

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 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 Deta | ails | |
|--|-------------------------------------|-----------------|--------------------|
| Program Name | Program Number | | Program Type |
| ARCHES OAK HILLS CHILDCARE | 000000200080 | | Child Care Center |
| Address 6453 BRIDGETOWN ROAD CINCINNATI OH 45248 | | | County HAMILTON |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 09/20/2021 | Food Service Risk Level Level II | | |

| | Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 01/20/2022 | Begin Time 8 | :30 AM | End Time 4:00 PM | | |
| Reviewer: PAMELA DAUDISTEL | | | | | |
| Summary of Findings | | | | | |
| | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 57 | 5 | 0 | 3 | 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) | | 0 | 0 | 0 | |
| Young Toddler | | 0 | 0 | 0 | |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 | |
| Older Toddler | | 0 | 0 | 0 | |
| Preschool | | 92 | 6 | 98 | |
| School Age | | 82 | 72 | 154 | |
| Total Capacity/Enrollment | 73 | 174 | 78 | 252 | |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| PS AM-Pam | 4 years to < 5 years | 1 to 12 | |

| 4 years to < 5 years | 1 to 7 | PM |
|--------------------------|--|----------------------------|
| 4 years to < 5 years | 1 to 9 | |
| 4 years to < 5 years | 1 to 10 | PM |
| 3 years to < 4 years | 1 to 5 | |
| 3 years to < 4 years | 1 to 5 | |
| 4 years to < 5 years | 1 to 5 | group leaving for |
| | | school |
| School-Age to < 11 years | 1 to 13 | PM Snack |
| School-Age to < 11 years | 1 to 10 | group arriving from school |
| School-Age to < 11 years | 1 to 12 | |
| School-Age to < 11 years | 1 to 13 | |
| School-Age to < 11 years | 1 to 6 | group leaving for PM Kdg |
| 4 years to < 5 years | 3 to 27 | Big Room @ lunch time |
| 3 years to < 4 years | 1 to 6 | PM |
| 3 years to < 4 years | 1 to 6 | |
| 3 years to < 4 years | 1 to 11 | PM |
| | 4 years to < 5 years 4 years to < 5 years 3 years to < 4 years 3 years to < 4 years 4 years to < 5 years School-Age to < 11 years 3 years to < 4 years 3 years to < 4 years | 4 years to < 5 years |

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| Serious Risk Non-Compliances | |
|--|--|
| Serious Nisk Noil-Compilances | |
| No Serious Risk Non-Compliances were observed during this inspection | |
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Moderate Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have all staff request background checks as required.



<u>Finding</u>: In review of the staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number(s) 1, 2 below for high school students:

- 1. Submitting the request for a background check for child care in the OPR.
- 2. Submitting fingerprints electronically according to the process established by BCI.

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

Corrective Action Plan Due: 03/06/2022

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or has written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication or medical food that is not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" or a prescription topical product to a child as noted in number(s) 7, 8, below:

- 1. No JFS 01217 "Request for Administration of Medication for Child Care" was on file.
- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
- 4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217.
- 7. The time to administer was missing or incorrect on the JFS 01217.
- 8. The time period to administer was missing or incorrect on the JFS 01217.
- 9. The medication's expiration date was missing on the JFS 01217.
- 10. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 11. Physician instructions were missing on the JFS 01217.
- 12. Possible side effects were missing on the JFS 01217.
- 13. Physician's dated signature was missing on the JFS 01217.
- 14. Physician's phone number was missing on the JFS 01217.
- 15. Date medication was administered was missing on the JFS 01217.
- 16. Time medication was administered was missing on the JFS 01217.
- 17. Dosage administered was missing on the JFS 01217.
- 18. Staff member's signature was missing on the JFS 01217.
- 19. A prescription label was not attached to the prescription medication.
- 20. The medication or product, [], was not brought to the program in its original container.
- 21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/06/2022

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 6, 13 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.

- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/06/2022

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [].

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

Corrective Action Plan Due: 03/06/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/06/2022

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as |
| | | required. |
| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 Current | Compliant | Documenting Statement: The program |
| Information | | had current information entered in the |
| | | Ohio Child Licensing and Quality System |
| | | (OCLQS). |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Des <u>liming</u> | | , |
|--------------------------------------|--------------|---|
| 5101:2-12-04 Fire Inspection | Compliant | |
| | <u> </u> | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | , , , , , , , , , , , , , , , , , , , |
| Whistle Blower Protection | | |
| Williams Blower Florestien | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | Compilation | had at least one Child Care Staff Member |
| Requirements | | |
| | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | | and readily accessible during all hours of |
| | | operation. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor |
| Requirements | | play area is separated from traffic and |
| | | other hazards by a fence. Please note the |

| | | program has contracted with a |
|--------------------------------------|-----------|---|
| | | professional fence company to correct |
| | | protruding bolts on the gate next to the |
| | | playground, but the company has not yet |
| | | , , , |
| | | performed this due to weather and |
| | | COVID. |
| | | |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 10/19/21. |
| | | -3, -3, -3. |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: Shade is |
| Requirements | ' | provided by means of trees; a play |
| qu cc | | structure. |
| | | structure. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: All equipment in |
| Equipment | · · | the outdoor play space was observed to |
| _qp | | be anchored and stable. |
| | | be anchored and stable. |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor |
| Equipment | | equipment was viewed to be safe and |
| _4 | | free of rust, sharp points, and other |
| | | hazards. |
| | | lidzdius. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was mulch and pea gravel. |
| | | was malen and pea graven |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | |
| Dula | Ctatus | Decumenting Statement (2) If any live is |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
| Dula: 5404:2 42 42 5: 5: 5: 1:::: | Compliant | Decumenting Statement Assist |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | ricardi, sarcey and well being. |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-------------|---|
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | | the inspection, the program provided a |
| | | clean environment in accordance with |
| | | Appendix A of this rule, which included |
| | | the furniture, materials and equipment. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as |
| | | required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: Requirements |
| Field Trip Procedures | Compilation | regarding routine and/or field trips were |
| Tield Trip Procedures | | discussed during the inspection. |
| | | Schoolage children are transported by the |
| | | center MFSAB and walked to the school |
| | | |
| | | next door to the program. Children |
| | | participate in field trips during the |
| | | summer. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: Children were |
| Driver Requirements | | observed boarding and exiting the |
| | | program's vehicle in a safe manner, |
| | | during this inspection. |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The driver(s) |
| Driver Requirements | | had completed the required ODJFS driver |
| · | | training. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: An annual |
| Vehicle Requirements | | safety check of the vehicle(s), using the |
| , | | JFS 01230 "Vehicle Inspection Report For |
| | | Child Care Centers" form, was verified |
| | | and dated 10/23/21 (MFSAB License |
| | | #HGC 2554). |
| | | |
| 1 | 1 | |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | | |
| | | |
| 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. |
| | | person mare program as required |
| | 1 | - |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| , | , | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| | | · |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
| | | |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the |
| | | inspection, developmentally-appropriate |

| | | practices were observed in the |
|---------------------------------|-----------|--|
| | | classroom(s). |
| | | , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | bocumenting statement(s), if applicable |
| 3101.2 12 10 Electrise cupacity | Соттриате | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: During the |
| | | inspection, enough Child Care Staff |
| | | Members were employed to meet the |
| | | staff/child ratios. |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| | | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: Child Care Staff |
| Records | ' | Members were observed recording the |
| | | attendance for each child upon arrival |
| | | and documenting each child's departure. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| | 1 | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: The program's |
| | | policy stated that school children were |
| | | always under the direct supervision of a |
| | | child-care staff member. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The program served the following: breakfast and snacks. Parents provide children's lunches. |
| D. I. | Chahara | December 5 Chataman Alex 16 and Salah |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | Documenting Statement(s), if applicable |