

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 |
| A BRIGHTER START CHILDCARE | 000000200979 | | Child Care Center |
| Address 2765 BLUE ROCK RD. CINCINNATI OH 45239 | | | County HAMILTON |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 01/26/2012 | E | 42 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 03/26/2019 | Level IV | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 04/30/2021 | Begin Time 9 | :30 AM | End Time 12:00 PM | |
| Reviewer: SUSAN PURVIS | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 60 | 3 | 0 | 0 | 3 |

| 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) | | 4 | 0 | 4 | |
| Young Toddler | | 2 | 0 | 2 | |
| Total Under 2 ½ Years | 21 | 6 | 0 | 6 | |
| Older Toddler | | 1 | 0 | 1 | |
| Preschool | | 4 | 0 | 4 | |
| School Age | | 0 | 0 | 0 | |
| Total Capacity/Enrollment | 44 | 5 | 0 | 11 | |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infant/Toddler | 0 to < 12 months | 1 to 5 | |



| Preschool 30 months to < 36 months | 1 to 5 | |
|------------------------------------|--------|--|
|------------------------------------|--------|--|

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 |
|---|
| 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: 08 Staff Files

Rule: 5101:2-12-08 Orientation and Staff Records

Code: The program is required to have staff complete the online staff orientation training.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number(s) 1 below:

- 1. 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.

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

Corrective Action Plan Due: 06/03/2021

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to maintain a current JFS 01176 "Program Notification of Background Check

Review for Child Care" on file for each staff.

<u>Finding</u>: In review of the staff records, it was determined that background check requirements had not been followed, for the individual(s) listed on the Employee Record Chart, as noted in number(s) 2 below:

- 1. The JFS 01176 Program Notification of Background Check Review for Child Care the program received from the Department was not on file and the individual was not left alone with children.
- 2. The JFS 01177 Individual Notification of Background Check Review for Child Care was on file instead of the JFS 01176.
- 3. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/03/2021

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

Code: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 1 & 5 below:

- 1. First Aid child care staff members scheduled during the hours of 8:00 and 8:30 had expired training
- 2. First Aid child care staff members scheduled during the hours of [] and [] had not taken First Aid training
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. First Aid child care staff member scheduled during the hours of [] and [] did not have verification of completion of First Aid
- 5. CPR child care staff members scheduled during the hours of 8:00 and 8:30 had expired training
- 6. CPR child care staff scheduled during the hours of [] and [] had not taken CPR training
- 7. CPR trained child care staff member was not present in each building used by children
- 8. CPR child care staff member scheduled during the hours of [] and [] did not have verification of completion of CPR
- 9. CPR training taken by staff did not include all age groups the program serves
- 10. Communicable Disease child care staff members scheduled during the hours of [] and [] had expired training
- 11. Communicable Disease child care staff scheduled during the hours of [] and [] had not taken Communicable Disease training
- 12. Communicable Disease trained child care staff member was not present in each building used by the program
- 13. Communicable Disease child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full Communicable Disease training
- 14. Child Abuse child care staff members scheduled during the hours of [] and [] had expired training
- 15. Child Abuse trained child care staff was not in each building used by the program
- 16. Child Abuse child care staff scheduled during the hours of [] and [] had not taken Child Abuse training
- 17. Child Abuse child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full six-hour Child Abuse training
- 18. Child Abuse child care staff considered to be providing coverage had only the ODJFS prescribed Child Abuse training, which does not meet this rule compliance

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/03/2021

Rules In-Compliance/Not Verified

| П | Rule | Status | Documenting Statement(s), If applicable |
|---|------|--------|---|

| Designates: | 1 . | <u> </u> |
|--|-------------|---|
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Approval | Compliant | |
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| Rule | Status | Desumenting Statement/s) If applicable |
| 5101:2-12-16 Management of | Compliant | Documenting Statement(s), If applicable |
| Communicable Disease | Compliant | |
| Communicable Disease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | bocumenting statement(s), if applicable |
| Environment | Compliant | |
| Liviloilileit | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | Bocamenting statement(s), it applicable |
| Qualifications | Compilant | |
| Qualifications | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | Bootimenting statement(s), it appreads |
| Educational Requirements | Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food License | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
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| Pulo | Ctatus | Documenting Statement/s) If a reliable |
| Rule F101:2 12 22 Fluid Milk Paguiroments | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement(3), if applicable |
| Precautions | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---|---------------------|---|
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
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| Pulo | Status | Decumenting Statement/s) If applicable |
| Rule 5101:2-12-17 Daily Outdoor Play | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-17 Daily Outdool Flay | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | 2000 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-19 Supervision | Compliant | |
|--|---------------------|---|
| | - Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | bocumenting statement(3), if applicable |
| Preparation | - Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
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| Rule | Ctatus | Documenting Statement(s) If applicable |
| 5101:2-12-20 Cots and Napping | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2 12 20 Cots and Napping | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | Bocumenting Statement(s), if applicable |
| Enrollment Records | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | Documenting Statement(s), If applicable |
| Plans | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | |
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| Pulo | Ctatus | Decumenting States and (a) If any live live |
| Rule 5101:2-12-11 Separation of Children | Status Compliant | Documenting Statement(s), If applicable |
| Under 2 1/2 Years | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | 0 (" 11 |
| General Emergency Plan | | |
| concern zimengement i i i i i | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| STOTIL TE TO ARREITANTE RECORDS | Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | 0 17 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration and Food Supplements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | , | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | , , , , , , , , , , , , , , , , , , , |
| Responsibilities/Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | 2 Seatheriting Statement(3), it applicable |
| 5101.2 12 00 Miculcal Statement | Compilant | |
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