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>Elite Kingdom Kids Childcare | Program Number<br>2210023440 | Program Type<br>FCC - Type B Home |
| Address<br>97 Mulberry<br><br>Cincinnati<br>OH 45202 | | County<br>HAMILTON |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/05/2023 | Begin Time<br>2:55 PM | End Time<br>4:45 PM |
| Reviewer:<br>Lisa Johnson-Garrett | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 2 | 0 | 0 | 2 |

| 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) | | 3 | 0 | 3 |
| Young Toddler | | 1 | 0 | 1 |
| **Total Under 2 Years** | 3 | 4 | 0 | 4 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| **Total Capacity/Enrollment** | 6 | 0 | 0 | 4 |

| Staff-Child Ratios at the Time of Inspection | | | |
|---|---|---|---|
| **Group** | **Age Group/Range** | **Ratio Observed** | **Comment** |
| Inspection 10/5/23 | Mixed Age Group | 2 to 3 | |

## 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: 5101:2-13-02 Information in OCLQS
Code: The provider is required to keep their information current in OCLQS.

Findings: During the inspection, it was determined the information in number(s) 4 below was not up to date in the Ohio Child Care Licensing and Quality System:

1. Mailing Address;
2. Telephone Number;
3. Email Address;
4. Days and Hours of Operation;
5. Services Offered;
6. Name of Program, If applicable.
7. Private pay rates.

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

Corrective Action Plan Due: 11/09/2023

**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) 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: 11/09/2023

## 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 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 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 |
|---|---|---|
| 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 |
|---|---|---|

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

| 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 Disaster 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 | |

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

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

| 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 |
|---|---|---|
| 5101:2-13-25 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 |
|---|---|---|
| 5101:2-13-17 Materials and Equipment | Compliant | |