Department of Education
Department of Job and Family Services

# 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<br>Mister & Misses Learning Ladder | Program Number<br>2200022570 | Program Type<br>FCC - Type B Home |
| Address<br>4231 Hegner Avenue<br><br>Cincinnati<br>OH 45236 | | County<br>HAMILTON |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>03/29/2024 | Begin Time<br>10:00 AM | End Time<br>11:00 AM |
| Reviewer:<br>Eryn Hunt | | |

| 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 | | 2 | 1 | 3 |
| **Total Under 2 Years** | 3 | 4 | 1 | 5 |
| Older Toddler | | 1 | 0 | 1 |
| Preschool | | 1 | 1 | 2 |
| School Age | | 7 | 0 | 7 |
| **Total Capacity/Enrollment** | 6 | 9 | 1 | 15 |

| Staff-Child Ratios at the Time of Inspection | | | |
|---|---|---|---|
| **Group** | **Age Group/Range** | **Ratio Observed** | **Comment** |
| 3/29/24 | | 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: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Safe Environment
Code: The program is required to store alcohol in a space not used by children.

Findings: During the inspection, it was observed that a sealed container of alcohol was observed in a space approved or used for child care as noted in the following number(s) below:2
1. A sealed container was observed but children in care did not gain access to the alcohol.
2. A sealed container of alcohol was observed but children in care were not observed in the space at the time of the inspection.
These items must be removed or stored in space not approved or used for children as required. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 05/01/2024

**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Pets
Code: The program is required to properly care for pets and prevent any threat to the safety or health of the children by the pet.

Findings: During the inspection, it was determined pets at the program were not properly housed or cared for or posed a threat to the safety or health of the children as noted in number(s) 6 below:

1. The animal's cage was dirty with feces.
2. The aquarium was unclean.
3. The litter box was dirty with feces.
4. A pet posed a threat to the safety of a child in that [ ].
5. A pet requiring a license did not have a current license.
6. Proper inoculation records were not on file at the program for a pet requiring inoculations.
7. Children were exposed to the pet's urine and/or feces.
8. Other [ ].

A pet that poses a threat to the children shall not be at the program. All pets at the program must receive proper care and housing. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/01/2024

**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 training(s) listed in number(s) 14 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: 05/01/2024

**Domain: 08 Staff Files**

Rule: 5101:2-13-08 Child Care Staff Requirements
Code: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

Findings: In review of the staff records, it was determined that child care staff member(s) or substitute child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 1 below:

1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
2. No documentation of completing the training after December 31, 2016.
3. Completion of the training was not verified in the OPR.
4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 05/01/2024

**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(s) 2 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.
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Corrective Action Plan Due: 05/01/2024

## 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 |
|---|---|---|
| 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 Fire Safety 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 |
|---|---|---|
| 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 | |

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-13 Handwashing | Compliant | |

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|---|---|---|
| | | |

| 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 |
|---|---|---|
| 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 | |

| | | |
|---|---|---|
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| 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 Incident/Injury | 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 |
|---|---|---|
| 5101:2-13-18 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 | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-21 Evening and Overnight Care | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |

| 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 | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-23 Diapering | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-24 Parent Permission for Swimming | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-25 Medication Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-07 Provider Responsibilities | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-18 Group Size and Ratios | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13 Written Policies and Procedures | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-11 Indoor Space | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-17 Programming | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-24 On-site Pools | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-24 Swimming Sites | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-17 Materials and Equipment | Compliant | |