

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 | ils | |
|---------------------------------|---------------------|-----------------|---------------------|
| Program Name | Program Number | | Program Type |
| GENESIS ACADEMY LEARNING CENTER | 00000200432 | | Child Care Center |
| | | | |
| Address | | | County |
| 5915 COLERAIN AVENUE CINCINNATI | | | HAMILTON |
| OH 45239 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 1/2 |
| 01/04/2013 | E | 49 | |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 03/08/2017 | Level III | | |

| | Insp | ection Information | | |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time 1 | .0:15 AM | End Time 4:18 PM | |
| 11/29/2023 | | | | |
| Reviewer: | | | | |
| BRENDA MEYER | | | | |
| | C | nmary of Findings | | |
| | 30 | nmary of Findings | 1 | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 7 | 0 | 2 | 6 |

| Li | cense Capacity ar | nd Enrollme | ent at the Time of In | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group | License Capacity | | Enr | ollment |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 9 | 0 | 9 |
| Young Toddler | | 4 | 0 | 4 |
| Total Under 2 ½ Years | 25 | 13 | 0 | 13 |
| Older Toddler | | 5 | 0 | 5 |
| Preschool | | 10 | 0 | 10 |
| School Age | | 0 | 15 | 15 |
| Total Capacity/Enrollment | 43 | 15 | 15 | 43 |

| Si | taff-Child Ratios at the Time of Ins | pection | |
|-------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| Toddlers | 2 to 7 | |
|-----------|--------|--|
| Toddlers | 2 to 6 | |
| Infants | 2 to 8 | |
| Infants | 2 to 8 | |
| Preschool | 2 to 8 | |
| Preschool | 2 to 9 | |

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

Moderate Risk Non-Compliances

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program staff is required to remove any items listed in rule that are a potential suffocation risk from cribs.

<u>Finding</u>: During the inspection, it was determined that a child had been placed in a crib with an object that created a potential strangulation or suffocation risk, as indicated in number 2 below:

- 1. Bib
- 2. Pacifier clip/ribbon
- 3. Teething jewelry
- 4. Blanket for infant under twelve months old
- 5. Pillow
- 6. Boppie
- 7. Bumper pad



8. Clothing stored in the crib

9. Diaper bag

- 10. Object or toy strung over the crib in which a child can pull himself up
- 11. Stuffed animal that is large/soft enough to conform to the shape of the child's face
- 12. Other []

The rule prohibits any item which obstructs child-care staff's visibility or poses a risk of strangulation or suffocation from being placed on or in a crib. Remove the item(s) immediately. 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: 12/29/2023

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 and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number 4 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.

3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.

4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/29/2023



Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Handwashing Requirements

<u>Code</u>: The program staff is required to wash their hands in a sink designated for handwashing. The handwashing sink may not be used for meal preparation.

<u>Finding</u>: During the inspection, it was determined that at least one staff member washed his or her hands in a sink that is used for meal/bottle preparation or clean-up or is near the food serving area. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/29/2023

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program is required to label all cribs.

<u>Finding</u>: During the inspection, it was determined that at least one crib was not labeled with the child's name, as required by this rule. 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: 07 Diapering & Infant Care

<u>Rule</u>: 5101:2-12-23 Infant Bottle and Food Preparation <u>Code</u>: The program staff is required to label bottles containing formula or breast milk.

<u>Finding</u>: During the inspection, it was determined that bottles for a particular infant were not labeled with the child's name and date of preparation. 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: 5101:2-12-10 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 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: 12/29/2023

Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-08 Child Care Staff Member Educational Requirements <u>Code</u>: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number 1 below:

1. Verification of completion of a high school education was not on file.

2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.

3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.

4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

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



Corrective Action Plan Due: 12/29/2023

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number 2 below.

1. A medical statement was not on file for at least one employee;

2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;

3. Date of examination was missing;

4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;

- 5. A statement was missing that verifies 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);

6. Tuberculosis (TB) screening/test information was missing:

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 6a.
- 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: 12/29/2023



Rules In-Compliance/Not Verified

| Dula | Chathar | Decomposition Chattern and (a) If any list his |
|-------------------------------------|-----------|--|
| 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 | Compliant | Documenting Statement: During the |
| Information | compliant | inspection, the requirements of the rule |
| | | regarding maintaining current |
| | | information in the Ohio Child Licensing |
| | | and Quality System were discussed. |
| | | |
| | | |
| 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: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
| | | |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: On the day of |
| Department Inspection | | the inspection, the program was |
| | | operating in compliance with the current |
| | | building approvals. Program was adding |
| | | walls to their building and had the proper |
| | | approvals. |
| | | |
| | | |
| 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 off-site |
| Requirements | | food processing establishment's current |
| | | Ohio Department of Agriculture |
| | | registration information was observed |
| | | during the inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |



| 5101:2-12-07 Administrator Qualifications Rule Rule: 5101:2-12-07 Administrator | Compliant | |
|--|---------------------|---|
| Rule | | |
| | | |
| | | |
| Rule: 5101:2-12-07 Administrator | Status | Documenting Statement(s), If applicable |
| | Compliant | Documenting Statement: The |
| Responsibilities/Requirements | | administrator's hours of availability to |
| | | meet with parents were posted in a |
| | | noticeable location. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| | | 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 |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| Dula | Chabura | |
| Rule | Status Compliant | 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 |
| | | 10/5/23. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: During the |
| Zones | | 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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 7/12/23. |
| | | |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: During the |
| Vehicle Requirements | | inspection, weekly safety inspections |
| | | and/or monthly emergency exiting drills |
| | | were completed and documented, as |
| | | required using the ODJFS sample form. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |



| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
|--|-----------|---|
| Enrollment Records | compliant | 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: At the time of |
| Care Plans | compliant | the inspection, there were no children |
| | | currently enrolled who had health |
| | | conditions. |
| | | conditions. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| 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 |
| | | Documenting statement(s), it applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant | |
| Communicable Disease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | compliant | |
| | | J |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | | of the written disaster plan was |
| | | completed by staff. |
| | | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| Rule | Status | Documenting Statement(c) If applicable |
| Nule | Status | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

| | Controlling | |
|--------------------------------------|-------------|---|
| 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| | | |
| 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| Dula | Chatura | Desumenting Statement(s) If englischis |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Bula | Statuc | Documenting Statement(s) If a selicity |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu |
| Requirements | | posted reflected the meal served. |
| | | |
| Dula | Chatura | |
| 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 | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |



| Status | Documenting Statement(s), If applicable |
|-----------|---|
| Compliant | |
| | |
| • | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: There were no |
| | children on medication at the time of the |
| | inspection. |
| | Compliant Status |