

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 Details | | | | |
|--|-------------------------|-----------------|--------------------|--|
| Program Name | Program Number | | Program Type | |
| HYDE PARK COMMUNITY UMC PRESCHOOL | 000000200184 | | Child Care Center | |
| Address 1345 GRACE AVE CINCINNATI OH 45208 | | | County HAMILTON | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 03/19/2010 | E | 250 | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 10/17/2022 | Exempt | | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 01/24/2023 | Begin Time 8 | ::40 AM | End Time 3:24 PM | |
| Reviewer: | | | | |
| BRIAN CHASTAIN | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 1 | 0 | 0 | 1 |

| 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 | 12 | 12 |
| Preschool | | 29 | 65 | 94 |
| School Age | | 2 | 7 | 9 |
| Total Capacity/Enrollment | 225 | 31 | 84 | 115 |

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

| 213 | 3 years to < 4 years | 2 to 12 | |
|-----|--------------------------|---------|--------------------|
| 118 | 30 months to < 36 months | 2 to 9 | |
| 119 | 30 months to < 36 months | 2 to 11 | |
| 217 | 3 years to < 4 years | 2 to 13 | |
| 215 | 3 years to < 4 years | 2 to 12 | |
| 214 | 4 years to < 5 years | 2 to 17 | |
| 214 | 3 years to < 4 years | 2 to 14 | Full time children |
| 15 | 3 years to < 4 years | 2 to 14 | |
| 12 | 4 years to < 5 years | 2 to 17 | |

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

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number 6 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/23/2023

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 |

| Rule: 5101:2-12-02 Current Information | Compliant | Documenting Statement: The program had current information entered in the |
|---|---------------------|--|
| Illioiniation | | Ohio Child Licensing and Quality System |
| | | (OCLQS). |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | <u> </u> |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department Inspection | Compliant | |
| Rule | Status | Desumenting Statement(s) If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service Requirements | Compliant | |
| Requirements | | |
| Rule 5101:2-12-07 Administrator | Status Compliant | Documenting Statement(s), If applicable |
| Qualifications | Compliant | |
| Bula | Chatter | Decree of the Chater of the last the control of the |
| Rule 5101:2-12-07 Administrator | Status Compliant | Documenting Statement(s), If applicable |
| Responsibilities/Requirements | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | (-у, - гр |
| Policies and Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| D.J. | Chahara | Decree of the Chater of the Ch |
| Rule 5101:2-12-08 Child Care Staff Member | Status Compliant | Documenting Statement(s), If applicable |
| Educational Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-09 Background Check Requirements | Compliant | |
|--|-----------|--|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |
| Rule | Status | Decumenting Statement(c) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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 |
| | | 1/11/23. |
| | | -770 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor |
| Equipment | | equipment was viewed to be safe and |
| | | free of rust, sharp points, and other |
| | | hazards. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | Compliant | material used under outdoor equipment |
| Zones | | was poured rubber. |
| | | was poured rubber. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| 11.15 | | observed to be in good condition. |
| | | 0 11 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| STOTILE TE TE SUIC ENVIRONMENT | Compilant | supplies were viewed stored out of the |
| | | reach of children. |
| | | reaction children. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: All electrical |
| Maic. 5101.2 12 12 5aic Liivii Olillielit | Compilant | outlets were covered with safety |
| | | receptacles. |
| | 1 | receptacies. |

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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | _ | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, a system to ensure |
| | | children's records were updated annually |
| | | was being utilized. |
| | | |
| | | |
| 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. |
| | | |
| 2.1 | | |
| 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 was |
| | | posted in the program as required. |
| | | |
| Pulo | Status | Documenting Statement/s) If applicable |
| Rule: F101:2-12-16 Emorgansy Drills | 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 |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |



| Deglinang: | | |
|-------------------------------------|---|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | · | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | <u> </u> |
| Reporting | | |
| Reporting | | |
| D. I. | Chahara | Decree estimates that are established |
| 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: 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 | Documenting statement(s), it approase |
| | Compilant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| | | was operating within license capacity |
| | | limits. |
| | | |
| | · | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| | 20 | Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size was posted in a |
| | | · · · · |
| | | noticeable area at the program as |
| | | required. |
| | | |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| | 201112111111111111111111111111111111111 | observed on the day of the inspection |
| | | , |
| | | were in compliance. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---------------------|--|
| 5101:2-12-18 Attendance Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | Documenting statement(s), if applicable |
| Dula | Ctatus | Decumenting Statement/s) If applicable |
| S101:2-12-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-12-20 Cots and Napping | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack Requirements | Compliant | 2.2. 2. 2. G. 2.2.2. 2. 3(4), A.P.P. 2.2.2.2 |
| | | |
| 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 | <u> </u> |
| | c | |
| Rule 5101:2-12-23 Diapering and Toilet | Status Compliant | Documenting Statement(s), If applicable |
| Training | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication Administration | Compliant | |