

# **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                     | nils            |                                   |
|---|----------------------------------|-----------------|-----------------------------------|
| Program Name<br>KINDERCARE LEARNING CENTER - MORRIS | Program Number 000000205360      |                 | Program Type<br>Child Care Center |
| Address<br>7939 MORRIS ROAD HAMILTON<br>OH 45011    |                                  |                 | County<br>BUTLER                  |
| Building Approval Date                              | Use Group/Code<br>E with I-2     | Occupancy Limit | Maximum Under 2 ½                 |
| Fire Inspection Approval Date 12/28/2021            | Food Service Risk L<br>Level III | evel            | ,                                 |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |
| Follow-up                  | Full                           |                  | Unannounced       |              |
| Inspection Date 05/04/2022 | Begin Time 1                   | 0:30 AM          | End Time 2:29 PM  |              |
| Reviewer:                  |                                |                  | ·                 |              |
| BRENDA MEYER               |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 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)                                  |                  | 9          | 0         | 9     |
| Young Toddler   |                  | 6          | 0         | 6     |
| Total Under 2 ½ Years                                     | 47               | 15         | 0         | 15    |
| Older Toddler   |                  | 5          | 0         | 5     |
| Preschool   |                  | 13         | 15        | 28    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 162              | 18         | 15        | 48    |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment |  |        |  |
| Preschool                                    |  | 2 to 9 |  |

| Preschool            | 2 to 9  |
|----------------------|---------|
| Toddlers             | 2 to 7  |
| Toddlers             | 2 to 7  |
| Pre-K                | 2 to 8  |
| Pre-K                | 1 to 10 |
| Infants              | 3 to 10 |
| Infants              | 3 to 9  |
| DPS (older toddlers) | 2 to 4  |
| DPS (older toddlers) | 2 to 4  |

# **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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|   |  |  |
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|   |  |  |
| Moderate Risk Non-Compliances   |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |
| <b>3</b> • • • • • • • • • • • • • • • • • • •                        |  |  |
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#### **Low Risk Non-Compliances**

**Domain: 02 Safe & Sanitary Environment** 

Rule: 5101:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide a clean restroom with the appropriate materials available.

<u>Finding</u>: During the inspection, it was determined that unsanitary conditions, as noted in number 5 below, were in the Toddler restroom:

- 1. There was no liquid soap.
- 2. There was no toilet paper.
- 3. There were no paper towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet(s) were not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [ ].

The restroom(s) must be kept sanitary at all times. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

## **Domain: 08 Staff Files**

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number 4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 4. Tuberculosis (TB) screening/test

- a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
- b. Results of a TB test for employees meeting both criteria in 4a;
- c. Results of additional testing for employees with a positive TB test;
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/03/2022

## **Rules In-Compliance/Not Verified**

| Rule                             | Status    | Documenting Statement(s), If applicable  |
|----------------------------------|-----------|--|
| 5101:2-12-02 License Posted      | Compliant |  |
|                                  |           |  |
|                                  |           |  |
| Rule                             | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02 Current Information | Compliant |  |
|                                  |           |  |
|                                  |           |  |
| Rule                             | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection          | Compliant |  |
| Requirements                     |           |  |
|                                  |           |  |
| Rule                             | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Building      | Compliant | Documenting Statement: During the        |
| Department Inspection            |           | inspection, the requirements of the rule |
|                                  |           | regarding the certificate of occupancy   |
|                                  |           | were discussed.                          |
|                                  |           |  |
|                                  |           |  |
| Rule                             | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Fire Inspection     | Compliant |  |
|                                  |           |  |

| Rule                                 | Status    | Documenting Statement(s), If applicable     |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-04 Food Service      | Compliant | Documenting Statement: The food service     |
| Requirements                         |           | license was observed posted. Following is   |
|                                      |           | the audit number and date of expiration:    |
|                                      |           | #KRIY-CB8KBY 3/1/23                         |
|                                      |           |   |
|                                      |           |   |
| 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         | Compliant |   |
| Policies and Procedures              |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-08 Child Care Staff  | Compliant | Documenting Statement: All Child Care       |
| Member Educational Requirements      |           | Staff Members had verification of           |
|                                      |           | educational requirements on file at the     |
|                                      |           | program.                                    |
|                                      |           |   |
|                                      | T -       |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-08 Orientation       | Compliant | Documenting Statement: On the day of        |
| Training & Whistle Blower Protection |           | the inspection, all child care staff        |
|                                      |           | members had met orientation training        |
|                                      |           | requirements.                               |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-09 Background Check  | Compliant | Documenting Statement: During the           |
| Requirements                         | Compliant | inspection, the required documentation      |
| Requirements                         |           | regarding background checks was on file     |
|                                      |           | for all employees listed.                   |
|                                      |           | ioi ali empioyees listeu.                   |
| L                                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Health Training   | Compliant | Documenting Statement: The program          |
| Requirements                         | Compilant | had at least one Child Care Staff Member    |
| Requirements                         |           | with currently valid training in First Aid, |
|                                      | 1         | with turrently valid training in First Aid, |

|  |                  | Management of Communicable Disease,<br>CPR, and Child Abuse Prevention present<br>and readily accessible during all hours of<br>operation. |
|--|------------------|--|
|  |                  |  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space<br>Requirements                | Compliant        |  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years | Compliant        | bocumenting statement(s), ii applicable  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Space                         | Compliant        | Documenting Statement: The quarterly   |
| Requirements   | Compilation      | playground inspections were completed and documented, as required. The most recent inspection report form was dated 3/30/22.               |
|  | I a              |  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment                      | Compliant        |  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones            | Compliant        | Documenting Statement: During the inspection, the requirements of the rule regarding outdoor play fall zones were discussed.               |
|  |                  |  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                              | Compliant        |  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment                            | Compliant        | Southername Statement(s), it applicable  |
| Pulo   | Chahus           | Decumenting States and a life and leading  |
| Rule: 5101:2-12-13 Handwashing<br>Requirements           | Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: Children were viewed washing their hands, as required by the rule.         |
| Pulo   | Status           | Documenting Statement/s). If applicable  |
| Rule 5101:2-12-13 Smoke Free                             | Status Compliant | Documenting Statement(s), If applicable  |
| Environment  | Compilant        |  |

| 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: 5101:2-12-15 Medical/Physical   | Compliant | Documenting Statement: The program        |
| Care Plans                            |           | had current information on the medical    |
|                                       |           | status and the required treatment plan    |
|                                       |           | for the children with health conditions.  |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Medical, Dental, and     | Compliant | bocumenting statement(s), if applicable   |
| General Emergency Plan                | Compliant |   |
| General Emergency Flam                | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation      |
| Maler 310112 12 10 Emergency 51ms     |           | for completed fire, weather, and          |
|                                       |           | emergency/lockdown drills was verified    |
|                                       |           | during this inspection.                   |
|                                       |           | daring 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.     |
|                                       |           |   |
|                                       | T.        |   |
| 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 | Bookinenting statement(s), it applicable  |
| Reporting                             | 30        |   |
| -10                                   | l         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan    | Compliant | . , , , , , , ,                           |
|                                       | ,         |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule           | Compliant |   |
|                                       |           |   |

| 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   | 0 ("   |
|                                   |             |  |
|                                   |             |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 110.10                            |             | bocumenting statement(s), if applicable  |
| 5101:2-12-18 License Capacity     | Compliant   |  |
|                                   |             |  |
|                                   | 1.          |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Ratio          | Compliant   | Documenting Statement: Staff/child   |
|                                   |             | ratios observed during the inspection  |
|                                   |             | surpassed those required by the rule.  |
|                                   |             |  |
|                                   | •           |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size           | Compliant   | Seament of the season of the s |
| 3101.2-12-18 Group Size           | Compliant   |  |
|                                   |             |  |
| Rule                              | Status      | Decumenting Statement/s) If applicable   |
|                                   |             | 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  |
| 5101:2-12-19 Supervision          | Compliant   | 0 (" 11  |
| 3101.2 12 13 3apervision          | Compilation |  |
|                                   | l           |  |
| 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.  |
|                                   |             |  |
| <u>-</u>                          |             |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping     | Compliant   |  |
|                                   |             |  |
|                                   |             | 1  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs                |             | Socumenting statement(3), it applicable  |
| 3101.2-12-20 CHUS                 | Compliant   |  |
|                                   |             |  |
| Distr                             | Chatura     | December Chaham 1/ \ 16   1   1  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |

| Rule: 5101:2-12-22 Meal and Snack<br>Requirements | Compliant | Documenting Statement: The menu posted reflected the meal served. |
|---|-----------|---|
|   | L         |   |
| Rule  | Status    | Documenting Statement(s), If applicable                           |
| 5101:2-12-22 Fluid Milk Requirements              | Compliant |   |
|   | l         |   |
| Rule  | Status    | Documenting Statement(s), If applicable                           |
| 5101:2-12-22 Safe Food                            | Compliant |   |
| Handling/Storage                                  |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                           |
| 5101:2-12-23 Infant Daily Care                    | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                           |
| Rule: 5101:2-12-23 Infant Bottle and              | Compliant | Documenting Statement: All bottles were                           |
| Food Preparation                                  |           | labeled as required.  |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                           |
| 5101:2-12-23 Diapering and Toilet                 | Compliant |   |
| Training  |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                           |
| 5101:2-12-25 Medication                           | Compliant |   |
| Administration                                    |           |   |
|   |           |   |
|   |           |   |