## **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      |  |
| LITTLE TREASURES UNDER MS CHRIS' CARE                    | 2200022382        |                 | FCC - Type A Home |  |
| Address  |                   |                 | County            |  |
| 5654 BUTTERCUP LANE                                      |                   |                 | HAMILTON          |  |
|  |                   |                 |                   |  |
| CINCINNATI   |                   |                 |                   |  |
| OH 45239   |                   |                 |                   |  |
| Building and Fire Approvals apply to Type A Family Chile | d Care Homes only |                 |                   |  |
| Building Approval Date                                   | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |  |
|  |                   |                 |                   |  |
| Fire Inspection Approval Date                            |                   |                 |                   |  |
| 11/23/2021   |                   |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection S                   | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 12/08/2021             | 11:11 AM                       |                  | 11:49 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Jennifer Herzog        |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 67                     | 0                              | 0                | 0                 | 0            |

| 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)                                  |                  | 3          | 0         | 3     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 6                | 3          | 0         | 3     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 9          | 0         | 9     |
| Total Capacity/Enrollment                                 | 12               | 11         | 0         | 14    |

| Staff-Child Ratios at the Time of Inspection |                 |        |         |
|--|-----------------|--------|---------|
| Group Age Group/Range Ratio Observed Comment |                 |        | Comment |
| 12/8/2021                                    | Mixed Age Group | 3 to 5 |         |



## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| 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  No Low Risk Non-Compliances were observed during this inspection           |

## **Rules In-Compliance/Not Verified** Rule Documenting Statement(s), If applicable Status 5101:2-13-02 License Visible Compliant Documenting Statement(s), If applicable Status Rule 5101:2-13-02 Voluntary Temporary Compliant Closure Documenting Statement(s), If applicable Rule Status 5101:2-13-02 Change of Location Compliant Documenting Statement(s), If applicable Rule Status Compliant 5101:2-13-02 Information in OCLQS Rule Status Documenting Statement(s), If applicable 5101:2-13-02 Provider Medical Compliant Documenting Statement(s), If applicable Rule Status 5101:2-13-02 Type A Ownership Compliant Rule Documenting Statement(s), If applicable Status 5101:2-13-03 Inspection Compliant Requirements Documenting Statement(s), If applicable Rule Status 5101:2-13-04 Building Inspections for Compliant Type A Homes

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-04 Fire Inspections for Type | Compliant | 3 (" 11                                 |
| A Homes                                | ·         |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records             | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements     | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff          | Compliant | G S S S S S S S S S S S S S S S S S S S |
| Requirements                           | r · ·     |   |
|  |           |   |
|  | l e       |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower            | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks         | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training           | Compliant | Bocamenting statement(s), ii applicable |
| 310112 13 10 Health Halling            |           |   |
|  |           |   |
|  | 1 -       |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional              | Compliant |   |
| Development                            |           |   |
| L                                      | 1         |   |
| Rule                                   | 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 | bocamenting statement(s), it applicable |
| STOTIZ TO TE ORGOOT EQUIPMENT          |           |   |
|  |           |   |
|  |           |   |
| 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 | • |
| 3101.2 13 12 3dic Equipment             | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment           | Compliant |   |
| 3101.2 13 12 3010 211111011110111       | Compilant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| 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 |   |
| 310112 13 13 Hallawashing               | Compilant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| 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 |   |
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|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field     | Compliant |   |
| •                                       | Compilant |   |
| and Routine Trips                       |           |   |
|   | 1         |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision      | Compliant |   |
|   |           |   |
| for Field and Routine Trips             |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements        | Compliant |   |
|   | 35        |   |
|   |           |   |
|   | 1         |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections        | Compliant |   |
| 3101.2 13 14 Vehicle Hispections        | Compilant |   |
|   |           |   |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-13-14 Vehicle Requirements    | Compliant | bookineming statement(s), it applicable  |
| 3101.2 13 14 Vehicle Requirements    | Compilant |  |
|                                      |           |  |
|                                      | <u> </u>  |  |
| D. I.                                | Chahara   | Decree of the Chater of the Ch |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Medical and       | Compliant |  |
| Enrollment Records                   |           |  |
|                                      |           |  |
|                                      |           | <u>,                                      </u>   |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Health Conditions       | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention | Compliant |  |
|                                      | Compliant |  |
| and Confidentiality                  |           |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and    | Compliant |  |
| General Emergency Plan               |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills        | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|                                      |           | Documenting Statement(s), it applicable  |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |  |
| Precautions                          |           |  |
| L                                    | 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 | G (), -FF  |
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|                                      | 1         |  |
| Pule                                 | Ctatus    | Decumenting Statement/s) If smallest.  |
| 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           | Documenting statement(s), if applicable        |
| Bulls  | Chahara             | Decrease the Chateres and a life and leading   |
| Rule 5101:2-13-19 School Age Supervision           | Status<br>Compliant | Documenting Statement(s), If applicable        |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-19 Child Guidance                        | Compliant           | Documenting Statement(s), if applicable        |
|  |                     |  |
| Rule 5101:2-13-20 Sleep and Nap Requirements       | Compliant Compliant | Documenting Statement(s), If applicable        |
| Rule   | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-20 Crib and Playpen<br>Requirements      | Compliant           | Documenting Statement(s), it applicable        |
| Rule   | Status              |  |
| 5101:2-13-21 Evening and Overnight<br>Care         | Compliant           | Documenting Statement(s), If applicable        |
| Doda   | Chatria             | Decrease the Chateres at (a) If a call as I.e. |
| Rule 5101:2-13-21 Sanitary Environment and Hygiene | Status Compliant    | Documenting Statement(s), If applicable        |
|  |                     |  |
| Rule 5101:2-13-22 Meals and Snacks                 | Status<br>Compliant | Documenting Statement(s), If applicable        |
|  |                     |  |
| Rule 5101:2-13-22 Fluid Milk                       | Status<br>Compliant | Documenting Statement(s), If applicable        |
|  |                     |  |
| Rule 5101:2-13-22 Food Handling                    | Status<br>Compliant | Documenting Statement(s), If applicable        |

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| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Compliant  |   |
|  |            |   |
|  |            |   |
| DI-                                    | Chahara    | Description Chatananaha) If a calicable |
| 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(s), it applicable |
| 3101.2-13-23 Diapering                 | Compilant  |   |
|  |            |   |
|  | I.         |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant  |   |
| Swimming                               | Compilant  |   |
| Swiiiiiiig                             |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant  | , , , , , , , , , , , , , , , , , , ,   |
| Requirements                           | Somphania. |   |
| riequii ements                         |            |   |
|  |            |   |
| 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                             |            |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant  |   |
|  |            |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming               | Compliant  |   |
|  |            |   |
|  |            |   |
|  |            |   |

| Status    | Documenting Statement(s), If applicable   |
|-----------|---|
| Compliant |   |
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