |                 | HAMILTON          |  |
|                   |                 |                   |  |
| CINCINNATI        |                 |                   |  |
| OH 45251          |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 11/30/2023             | 1:30 PM                        |                  | 2:47 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Jacob Downard          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 2                              | 1                | 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 3                | 3          | 0         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 3     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| 11/30/2023                                   | Mixed Age Group | 1 to 3 |  |



#### **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**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to store alcohol in a space not used by children.

Findings: During the inspection, an open container of alcohol was determined to be in spaces approved or used for child care and/or accessible to children present at the program. These items must be removed or stored in a space not approved or used for children as required. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 12/10/2023

| Moderate Risk Non-Compliances  |  |  |  |
|--|--|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection    |  |  |  |
| No viouei de l'insk iton compilances were observed during and inspection |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### **Low Risk Non-Compliances**

**Domain: 02 Safe & Sanitary Environment** 

Rule: 5101:2-13-12 Pets

Code: The program is required to properly care for pets and prevent any threat to the safety or health of the children by the pet.

Findings: During the inspection, it was determined pets at the program were not properly housed or cared for or posed a threat to the safety or health of the children as noted in number(s) [6] below:

- 1. The animal's cage was dirty with feces.
- 2. The aquarium was unclean.
- 3. The litter box was dirty with feces.
- 4. A pet posed a threat to the safety of a child in that [].
- 5. A pet requiring a license did not have a current license.
- 6. Proper inoculation records were not on file at the program for a pet requiring inoculations.
- 7. Children were exposed to the pet's urine and/or feces.
- 8. Other [ ].

A pet that poses a threat to the children shall not be at the program. All pets at the program must receive proper care and housing. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/04/2024

## **Rules In-Compliance/Not Verified**

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-02 License Visible      | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   |           | <del>,</del>                            |
| 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 | bocumenting statement(s), if applicable |
| 3101.2-13-02 Flovider Medical         | Compilant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection               | Compliant | bocumenting statement(s), if applicable |
| Requirements                          | Compilant |   |
| Requirements                          |           |   |
|                                       | ı         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements    | Compliant | Documenting statement(s)) if applicable |
| for Type B Homes                      | Compilant |   |
| Tot Type B Homes                      |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B   | Compliant | 3(-// 5// 5//                           |
| Homes                                 |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and            | Compliant | 0                                       |
| Combustible Materials in a Type B     |           |   |
| Home                                  |           |   |
| Home                                  |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant | Documenting statement(s), if applicable |
| • •                                   | Compilant |   |
| Home                                  |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-07 Staff Records            | Compilant |   |
|                                       |           |   |
|                                       | ı         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | 3(e// 5/p/                              |
| Parent                                |           |   |
| 1 3.3110                              |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant | 5 ( ),                                  |
| 2 = 2 = 2 = 2 =p.o/cc Nequilements    |           |   |
|                                       |           |   |
|                                       | •         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff         | Compliant | 3                                       |
| Requirements                          |           |   |
| 1.043.1.01.10                         |           |   |
|                                       |           |   |

| Rule                                    | Status        | Documenting Statement(s), If applicable |
|---|---------------|---|
| 5101:2-13-08 Whistle Blower             | Compliant     | bocamenting statement(s), it applicable |
| J101.2-13-08 Whistie blower             | Compilant     |   |
|   |               |   |
|   |               |   |
| Rule                                    | Status        | Documenting Statement(s), If applicable |
|   |               | Documenting Statement(s), it 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               | Compliant     |   |
| Development                             |               |   |
| ·                                       |               |   |
| <u>-</u>                                |               |   |
| Rule                                    | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space              | Compliant     |   |
|   | oopac         |   |
|   |               |   |
|   |               |   |
| Rule                                    | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment          | Compliant     | bocumenting statement(s), if applicable |
| 3101.2-13-11 Outdoor Equipment          | Compliant     |   |
|   |               |   |
|   |               |   |
| Dulo                                    | Chatus        | Decumenting Statement(s) If applicable  |
| 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 |
| 5101:2-13-13 Clean environment and      | Compliant     |   |
| equipment                               |               |   |
|   |               |   |
|   |               |   |
| Rule                                    | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                | Compliant     | G AVII THE                              |
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | - Compilation |   |
|   |               |   |
|   |               |   |
| Rule                                    | Status        | Documenting Statement(s), If applicable |
| nuic                                    | Status        | Documenting statement(s), if applicable |

| 5101:2-13-13 Smoke Free  | Compliant        |   |
|--|------------------|---|
|  |                  |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Toothbrushing                                     | Compliant        |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Requirements for Field and Routine Trips          | Compliant        |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant        |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Driver Requirements                               | Compliant        | bocamenting statement(s), if applicable   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Inspections                               | Compliant        | Documenting Statement(s), if applicable   |
|  |                  |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Requirements                              | Compliant        |   |
| Rule   | Status           | Decumenting Statement(s) If applicable    |
| 5101:2-13-15 Child Medical and<br>Enrollment Records           | Compliant        | Documenting Statement(s), If applicable   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Health Conditions                                 | Compliant        |   |
| Dulo   | Chahus           | Decumenting States and (a) If a well-all. |
| Rule 5101:2-13-15 Child Records Retention and Confidentiality  | Status Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status           | Documenting Statement(s), If applicable   |

| 5101:2-13-16 Medical, Dental, and   | Compliant |   |
|-------------------------------------|-----------|---|
|                                     | Compliant |   |
| General Emergency Plan              |           |   |
|                                     |           |   |
| Dulo                                | Chahua    | Decumenting Statement(s) If applicable  |
| Rule                                | 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                         |           |   |
|                                     |           |   |
|                                     | 1         | 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    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant | , , , , , , , , , , , , , , , , , , ,   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant | Decamending statement (e), it appreads  |
| 3101.2 13 10 / (terraurice          | Compilant |   |
|                                     |           |   |
|                                     | I         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant | bocamenting statement(s), it applicable |
|                                     | Compilant |   |
|                                     |           |   |
|                                     | 1         |   |
| Pulo                                | Status    | Decumenting Statement/s) If and inchis  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     | <u> </u>  |   |
|                                     |           |   |
| 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 |   |
|-------------------------------------|-----------|---|
| Requirements                        | Compilant |   |
| Nequirements                        |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant | , , , , , , , , , , , , , , , , , , ,   |
| Requirements                        | ·         |   |
| - 4-                                |           |   |
|                                     |           |   |
| 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                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Decumenting Statement/s) If applicable  |
|                                     |           | 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 |   |
| 3101.2 13 22 1 1010 1011110         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | bocamenting statement(s), it applicable |
| Preparation                         | Compilant |   |
| Teparation                          |           |   |
| <u> </u>                            |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering              | Compliant |   |
|                                     | '         |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           | Documenting Statement(s), If applicable |

| 5101:2-13-24 Parent Permission for      | Compliant           | 1                                       |
|---|---------------------|---|
| Swimming                                | Compliant           |   |
| 344111111111111111111111111111111111111 |                     |   |
|   |                     |   |
| 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           |   |
|   |                     |   |
|   | <u> </u>            |   |
| 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                              | ·                   |   |
|   |                     |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide            | Compliant           | bocumenting statement(3), ii applicable |
| Detectors - Type B Only                 |                     |   |
|   |                     |   |
| Dula                                    | Chahira             | Described Statements of the multiple    |
| Rule 5101:2-13-11 Indoor Space          | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-11 mdoor space                | Compilant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming                | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools              | Compliant           |   |
|   |                     |   |
|   | 1                   |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites             | Compliant           |   |
|   |                     |   |
|   | <u> </u>            | 1                                       |
| Rule                                    | Status              | Documenting Statement(s), If applicable |
|   |                     |   |



| 5101:2-13-17 Materials and Equipment | Compliant |  |
|--------------------------------------|-----------|--|
|                                      |           |  |