

## Family Child Care Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <http://ifs.ohio.gov/CDC/childcare.stm>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details                                            |                              |                                   |
|------------------------------------------------------------|------------------------------|-----------------------------------|
| Program Name<br>Honey Beez Klubhouse                       | Program Number<br>2200022198 | Program Type<br>FCC - Type B Home |
| Address<br>770 Summit Avenue<br><br>Cincinnati<br>OH 45204 | County<br>HAMILTON           |                                   |

| Inspection Information        |                                     |                          |                        |                                  |
|-------------------------------|-------------------------------------|--------------------------|------------------------|----------------------------------|
| Inspection Type<br>Compliance |                                     | Inspection Scope<br>Full |                        | Inspection Notice<br>Unannounced |
| Inspection Date<br>05/06/2025 |                                     | Begin Time<br>10:27 AM   |                        | End Time<br>11:05 AM             |
| Reviewer:<br>Jacob Downard    |                                     |                          |                        |                                  |
| Summary of Findings           |                                     |                          |                        |                                  |
| No. Rules Verified<br>68      | No. Rules with Non-compliances<br>2 | No. Serious Risk<br>0    | No. Moderate Risk<br>0 | No. Low Risk<br>2                |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|-----------------------------------------------------------|------------------|------------|-----------|-------|
| Age Group                                                 | License Capacity | Enrollment |           |       |
|                                                           | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler                                             |                  | 2          | 0         | 2     |
| <b>Total Under 2 Years</b>                                | 3                | 2          | 0         | 2     |
| Older Toddler                                             |                  | 8          | 0         | 8     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 1          | 0         | 1     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 9          | 0         | 11    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| 5/6/2025                                     | Mixed Age Group | 1 to 4         |         |

### 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: 5180:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for Coburn family. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/05/2025

**Domain: 09 Children's Files**

Rule: 5180:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined the JFS 01234 "Child Enrollment and Health Information For Child Care" was missing information on page two for the Coburn family and Zoe.

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

Corrective Action Plan Due: 06/05/2025

**Rules In-Compliance/Not Verified**

| Rule                                     | Status    | Documenting Statement(s), If applicable |
|------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-02 Voluntary Temporary Closure | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible             | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location          | Compliant |                                         |

| Rule                                                              | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-02 Information in OCLQS                                 | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical                                     | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection Requirements                              | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements for Type B Homes               | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B Homes                         | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B Home                             | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records                                        | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and Procedures                         | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster Parent                      | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |

|                                            |               |                                                |
|--------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-08 Employee Requirements         | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Child Care Staff Requirements | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Whistle Blower                | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-09 Background Checks             | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-10 Health Training               | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-10 Professional Development      | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Indoor Space                  | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Outdoor Space                 | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Outdoor Equipment             | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Fall Zone                     | Compliant     |                                                |
| <b>Rule</b>                                | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Safe Equipment                | Compliant     |                                                |



|                                                                |               |                                                |
|----------------------------------------------------------------|---------------|------------------------------------------------|
|                                                                |               |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Safe Environment                                  | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only           | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Pets                                              | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Clean environment and equipment                   | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Smoke Free                                        | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Handwashing                                       | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Toothbrushing                                     | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Requirements for Field and Routine Trips          | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Driver Requirements                               | Compliant     |                                                |

| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Vehicle Inspections                         | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements                        | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-15 Health Conditions                           | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills                            | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard Precautions          | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases                       | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury                             | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Preparedness and Response Plan    | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming                                 | Compliant |                                         |

|                                               |               |                                                |
|-----------------------------------------------|---------------|------------------------------------------------|
|                                               |               |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-17 Materials and Equipment          | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Group Size and Ratios            | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Attendance                       | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Supervision                      | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 School Age Supervision           | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Evening and Overnight Care       | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Sleep and Nap Requirements       | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Child Guidance                   | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Crib and Playpen Requirements    | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant     |                                                |



| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|-----------------------------------------|
| 5180:2-13-22 Meals and Snacks | Compliant |                                         |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5180:2-13-22 Food Handling | Compliant |                                         |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|-----------------------------------------|
| 5180:2-13-22 Fluid Milk | Compliant |                                         |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|-----------------------------------------|
| 5180:2-13-23 Infant Daily Care | Compliant |                                         |

| Rule                                            | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant |                                         |

| Rule                   | Status    | Documenting Statement(s), If applicable |
|------------------------|-----------|-----------------------------------------|
| 5180:2-13-23 Diapering | Compliant |                                         |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5180:2-13-24 On-site Pools | Compliant |                                         |

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|-----------------------------------------|
| 5180:2-13-24 Swimming Sites | Compliant |                                         |

| Rule                                        | Status    | Documenting Statement(s), If applicable |
|---------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-24 Parent Permission for Swimming | Compliant |                                         |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-25 Medication Requirements | Compliant |                                         |

