# **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      |
| Unique Kids Shine Childcare, LLC | 2220026531      | FCC - Type B Home |
| Address                          |                 | County            |
| 1753 Kemper Ave                  |                 | HAMILTON          |
|                                  |                 |                   |
| Cincinnati                       |                 |                   |
| OH 45231                         |                 |                   |

|                     | Insp                           | ection Information |                   |              |
|---------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type     | Inspection So                  | cope               | Inspection Notice |              |
| Provisional         | Full                           |                    | Unannounced       |              |
| Inspection Date     | Begin Time                     |                    | End Time          |              |
| 05/31/2023          | 11:30 AM                       |                    | 12:50 PM          |              |
| Reviewer:           |                                |                    |                   |              |
| Lindsey Sweeney     |                                |                    |                   |              |
| Summary of Findings |                                |                    |                   |              |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 68                  | 5                              | 0                  | 0                 | 5            |

| 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)                                  |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 2          | 0         | 4     |

| S        | taff-Child Ratios at the Time of Ins | pection        |         |
|----------|--------------------------------------|----------------|---------|
| Group    | Age Group/Range                      | Ratio Observed | Comment |
| 05/31/23 | Mixed Age Group                      | 1 to 2         |         |

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

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that surge protectors or outlets did not have childproof receptacle covers. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/01/2023

### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number 1 below:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- 3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 07/01/2023

#### **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-13-20 Crib and Playpen Requirements

Code: The program is required to refrain from using a crib that is assigned to a child for storage.

Findings: During the inspection, it was determined that a crib/playpen, assigned to a child, was used for storage. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/01/2023

### **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program staff is required to have all bottles labeled.

Findings: During the inspection, it was determined that bottles containing [milk/formula] for a particular infant were not labeled with the child's name and date of preparation. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/01/2023

#### 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 that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number 14 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 07/01/2023

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- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 07/01/2023

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

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-02 License Visible      | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           | <del>,</del>                            |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant |   |

| Degining:                             |             |  |
|---------------------------------------|-------------|--|
|                                       |             |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical         | Compliant   |  |
| 3101.2-13-02 FTOVIder Medical         | Compliant   |  |
|                                       |             |  |
|                                       |             |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection               | Compliant   |  |
| Requirements                          |             |  |
| Requirements                          |             |  |
|                                       | 1           |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements    | Compliant   |  |
| for Type B Homes                      |             |  |
| 7,600                                 |             |  |
|                                       | 1           | •  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
|                                       |             | Documenting Statement(s), if applicable  |
| 5101:2-13-04 Fire Safety for Type B   | Compliant   |  |
| Homes                                 |             |  |
|                                       |             |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and            | Compliant   | g containing of the containing |
|                                       | Compliant   |  |
| Combustible Materials in a Type B     |             |  |
| Home                                  |             |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B      | Compliant   | 2004 menting ocacement(0)) if approache  |
| •                                     | Compliant   |  |
| Home                                  |             |  |
|                                       |             |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records            | Compliant   |  |
|                                       | Compilation |  |
|                                       |             |  |
|                                       | 1           |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster | Compliant   |  |
| Parent                                |             |  |
|                                       |             |  |
|                                       | 1           | ı  |
| Rule                                  | Status      | Documenting Statement(s) If annies his   |
|                                       |             | 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         |             | bookinenting statement(s), it applicable   |
|                                       | Compliant   |  |
| Requirements                          |             |  |
|                                       |             |  |

| 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 |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement/s) If applicable  |
| 5101:2-13-10 Professional          |           | Documenting Statement(s), If applicable |
|                                    | Compliant |   |
| Development                        |           |   |
| L                                  |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space         | Compliant | bocamenting statement(s), it applicable |
| 3101.2 13 11 Odta001 Space         | Compilant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment     | Compliant | 0 (7 11                                 |
|                                    | '         |   |
|                                    |           |   |
|                                    |           |   |
| 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 |   |
|                                    |           |   |
|                                    |           |   |
| Dula                               | Ctatura   | Decumenting - Chatagorital (C. 1)       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant |   |
| equipment                          |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement/s) If applicable  |
|                                    |           | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing           | Compliant |   |
|                                    |           |   |
| L                                  |           |   |
|                                    |           |   |



| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 | bocumenting statement(s), if applicable |
| for Field and Routine Trips          |           |   |
| 101 Field and Noutilie Hips          |           |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements     | Compliant | 0 (" 11                                 |
| ·                                    | · ·       |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant | bocumenting statement(s), if applicable |
|                                      |           |   |
|                                      |           |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
| ,                                    |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      | 1         |   |
|                                      |           |   |
| 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 Disaster Plan              | Compliant | botamenting statement(s), it applicable |
| 3101.2-13-10 Disaster Flair             | Соттриати |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury            | 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 | J (" 11                                 |
|   |           |   |
| 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 |
| 3101.2-13-19 Clilla Galdalice           | Соттриати |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap              | Compliant |   |
| Requirements                            |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight Care | Compliant |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |

| E101:2 12 21 Sanitary Environment      | Compliant |   |
|--|-----------|---|
| 5101:2-13-21 Sanitary Environment      | Compliant |   |
| and Hygiene                            |           |   |
|  |           |   |
| 0.1                                    |           | D '' C' ' '' '' '' '' '' '' ''          |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks          | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant |   |
|  | '         |   |
|  |           |   |
|  | •         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Compliant |   |
| 3101.2 13 23 mant bany care            | Compilant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
|  |           | bocumenting statement(s), it applicable |
| 5101:2-13-23 Diapering                 | Compliant |   |
|  |           |   |
|  |           |   |
| Dulo                                   | Chahua    | Decumenting Statement(s) If annihable   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant |   |
| Swimming                               |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant |   |
| Requirements                           |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant |   |
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|  |           |   |
|  | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
|  | - 30,000  | 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

| Status<br>Compliant | Documenting Statement(s), If applicable |
|---------------------|---|
|                     | Documenting Statement(s), If applicable |
| Compliant           |   |
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| Chatus              | Decumenting Statement(s) If applicable  |
|                     | Documenting Statement(s), If applicable |
| Compliant           |   |
| Status              | Documenting Statement(s), If applicable |
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| Status              | Documenting Statement(s), If applicable |
| Compliant           |   |
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| Status              | Documenting Statement(s), If applicable |
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|                     | Documenting Statement(s), If applicable |
| Compliant           |   |
| Status              | Decumenting Statement(s) If analisable  |
|                     | Documenting Statement(s), If applicable |
| Compilant           |   |
|                     | Compliant                               |