

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 Det | ails | | |
|----------------------------------|---------------------|-------------------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| KINDERCARE #1480 | 000000204156 | | Child Care Center | |
| Address | | | County | |
| 951 E RAHN RD DAYTON OH 45429 | | | MONTGOMERY | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 03/17/1998 | E | | | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | | |
| 10/10/2018 | Level III | | | |

| | Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Follow-up | Full | | Unannounced | | |
| Inspection Date 04/05/2023 | Begin Time 9 | 0:30 AM | End Time 1:30 PM | | |
| Reviewer: | | | | | |
| Kathryn Koester | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 8 | 0 | 1 | 7 | |

| 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 | 48 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 200 | 0 | 0 | 0 |

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

| School Age 1 | School-Age to < 11 years | 1 to 4 | |
|----------------------|--------------------------|---------|--|
| Pre-Kindergarten | 4 years to < 5 years | 1 to 13 | |
| Pre-Kindergarten | 4 years to < 5 years | 2 to 13 | |
| Pre-School | 3 years to < 4 years | 2 to 19 | |
| Pre-School | 3 years to < 4 years | 2 to 19 | |
| Discovery Pre-School | 30 months to < 36 months | 2 to 12 | |
| Discovery Pre-School | 30 months to < 36 months | 2 to 12 | |
| Toddler | 18 months to < 30 months | 2 to 14 | |
| Toddler | 18 months to < 30 months | 2 to 14 | |
| Infant A | 0 to < 12 months | 2 to 10 | |
| Infant A | 0 to < 12 months | 2 to 10 | |
| Infant B | 12 months to < 18 months | 2 to 7 | |
| Infant B | 12 months to < 18 months | 2 to 7 | |

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: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be

performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 1 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/10/2023



Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

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

<u>Code</u>: The program is required to follow the cleaning schedule for equipment.

<u>Finding</u>: During the inspection, it was determined that the program was not providing a clean and healthy environment, furniture, materials and equipment as required by Appendix A, as noted in number(s) 3 below:

- 1. The changing table was not sanitized after each use.
- 2. Reusable cloths were not being cleaned daily or when visibly soiled.
- 3. Walls were not cleaned when visibly soiled and sticky.
- 4. The food prep areas were not being cleaned and sanitized before and after food prep.
- 5. The food prep areas were not being cleaned and sanitized between preparing raw and cooked food.
- 6. Toilet seat(s), handle(s) and toilet bowl(s) were not being cleaned when visibly soiled and sanitized.
- 7. The sinks were not clean.
- 8. Diaper receptacles were not being cleaned and sanitized.
- 9. Potty chairs were not emptied and/or cleaned and sanitized after each use.
- 10. Wastebaskets/trash receptacles/rinse buckets were not being cleaned and sanitized when visibly soiled.
- 11. Other [].

Furniture, materials and equipment must be maintained according to the cleaning and sanitizing schedule in Appendix A to 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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

Code: The program is required to provide equipment that is safe and hazard free.

<u>Finding</u>: During the inspection, equipment was determined to be unsafe or hazardous to children and in need of repair as noted in number(s) 1, 6 below:

- 1. The equipment had sharp points or corners;
- 2. The equipment had splinters;
- 3. The equipment had protruding nails;
- 4. The equipment had loose or rusty parts;
- 5. The equipment had paint which contains lead or other poisonous materials;
- 6. The equipment had hazardous features;

7. Other [].

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

Corrective Action Plan Due: 05/10/2023

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Equipment

Code: The program is required to provide equipment that does not pose a safety risk.

<u>Finding</u>: During the inspection, it was determined that outdoor play equipment was unsafe as noted in number(s) 5, 10 below:

- 1. There was rust exposed;
- 2. There was protruding bolts;
- 3. There were cracks;
- 4. There were holes;
- 5. There was splintering wood;
- 6. There were sharp edges or points;
- 7. There were lead hazards;
- 8. There were toxic substances;
- 9. There were tripping hazards;
- 10. There was chipped and/or peeling paint;
- 11. Other [].

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

Corrective Action Plan Due: 05/10/2023

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to have an outdoor play space free from debris.

<u>Finding</u>: During the inspection, it was determined that the trash can(s) on the outdoor play space did not meet the requirement(s) as noted in number(s) 1below:

- 1. The trash can was missing a lid.
- 2. The trash can was not emptied from the day(s) before.
- 3. The trash can was overflowing with trash.
- 4. The trash can was infested with insects.
- 5. The trash can was visibly dirty.
- 6. Other [].

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: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 3 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 05/10/2023

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program staff is required to place infants on their back to sleep unless an alternate method is indicated on a completed JFS 01235 "Sleep Position Waiver Statement For Child Care".

<u>Finding</u>: During the inspection, it was determined that an infant(s), who was able to roll over, was initially placed in a position other than on their back to sleep. 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: 05/10/2023

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to removed all medication, medical foods and topical products that are no longer being administered or have expired.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products had not been removed from the program and were expired. 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.

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 |

| F101:2 12 04 Building Donartment | Compliant | |
|---|-----------|--|
| 5101:2-12-04 Building Department Inspection | Compilant | |
| Inspection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: Documentation of a fire inspection without any uncorrected violations must be secured for the program. Secure a new fire inspection by September 26, 2023. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: Audit #9961439, Expires March 1, 2024. |
| P. J. | Chahara | Decree of the Chater of the Ch |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Qualifications | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program Policies and Procedures | Compliant | bocumenting statement(s), if applicable |
| Rulo | Ctatus | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding staff medical statements were discussed. Technical assistance was provided to the program regarding having a staff medical on file for all staff. |
| Pulo | Chatus | Documenting Statements of a will askin |
| Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding verification of education for child care staff members were discussed. Technical assistance was provided to the program regarding having education verification on file for all staff. |

| | 1 |
|-----------|--|
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| · | |
| | |
| Status | Documenting Statement(s), If applicable |
| | |
| Compilant | Documenting Statement: During the |
| | inspection, the required documentation |
| | regarding background checks was on file |
| | for all employees listed. |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| 1 | |
| Status | Documenting Statement(s), If applicable |
| | bookinenting otatement(5), if applicable |
| Compliant | |
| | |
| | |
| | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| · ' | |
| | |
| Status | Documenting Statement(s), If applicable |
| | |
| Compilant | Documenting Statement: The protective |
| | material used under outdoor equipment |
| | was wooden mulch. |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: Cleaning |
| | supplies were viewed stored out of the |
| | reach of children. |
| | |
| 1 | |
| Status | Documenting Statement(s), If applicable |
| | 2556menting statement(5), if applicable |
| Compilant | |
| | |
| | |
| I Ctatus | Decumenting Statement/s) If applicable |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement(s), if applicable |
| | Status Compliant Status Compliant |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|--|
| 5101:2-12-14 Transportation and Field | Compliant | 0 |
| Trip Procedures | ' | |
| ' | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | , , , , , , , , , , , , , , , , , , , |
| Enrollment Records | | |
| | <u>l</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | , , , , , , , , , , , , , , , , , , , |
| General Emergency Plan | | |
| constant and a second | | |
| 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. |
| | | mot ara mes avanasie as regainea. |
| | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | bootimenting ocacement(o), it approaches |
| Reporting | | |
| riepo: tillg | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | gotte mental gotte mental market market |
| | | |
| | 1 | <u> </u> |
| 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 |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play |
| | | was observed for all groups. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| D 5404 0 40 40 D 11 | 0 !: . | D C |
|---------------------------------------|-----------|--|
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | · |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Bocumenting 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 |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| Trainer 510112 12 13 Supervision | | Members were supervising the children |
| | | , - |
| | | and were able to intervene as needed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | Bocamenting statement(5), it applicable |
| 1 3101.2-12-20 Cots and Napping | Compilant | |
| | | |
| 2.1 | | 5 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The program |
| Requirements | | served the following: Chickpea pasta, |
| | | peas, pears, and milk. |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | | Bocumenting statement(s), if applicable |
| 5101:2-12-22 Fluid Willk 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 | 2 commenting otatement(o), in applicable |
| J101.2-12-23 Illiant Dany Care | Compliant | |
| | 1 | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| Rule: 5101:2-12-23 Diapering and Toilet Training | Compliant | Documenting Statement: Appropriate diaper changing procedures were observed during the inspection in the infant rooms. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements | Compliant | Documenting Statement: The program had inspection reports on file for on-site or private pools. Gate around pool was securely locked. |
| | | |