

Center Complaint Inspection Summary 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 THE MT MORIAH UNITED METHODIST ARK OF LEARNING	Program Number 000000200355	Program Type Child Care Center			
Address 681 MT MORIAH DRIVE CINCINNATI OH 45245		County CLERMONT			

Inspection Information								
Inspection Type				Inspection Scope		Inspection Notice		
Complaint				Partial		Unannounced		
Reviewer(s) ZIBUTE OSGOOD		Inspection	on Day Begin Tim		n Time	End Time		
08/09/20		23	9:50 AM		11:00 AM			
Summary of Findings								
No. Rules Verified	No. Rules with Non-cor	npliances	No. Serious Risk	(No. Moderate Risk	No. Low Risk		
8	4		0		1	3		

Staff-Child Ratios at the Time of Inspection						
Group	Age Group/Range	Ratio Observed	Comment			
Room 1 - Preschool	3 years to < 4 years	1 to 10	3's & 4's			
Room 2/3	School-Age to < 11 years	2 to 18	5's through age 10			
Room 4	3 years to < 4 years	1 to 8	3's & 4's			
Room 5	30 months to < 36 months	1 to 5	30 months to young 3's			
Room 6/7	0 to < 12 months	2 to 7	Room split in half			
Room 6/7	12 months to < 18 months	1 to 6	Older Infants			



Complaint Allegations

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.

Domain:05 Health & Safety

Rule: 5101:2-12-22 Fluid Milk Requirements

Code: The program is required to serve age-appropriate fluid milk or obtain written documentation when serving substitutions for fluid milk.

Allegation: The program is not following the fluid milk requirements as outlined by the rule.

Determination: Substantiated

Findings: The alleged rule violation was substantiated. During the inspection, it was determined that the program did not have the type of milk on-site to ensure that children, over 24 months of age, were served age-appropriate fluid milk. Children 12 to 30 months of age are served whole milk and children over 30 months of age are served 2% fluid milk. Children over 24 months of age are to be served skim or 1% fluid milk. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Risk Level: Low

Corrective Action Plan Due: 09/28/2023

Summary of Additional Non-Compliances

Serious Risk Non-Compliances

No Additional Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

Domain:00 License & Approvals

Rule: 5101:2-12-04 Building Department Inspection

Code: The program is required to refrain from using space that did not receive building approval and from caring for children in spaces not approved for that age group. The program is required to refrain from using a remodeled or modified space before obtaining building approval. The program is required to maintain building occupancy limitations.



Findings: During the inspection, it was determined the program was using space for child care in a manner that was not approved by the Ohio Department of Commerce or local certified building authority as noted in number 7 below:

1. The [] room or space was not approved.

2. Children under school age were being cared for in a building only approved for school age.

3. The space had been modified and not yet re-inspected and approved.

4. The [] floor, which had not been approved by the building department for child care, was being used.

5. The building limitation had been exceeded. [] children were being cared for and the building had been approved for [] children.

6. The [] room(s) occupancy had been exceeded. [] children were being cared for in this space that had been approved for [] children.

7. Care was provided to thirteen (13) children less than two and one-half years of age. This violated the program's building code limitation in that the change of occupancy to care for children under thirty months of age in room 6/7 has not been approved.

In contact with the building department, it was learned that the occupancy application has been denied and it was requested to remove the partition between room 6 and 7. Submit the program's corrective action plan, which includes building approval for use of this space, a written statement that the building occupancy limitations are being maintained, or a written statement that it is no longer being used, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/28/2023

Low Risk Non-Compliances

Domain:02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

Findings: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number 4 below:

1. Surge protectors/outlets did not have childproof receptacle covers.

2. Open pull cords that are not closed loop.

3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.

4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.

5. Stacked chairs.

6. Employee(s) purse(s).

7. Diaper bags.

8. Television not securely anchored.

9. Small or lightweight pieces of shelving units are not securely anchored to the wall.

10. Smoke detector needing batteries replaced.

11. An area rug did not have a nonskid backing.

12. An area rug presented a tripping hazard.

13. A floor surface that was unsafe in that [].



- 14. No platform was provided for the sink or toilet in the [] classroom.
- 15. The platform provided for the sink or toilet in the [] classroom was not sturdy.
- 16. The platform provided for the sink or toilet in the [] classroom posed a safety hazard in that [].
- 17. Telephone cords.
- 18. Staff member stepped over a barrier/gate while holding a child.
- 19. Emergency exits were blocked by the following classroom furniture: [].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [].

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/28/2023

Domain:05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

Code: The program is required to post the current weekly menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number 3 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

Menus posted in some classrooms were not current. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/30/2023