# **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      |
| Winters Wonderland ChildCare | 2210024684     | FCC - Type B Home |
| Address                      | ·              | County            |
| 4798 Prosperity place        |                | HAMILTON          |
|                              |                |                   |
| cincinnati                   |                |                   |
| OH 45238                     |                |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | ection Type Inspection Scope   |                  | Inspection Notice |              |
| Compliance                 | Full                           |                  | Unannounced       |              |
| Inspection Date Begin Time |                                | End Time         |                   |              |
| 04/06/2023 9:53 AM         |                                |                  | 10:57 AM          |              |
| Reviewer:                  |                                |                  |                   |              |
| Jacob Downard              |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                         | 5                              | 0                | 0                 | 6            |

| 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   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 3          | 0         | 3     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 7          | 0         | 7     |
| Total Capacity/Enrollment                                 | 6                | 10         | 0         | 11    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| 4/6/2023                                     | Mixed Age Group | 1 to 1 |  |

# **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances  |  |  |  |  |
|---|--|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Moderate Risk Non-Compliances   |  |  |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

# **Low Risk Non-Compliances**

**Domain: 00 License & Approvals** 

Rule: 5101:2-13-04 Fire Safety for Type B Homes

Code: The program is required to maintain smoke alarms in the appropriate areas of the program building.

Findings: During the inspection, it was determined that the Type B Home did not have a working smoke alarm on the main level of the home. in accordance with manufacturer's recommendations. A working smoke alarm must be placed, installed, tested, and maintained in accordance with manufacturer's recommendations. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 05/07/2023

### **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 135 degrees in the bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/07/2023

## **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined the following information was not posted for item number 1 and 3 below. Please draw a floor plan diagram for the main level of the home and the basement. This must show the TWO exits on each level. Then post this as required.

- 1. Fire alert plan, including a diagram indicating evacuation routes.
- 2. Weather alert plan was missing details for [].
- 3. Weather alert plan was missing a diagram indicating evacuation routes.

Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/07/2023

#### **Domain: 08 Staff Files**

Rule: 5101:2-13-07 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 Brooklyn, Ja'hari, Ja'leah, and Jamari. 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: 05/07/2023

#### **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 Damia. Brielle's medical statement had expired.

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

Corrective Action Plan Due: 05/07/2023

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed 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 incomplete due to parent not dating the form for Jamari, Ja'hari and Ja'leah. Please review all enrollments to ensure the administrator signed each form as well.

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

Corrective Action Plan Due: 05/07/2023

| 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                            |                    |  |
|                                    |                    |  |
|                                    | T <sub>0</sub> , , |  |
| Rule                               | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Change of Location    | Compliant          |  |
|                                    |                    |  |
|                                    |                    |  |
| Pulo                               | Ctatus             | Decumenting Statement(s) If and inchis   |
| 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      |                    | Documenting Statement(s), if applicable  |
| 5101:2-13-02 Provider Medical      | Compliant          |  |
|                                    |                    |  |
|                                    |                    |  |
| Rule                               | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection            | Compliant          | Bocamenting statement(s), it applicable  |
| Requirements                       | Compliant          |  |
| Requirements                       |                    |  |
|                                    |                    |  |
| Rule                               | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements | Compliant          | 0 (" 11                                  |
| for Type B Homes                   |                    |  |
| 13. 1,60 2 115                     |                    |  |
|                                    |                    |  |
| Rule                               | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and         | Compliant          |  |
| Combustible Materials in a Type B  |                    |  |
| Home                               |                    |  |
|                                    | 1                  | 1  |
| Rule                               | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B   | Compliant          | Southeriting statement(s), it applicable |
| Home                               | Compliant          |  |
| Home                               |                    |  |
|                                    | 1                  |  |
| Rule                               | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records         | Compliant          | Socumenting statement(3), it applicable  |
| JIOI.2-13-07 Stall Necolus         | Compilant          |  |
|                                    |                    |  |
|                                    |                    |  |
|                                    |                    |  |



| 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 |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff         | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Dula                                  | Chahara   | Decree while Chahaman (1) If            |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant |   |
|                                       |           |   |
|                                       | ı         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Decumenting Statement(s) If applicable  |
| 5101:2-13-10 Health Training          | Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-10 Health Halling           | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional             | Compliant |   |
| Development                           |           |   |
|                                       |           |   |
| 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 |   |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                | Compliant |   |
|                                       |           |   |
|                                       | <u> </u>  |   |
| Pulo                                  | Status    | Documenting Statement(s) If a reliable  |
| Rule                                  | Status    | Documenting Statement(s), If applicable |

| 5101:2-13-12 Safe Equipment                                    | Compliant           |   |
|--|---------------------|---|
| Rule 5101:2-13-13 Clean environment and equipment              | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule   | Status              | 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(3), if applicable |
|  | 1                   |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                                     | Compliant           |   |
|  | 1                   |   |
| S101:2-13-14 Requirements for Field                            | Status Compliant    | Documenting Statement(s), If applicable |
| and Routine Trips  |                     |   |
| 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   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections                               | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements                              | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                                 | Compliant           |   |

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-15 Child Records Retention    | Compliant | bootinenting statement(s), it approase  |
| and Confidentiality                     |           |   |
| and confidentiality                     |           |   |
|   | 1         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills           | Compliant | , , , , , , , , , , , , , , , , , , ,   |
| 0.00.0000000000000000000000000000000000 |           |   |
|   |           |   |
|   |           |   |
| 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            | 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 |   |
|   |           |   |
|   |           |   |
| D. I.                                   | Chahara   | December 6: 1                           |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision                | Compliant |   |
|   |           |   |
|   |           |   |
| Dulo                                    | Status    | Decumenting Statement/s) If a calicable |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision     | Compliant |   |
|   |           |   |
|   | 1         |   |
| Rule                                    | Status    | Documenting Statement/s) If applicable  |
| 5101:2-13-19 Child Guidance             |           | Documenting Statement(s), If applicable |
| 2101.5-12-13 Clilia Galgauce            | Compliant |   |
|   |           |   |

| Beginning!                          |             |   |
|-------------------------------------|-------------|---|
|                                     |             |   |
|                                     |             |   |
| 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                                | '           |   |
|                                     |             |   |
|                                     | •           | <u> </u>                                |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant   | , , , , , , , , , , , , , , , , , , ,   |
| and Hygiene                         |             |   |
| and Hygiene                         |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant   | , , , , , , , , , , , , , , , , , , ,   |
| STOTIL TO LE INICAIS ANA SHACKS     | Compilation |   |
|                                     |             |   |
|                                     |             | -                                       |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant   |   |
| 310112 13 22 1 Idia Wiiik           | Compilation |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Compliant   | 0                                       |
| 510112 15 12 1 000 Harraning        | Compilation |   |
|                                     |             |   |
|                                     | _ 1         | <u>'</u>                                |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant   |   |
| STOTIL TO LO IMAIN DAILY CARE       | Compilation |   |
|                                     |             |   |
|                                     | _ 1         | 1                                       |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant   |   |
| Preparation                         | Compilation |   |
| reparation                          |             |   |
|                                     | 1           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
|                                     | Compliant   | bocumenting statement(s), it applicable |
| 5101:2-13-23 Diapering              | Compilant   |   |
|                                     |             |   |
|                                     |             |   |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-24 Parent Permission for | Compliant | (-),                                    |
| Swimming                           |           |   |
|                                    |           |   |
|                                    | •         | <u> </u>                                |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication            | Compliant |   |
| Requirements                       | ,         |   |
| ·                                  |           |   |
|                                    |           |   |
| 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         | 1                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide       | Compliant |   |
| Detectors - Type B Only            |           |   |
|                                    |           |   |
| Rule                               | Ctatus    | Decumenting Statement(s) If applicable  |
|                                    | 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 |   |
| 3101.2 13 17 1705.411111115        | Compliant |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools         | Compliant |   |
|                                    | ,         |   |
|                                    |           |   |
| <u> </u>                           |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                  | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| 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                  |           |   |
| ĺ |                            |           |   |
| l |                            |           |   |
|   |                            |           |   |