## **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      |  |
| Peace of mind Learning Center | 2220025989     | FCC - Type B Home |  |
| Address                       |                | County            |  |
| 10267 October Drive           |                | HAMILTON          |  |
|                               |                |                   |  |
| Cincinnati                    |                |                   |  |
| OH 45251                      |                |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 04/03/2024             | 11:30 AM                       |                  | 12:20 PM          |              |
| Reviewer:              |                                |                  |                   |              |
| Amber Saulsbury        |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 1                              | 0                | 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)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 3          | 0         | 3     |
| Total Under 2 Years                                       | 3                | 3          | 0         | 3     |
| Older Toddler   |                  | 3          | 0         | 3     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 6                | 6          | 0         | 9     |

| Staff-Child Ratios at the Time of Inspection |  |  |  |
|--|--|--|--|
| Group Age Group/Range Ratio Observed Comment |  |  |  |
|  |  |  |  |

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

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Preparedness and Response Plan

Code: The program is required to have a completed emergency preparedness and response plan.

Findings: During the inspection, it was determined the program's written emergency preparedness and response plan did not meet the requirement or was missing the information in number 1 below:

- Procedures:
- 1. The written emergency and preparedness and response plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism including a designated safe site where staff and children can safely remain when evacuated
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats including a designated safe site where staff and children can safely remain when evacuated
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants, toddlers and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials
- 20. The plan was unable to be implemented in that, [].

Submit the program's corrective action plan, which includes the missing information, if applicable, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/04/2024

## **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 |
|-------------------------------------|-----------|---|
|                                     |           | bocumenting statement(s), it applicable |
| 5101:2-13-02 Voluntary Temporary    | Compliant |   |
| Closure                             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location     | Compliant | bocamenting statement(3), ii applicable |
| 3101.2-13-02 Change of Location     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS   | Compliant | bocamenting statement(s), if applicable |
| 3101.2 13 02 miormation in Octo     | Compilant |   |
|                                     |           |   |
|                                     |           | 1                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical       | Compliant | 3 (" 11                                 |
|                                     | F         |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection             | Compliant | -                                       |
| Requirements                        |           |   |
| •                                   |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant |   |
| for Type B Homes                    |           |   |
|                                     |           |   |
|                                     | 1.        |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant |   |
| Homes                               |           |   |
|                                     |           |   |
| Pulo                                | Ctatus    | Documenting Statement/s) If applicable  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and          | Compliant |   |
| Combustible Materials in a Type B   |           |   |
| Home                                |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B    | Compliant |   |
| Home                                |           |   |
|                                     | 1         |   |
| Dula                                | Chahua    | Decumenting Chatananata and Indian      |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records          | Compliant |   |
|                                     |           |   |

| Beginning!                            |           |  |
|---------------------------------------|-----------|--|
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster | Compliant | 0 (" 11                                  |
| Parent                                | Compilant |  |
| T dient                               |           |  |
|                                       |           |  |
| Rule                                  | Ctatus    | Decumenting Statement/s) If applicable   |
|                                       | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements    | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| 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 | Dodamental & statement (e), it apprecate |
| 3101.2 13 03 Background Checks        | Compilant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           | 2 6/ \ 16 1                              |
| 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                           |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space            |           | Bocamenting statement(s), it applicable  |
| 5101.2-15-11 Outdoor Space            | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment        | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Fall Zone                | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       | l         | l  |
| Dula                                  | Chahua    | Decumenting Statement (2) (5)            |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment           | Compliant |  |
|                                       |           |  |
|                                       |           |  |

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| 5101:2-13-12 Safe Environment       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and  | Compliant |  |
| equipment                           |           |  |
|                                     |           |  |
|                                     | Τ.        |  |
| 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 | bocumenting statement(s), if applicable  |
| 5101.2-15-15 SHIOKE FIEE            | Compliant |  |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing          | Compliant | Journal of the second of the s |
| 0-0-10 -0 1000                      |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field | Compliant |  |
| and Routine Trips                   |           |  |
| ·                                   |           |  |
|                                     |           |  |
| 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 |  |
|                                     |           |  |
| L                                   |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections    | Compliant | 236differiting Statement(3), if applicable   |
| 5101.2 13 17 Vehicle hispeedions    | Compliant |  |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Requirements   | Compliant | 0  |
| 1 1212 112 4311                     | r · ·     |  |
|                                     |           |  |
|                                     |           |  |



| Rule                                 | Status              | Documenting Statement(s), If applicable |
|--------------------------------------|---------------------|---|
| 5101:2-13-15 Child Medical and       | Compliant           | (2)                                     |
| Enrollment Records                   |                     |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant           |   |
|                                      |                     |   |
|                                      | <u> </u>            |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant           | · · · · · · · · · · · · · · · · · · ·   |
| and Confidentiality                  |                     |   |
|                                      |                     |   |
|                                      | C                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant           |   |
| General Emergency Plan               |                     |   |
|                                      | ı                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Chatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-16 First Aid Kit/Standard  | Status<br>Compliant | Documenting Statement(s), If applicable |
| Precautions                          | Compliant           |   |
| Trecadions                           |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant           |   |
|                                      |                     |   |
|                                      | <u> </u>            |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury         | Compliant           | 5                                       |
|                                      | <u>'</u>            |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance              | Compliant           |   |
|                                      |                     |   |
|                                      | ı                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision             | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Pulo                                 | Ctatus              | Documenting Statement(s) If a reliable  |
| Rule                                 | Status              | Documenting Statement(s), If applicable |

| 5101:2-13-19 School Age Supervision        | Compliant           |   |
|--|---------------------|---|
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance                | Compliant           | Documenting statement(s), if applicable |
| Dula                                       | Chahua              | Decumenting Statements \ If analizable  |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap<br>Requirements | Compliant           |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen              | Compliant           | Bocamenting statement(3), if applicable |
| Requirements                               | ·                   |   |
| Rule                                       | Chatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-21 Evening and Overnight         | Status<br>Compliant | Documenting Statement(s), If applicable |
| Care                                       | Соттриате           |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment          | Compliant           | bocumenting statement(s), it applicable |
| and Hygiene                                |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks              | Compliant           | Documenting statement(a), it applicable |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                    | Compliant           |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling                 | Compliant           | Dodamenting Statement(3), it applicable |
| 3101.2 13 22 1000 Hallalling               | Compliant           |   |
|  |                     |   |
| Rule E101:2 12 22 Infant Daily Care        | 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<br>Preparation        | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                                    | Compliant           | Documenting statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for<br>Swimming            | Compliant           | Documenting statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication<br>Requirements                   | Compliant           | bocumenting statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities                    | Compliant           | bocumenting statement(3), if applicable |
|   | I                   |   |
| Sule 5101:2-13-18 Group Size and Ratios                   | Status Compliant    | Documenting Statement(s), If applicable |
| Pode  | Chahira             | Decumenting Chatemant/s) If applicable  |
| Sule 5101:2-13 Written Policies and Procedures            | Status Compliant    | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Status Compliant    | Documenting Statement(s), If applicable |
| Pulo  | Status              | Documenting Statement(s) If applicable  |
| Rule 5101:2-13-08 Child Care Staff Requirements           | Status Compliant    | Documenting Statement(s), If applicable |
|   |                     |   |
| Sule 5101:2-13-11 Indoor Space                            | Status Compliant    | Documenting Statement(s), If applicable |
|   | Chahara             | D                                       |
| Rule 5101:2-13-17 Programming                             | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3131.2 13 17 1 10814111111118                             | Compilation         |   |

| Rule                        | Status    | Documenting Statement(s), If applicable  |
|-----------------------------|-----------|--|
| 5101:2-13-24 On-site Pools  | Compliant |  |
|                             |           |  |
|                             |           |  |
| Rule                        | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Pets           | Compliant |  |
|                             |           |  |
|                             |           |  |
| D. J.                       | Chathar   | Decree while Chaham and A If and include |
| 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                   |           |  |
| •                           |           |  |