

## **Center 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 Deta            | ails            |                     |
|---|-------------------------|-----------------|---------------------|
| Program Name                                  | Program Number          |                 | Program Type        |
| KOUNTRY KIDZ CHILDCARE LLC                    | 00000100325             |                 | Child Care Center   |
| Address 713 FERNWOOD RD WINTERSVILLE OH 43953 |                         |                 | County<br>JEFFERSON |
| Building Approval Date                        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½   |
| 12/19/2022                                    | E                       | 104             | 31                  |
| Fire Inspection Approval Date                 | Food Service Risk Level |                 |                     |
| 12/30/2022                                    | Exempt                  |                 |                     |

| Inspection Information      |                            |                    |                  |                   |              |
|-----------------------------|----------------------------|--------------------|------------------|-------------------|--------------|
| Inspection Type             |                            | Inspection So      | cope             | Inspection Notice |              |
| Amendment - chang           | ge of capacity             | Partial            |                  | Unannounced       |              |
| Inspection Date 08/30/2023  |                            | Begin Time 3:00 PM |                  | End Time 3:58 PM  |              |
| Reviewer:<br>KATHLEEN BONAC | Reviewer: KATHLEEN BONACCI |                    |                  |                   |              |
| Summary of Findings         |                            |                    |                  |                   |              |
| No. Rules Verified          | No. Rules with Non-        | compliances        | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 6                           | 0                          |                    | 0                | 0                 | 0            |

| 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)                                  |                  | 5          | 0         | 5     |
| Young Toddler   |                  | 4          | 0         | 4     |
| Total Under 2 ½ Years                                     | 36               | 9          | 0         | 9     |
| Older Toddler   |                  | 4          | 0         | 4     |
| Preschool   |                  | 10         | 0         | 10    |
| School Age  |                  | 0          | 17        | 17    |
| Total Capacity/Enrollment                                 | 94               | 14         | 17        | 40    |

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



| Infants    | 0 to < 12 months          | 2 to 4 |            |
|------------|---------------------------|--------|------------|
| Toddlers   | 18 months to < 30 months  | 2 to 5 |            |
| Preschool  | 3 years to < 4 years      | 1 to 5 |            |
| School age | 5 years to < Kindergarten | 1 to 7 | At arrival |

## **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  |  |  |  |  |
| No Serious Risk Non-Compilances 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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| Beginning!   |  |
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| Low Risk Non-Compliances   |  |
|  |  |
| No Low Risk Non-Compliances were observed during this inspection |  |
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## Rules In-Compliance/Not Verified

| Rule                             | Status       | Documenting Statement(s), If applicable    |
|----------------------------------|--------------|--|
| 5101:2-12-02 License Posted      | Not Verified |  |
|                                  |              |  |
| Rule                             | Status       | Documenting Statement(s), If applicable    |
| 5101:2-12-02 Current Information | Not Verified |  |
|                                  |              |  |
| Rule                             | Status       | Documenting Statement(s), If applicable    |
| 5101:2-12-03 Inspection          | Not Verified | <u> </u>                                   |
| Requirements                     |              |  |
|                                  |              |  |
| Rule                             | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Building      | Compliant    | Documenting Statement: The building        |
| Department Inspection            |              | approval listed the following              |
|                                  |              | stipulation(s)/limitation(s): Two          |
|                                  |              | certificate of occupancies: total building |
|                                  |              | First one dated 1-28-2015, User group      |
|                                  |              | E,14,580 sq,ft daycare /with gym for       |
|                                  |              | indoor play, occupant load 101. Infant     |
|                                  |              | room 5 children less than 2.5 years of age |
|                                  |              | Toddler room # 1 ,occupant load 15.        |
|                                  |              | Toddler room #2 ,occupant load 14.         |
|                                  |              | Preschool room # 1,occupant load 15.       |

|   |               | Preschool room # 2,occupant load 14 . Preschool room #3, occupant load 16 Preschool room #4,occupantload 15 Gym & lockers ,occupant load 101. Admin office, occupant load 3. Office, occupant load 3. Kitchen, occupant load 3. Second certificate of occupancy, alterations , dated 12-29-2022. Use of occupancy E. Altered infant room #1 approved for 15 children of all ages. Altered infant room #2 approved for 16 children of all ages. |
|---|---------------|--|
| Pulo: E101:2 12 04 Puilding                       | Compliant     | Documenting Statement, All series of the   |
| Rule: 5101:2-12-04 Building Department Inspection | Compliant     | Documenting Statement: All copies of the certificate of occupancies was available on-site for review.  |
| Dula  | Chabina       | Decumentian Chahamanhla) If annlinghia   |
| Rule  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Fire Inspection                      | Compliant     |  |
|   | -             |  |
| Rule  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Food Service                         | Not Verified  | , , , , , , , , , , , , , , , , , , ,  |
| Requirements                                      |               |  |
|   | 16            | 5  |
| Rule  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-05 Denial, Revocation and Suspension    | Not Verified  |  |
|   |               |  |
| Rule  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator                        | Not Verified  |  |
| Qualifications                                    |               |  |
|   |               |  |
| Rule  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator                        | Not Verified  |  |
| Responsibilities/Requirements                     |               |  |
| Rule  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program                      | Not Verified  | bocamenting statement(s), it applicable  |
| Policies and Procedures                           | 1400 Verified |  |
| 1 oncies and Procedures                           | 1             |  |
| Rule  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Medical Statement                    | Not Verified  | bocumenting statement(s), it applicable  |
| 5101.2-12-00 Medical Statement                    | NOT VEHILER   |  |
|   |               |  |
| Rule  | Status        | Documenting Statement(s), If applicable  |

| 5101:2-12-08 Orientation Training &   | Not Verified |  |
|---------------------------------------|--------------|--|
| Whistle Blower Protection             |              |  |
| Willistie blower riotection           |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check         | Not Verified | 0 (7)                                    |
| I                                     | Not verified |  |
| Requirements                          |              |  |
|                                       |              | <u> </u>                                 |
| D. I.                                 | Chahara      | December 5 Chatamant (a) If and itself   |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training          | Not Verified |  |
| Requirements                          |              |  |
| requirements                          |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional             | Not Verified | 0 (7)                                    |
|                                       | Not verified |  |
| Development Requirements              |              |  |
|                                       |              |  |
| Dula                                  | Chahira      | Decumenting Statement (-) 15 II II       |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space             | Not Verified |  |
| Requirements                          |              |  |
| Licquirements                         | l            |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
|                                       | Not Verified | 0 to 1 0 to 1 to 1 to 1 to 1 to 1 to 1 t |
| 5101:2-12-11 Separation of Children   | Not verified |  |
| Under 2 1/2 Years                     |              |  |
|                                       |              |  |
| 0 1                                   | S            | D '' C'   '/ \ I'     '                  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space            | Not Verified |  |
| Requirements                          |              |  |
| requirements                          |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment   | Not Verified |  |
| J 3101.2-12-11 Outdoor Flay Equipment | Not verified |  |
|                                       |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
|                                       |              | Bootimenting statement(s), in applicable |
| 5101:2-12-11 Outdoor Play Fall Zones  | Not Verified |  |
|                                       |              |  |
|                                       |              |  |
| Pulo                                  | Status       | Documenting Statement(s) If applicable   |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment           | Not Verified |  |
|                                       |              |  |
|                                       |              | ı  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment         | Not Verified |  |
|                                       |              |  |
|                                       | l            |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
|                                       | Not Verified | 0 :                                      |
| 5101:2-12-13 Sanitary Equipment and   | Not verified |  |
| Environment                           |              |  |
|                                       |              | ·  |
| Dula                                  | Chahara      | December 61 1 1/ \ 16 11 11              |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
|                                       | ·            |  |

| 5101:2-12-13 Handwashing<br>Requirements                 | Not Verified           |  |
|--|------------------------|--|
| Rule<br>5101:2-12-13 Smoke Free<br>Environment           | Status<br>Not Verified | Documenting Statement(s), If applicable  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Toothbrushing Requirements                  | Not Verified           |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field<br>Trip Procedures | Not Verified           |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Driver<br>Requirements     | Not Verified           |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle Requirements       | Not Verified           | Bocamenting Statement(3), if applicable  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Child Medical and<br>Enrollment Records     | Not Verified           |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care<br>Plans              | Not Verified           |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Medical, Dental,                      | Compliant              | Documenting Statement: On the day of   |
| and General Emergency Plan                               | ·                      | the inspection, the complete prescribed  |
|  |                        | JFS 01242 "Medical, Dental, and General  |
|  |                        | Emergency Plan For Child Care" were  |
|  |                        | posted in the program as required.   |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills                            | Not Verified           | and the state of t |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard                          | Not Verified           | Documenting Statement(s), if applicable  |
| Precautions  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |

| 5101:2-12-16 Management of Communicable Disease | Not Verified           |  |
|---|------------------------|--|
|   |                        |  |
| Rule  | Status                 | Documenting Statement(s), If applicable                                    |
| 5101:2-12-16 Incident/Injury<br>Reporting       | Not Verified           |  |
| Rule  | Status                 | Documenting Statement(s), If applicable                                    |
| 5101:2-12-16 Written Disaster Plan              | Not Verified           | Bocumenting statement(3), if applicable                                    |
|   |                        |  |
| Rule  | Status                 | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-17 Daily Schedule               | Compliant              | Documenting Statement: Daily schedules were observed posted.               |
| Dula  | Chabina                | Decumenting Chategoraphia) If annihable                                    |
| Rule: 5101:2-12-17 Materials and                | Status<br>Compliant    | Documenting Statement(s), If applicable  Documenting Statement: Sufficient |
| Equipment                                       | Сотприати              | equipment was observed in all categories.                                  |
| Rule  | Status                 | Documenting Statement(s), If applicable                                    |
| 5101:2-12-17 Daily Outdoor Play                 | Not Verified           |  |
|   |                        |  |
| Rule  | Status                 | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-18 License Capacity             | Compliant              | Documenting Statement: During the  |
|   |                        | inspection, it was determined that the                                     |
|   |                        | program had requested a change in the                                      |
|   |                        | program's license capacity. Please be                                      |
|   |                        | reminded the license capacity change                                       |
|   |                        | shall not be in effect until Departmental                                  |
|   |                        | approval is received in writing by the                                     |
|   |                        | program.   |
| Dula  | Chahua                 | Decumenting Chahamanhla) If annlinghin                                     |
| Rule 5101:2-12-18 Ratio                         | Status<br>Not Verified | Documenting Statement(s), If applicable                                    |
| 3101.2-12-16 Natio                              | Not verified           |  |
| Rule  | Status                 | Documenting Statement(s), If applicable                                    |
| 5101:2-12-18 Group Size                         | Not Verified           | bocamenting statement(s), it applicable                                    |
| 310112 12 13 0100p 5120                         | The vermed             |  |
| Rule  | Status                 | Documenting Statement(s), If applicable                                    |
| 5101:2-12-18 Attendance Records                 | Not Verified           |  |
| Dula  | Chahua                 | Decomposition Chateman (A) (f. 1)  |
| Rule  | Status                 | Documenting Statement(s), If applicable                                    |

| 5101:2-12-19 Supervision                            | Not Verified |   |
|---|--------------|---|
|   | <u> </u>     |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance                         | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping                       | Not Verified | bocamenting statement(s), it applicable |
|   |              |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                                  | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight                  | Not Verified | bocumenting statement(s), if applicable |
| Care  | Not vermed   |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack                         | Not Verified |   |
| Requirements  |              |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements                | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food                              | Not Verified | 3 (" 11                                 |
| Handling/Storage                                    |              |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care                      | Not Verified |   |
|   |              |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food<br>Preparation  | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet                   | Not Verified | 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Training  | 1000000      |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water Safety Requirements | Not Verified |   |
|   |              |   |
| Rule  | Status       | Documenting Statement(s), If applicable |



| 5101:2-12-25 Medication<br>Administration                        | Not Verified |   |
|--|--------------|---|
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member<br>Educational Requirements | Not Verified | J (// 11                                |
| ·  |              |   |