

## **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	ails	
Program Name	Program Number		Program Type
CORRYVILLE DAY CAMP	000000205061		Child Care Center
Address 2823 EDEN AVENUE CINCINNATI OH 45219			County HAMILTON
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
Fire Inspection Approval Date 07/06/2023	Food Service Risk L	evel	

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Follow-up	Full		Unannounced	
Inspection Date	Begin Time		End Time	
05/14/2024	2:30 PM		4:30 PM	
Reviewer:				
Beverly McGlasson				
Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
25	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)		0	0	0
Young Toddler		0	0	0
Total Under 2 ½ Years	0	0	0	0
Older Toddler		0	0	0
Preschool		0	0	0
School Age		0	29	29
Total Capacity/Enrollment	70	0	29	29

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



School Age - After Care	5 years to < Kindergarten	2 to 6	
School Age - After Care	5 years to < Kindergarten	2 to 24	

## **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
Wioderate Kisk Non-Compliances
No Moderate Risk Non-Compliances were observed during this inspection
Low Risk Non-Compliances



Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

Finding: 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 6 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: 06/14/2024

## Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child

Care".

Finding: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number 14 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child

- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. 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.

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

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Department	Not Verified	
Inspection		

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Fire Inspection	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Food Service	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Not Verified	
Qualifications		
		1
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Not Verified	
Responsibilities/Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Not Verified	
Policies and Procedures		
		1
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training &	Not Verified	
Whistle Blower Protection		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check	Compliant	
Requirements		
DI-	Chabina	Decomposition Chateron ant/a) If a collected
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Status Not Verified	Documenting statement(s), ir applicable
Development Requirements	Not verified	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Not Verified	bocumenting statement(s), if applicable
Requirements	1100 vermeu	
печинения	<u> </u>	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space	Not Verified	bosamenting statement(3), ii applicable
Requirements	1100 vermed	
печинения	<u> </u>	]
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Not Verified	2004 Menting Statement(3), in applicable
3101.2 12 11 Outdoor Flay Equipment		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	0 - 4,7
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Not Verified	
	T	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Not Verified	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Not Verified	
Environment		
	T	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation and Field	Compliant	
Trip Procedures		
	T	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Driver	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Vehicle	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Medical/Physical Care	Not Verified	
Plans		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Not Verified	
General Emergency Plan		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Not Verified	

Pula	Status	Decumenting Statement/s) If annice his
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	
Precautions		
Rule	Status	Documenting Statement(s) If applicable
5101:2-12-16 Management of	Status Not Verified	Documenting Statement(s), If applicable
Communicable Disease	NOT VEHILER	
Communicable Discuse	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Not Verified	2 Southeriting Statement(S), it applicable
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Not Verified	
•		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Not Verified	
Equipment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Not Verified	bocumenting statement(s), if applicable
5101.2-12-10 License Capacity	NOT VEHILER	
	1	1
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	Documenting Statement(3), it applicable
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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	
Pulo	Status	Documenting Statement(s) If a reliable
Rule	Status Not Verified	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Not Verified	

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Not Verified	3 (" 11
Handling/Storage		
<u> </u>	<u> </u>	,
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-24 Swimming and Water	Not Verified	
Safety Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Not Verified	
Administration		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Not Verified	
Educational Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Not Verified	