



Family Child Care Licensing Inspection Full Report

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

| Program Details | | |
|---|------------------------------|-----------------------------------|
| Program Name Carolyn Genuine Love and Care Learning Center LLC | Program Number 2220027423 | Program Type FCC - Type B Home |
| Address 1739 Monterey Ct Cincinnati OH 45223 | | County HAMILTON |

| Inspection Information | | |
|--------------------------------|--------------------------|----------------------------------|
| Inspection Type Provisional | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 01/17/2024 | Begin Time 2:03 PM | End Time 3:00 PM |
| Reviewer: Gina McDevitt | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 68 | No. Rules with Non-compliances 3 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 3 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | Total |
| | Totals | Full Time | Part Time | |
| Infant (Birth to < 18 m) | | 3 | 0 | 3 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 3 | 0 | 3 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 2 | 0 | 2 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 2 | 0 | 5 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| 01/17/2024 | 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

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Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

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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 [in the basement/on each level of the home] or smoke alarm(s) were not maintained 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: 02/17/2024

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for trainings listed in numbers 1 & 4 below:

1. First Aid - expired training
2. First Aid - did not have verification of the completion of First Aid training
3. First Aid - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
4. CPR - expired training
5. CPR - had not taken CPR training
6. CPR - did not have verification of the completion of CPR training
7. CPR - training taken did not include all age groups and developmental levels of all children in care
8. CPR - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
10. Communicable Disease - expired training
11. Communicable Disease - had not taken CD training
12. Communicable Disease - did not have verification of the completion of CD training
13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
14. Child Abuse - expired training
15. Child Abuse - had not taken Child Abuse training
16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 02/17/2024

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 children listed on the JFS Children's Record Review For Child Care as indicated in number 1 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
11. Other []

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

Corrective Action Plan Due: 02/17/2024

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 |



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|---|---------------|--|
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements for Type B Homes | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster Parent | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



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|--|---------------|--|
| 5101:2-13-08 Employee Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development | Compliant | |
| 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 | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



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| 5101:2-13-13 Clean environment and equipment | Compliant | |
| 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 | |
| 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 and Routine Trips | Compliant | |
| 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 |



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|--|---------------|--|
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
| 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 Emergency Preparedness and Response Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| 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 | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-20 Sleep and Nap Requirements | Compliant | |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| 5101:2-13-22 Fluid Milk | Compliant | |
| 5101:2-13-22 Food Handling | Compliant | |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | |
| 5101:2-13-23 Diapering | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
| 5101:2-13-25 Medication Requirements | Compliant | |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| 5101:2-13 Written Policies and Procedures | Compliant | |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant | |
| 5101:2-13-11 Indoor Space | Compliant | |
| 5101:2-13-17 Programming | Compliant | |
| 5101:2-13-24 On-site Pools | Compliant | |
| 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 Equipment | Compliant | |