

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 | |
| THEODORE M. BERRY CHILDREN AND | 000000206038 | | Child Care Center | |
| FAMILY LEARNING CENTE | | | | |
| Address | | | County | |
| 880 W. COURT STREET CINCINNATI | | | HAMILTON | |
| ОН | | | | |
| 45203 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 12/18/2002 | E with I-2 | 1081 | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 04/08/2022 | Level IV | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 10/29/2025 | 8:55 AM 2:00 PM | | | | |
| Reviewer: | | | | | |
| KIM SUERMANN | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 3 | 0 | 0 | 4 | |

| 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) | | 6 | 0 | 6 |
| Young Toddler | | 10 | 0 | 10 |
| Total Under 2 ½ Years | 16 | 16 | 0 | 16 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 63 | 0 | 63 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 182 | 63 | 0 | 79 |

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



| Room 125 | 0 to < 12 months | 2 to 4 | arrival |
|----------|--------------------------|---------|------------------|
| Room 125 | 0 to < 12 months | 2 to 5 | lunch |
| Room 126 | 18 months to < 30 months | 2 to 8 | Arrival & lunch- |
| | | | same ratio |
| | | | throughout |
| | | | inspection |
| Room 130 | 3 years to < 4 years | 2 to 12 | Arrival |
| Room 130 | 3 years to < 4 years | 2 to 13 | lunch |
| Room 127 | 3 years to < 4 years | 3 to 11 | arrival |
| Room 127 | 3 years to < 4 years | 3 to 12 | lunch |
| Room 123 | 3 years to < 4 years | 4 to 9 | arrival |
| Room 123 | 3 years to < 4 years | 4 to 8 | lunch |
| Room 124 | 3 years to < 4 years | 4 to 13 | lunch |
| Room 124 | 3 years to < 4 years | 4 to 11 | arrival |

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 5180:2-12-03 and 5180:2-13-03 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 | | |
| No woderate hisk from compilations were observed during this hispection | | |
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Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5180:2-12-08 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(s) 1, 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: 12/03/2025



Domain: 08 Staff Files

Rule: 5180:2-12-10 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(s) 2,3, 4 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: 12/03/2025

Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

 $\underline{\text{Code}}$: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

<u>Finding</u>: 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(s) 4, 13, 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.

Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1,2 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of

conscience, including religious convictions

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: 12/03/2025



Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | | of the written disaster plan was |
| | | completed by staff. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | in a location visible to parents as |
| | | required. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department | Compliant | Documenting statement(s), if applicable |
| Inspection | Соттрианс | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 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 10/8/26. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| responsible of the control of the co | | the audit number and date of expiration: |
| | | exp 3/1/26, # 0017339 |



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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| 1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and | Compliant | Security of the security of th |
| Suspension | Compilant | |
| Suspension | | |
| D. J. | Ctatura | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | | have been made to the written policies |
| | | and procedures since it was last approved |
| | | by this Department. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Compliant | 5 (" 11 |
| Educational Requirements | - Sampinania | |
| <u> Laacational Requirements</u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & | Compliant | Bocamenting statement(s), it applicable |
| Whistle Blower Protection | Compilant | |
| Whistie Blower Protection | 2 | |
| p. I | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Compliant | |
| Development Requirements | 29 | |
| | b. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | countries as a law restal of 2000. | |
| [1 | ł. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | bocumenting statement(3), if applicable |
| | Compliant | |
| Under 2 1/2 Years | | |
| 2.1 | | |
| Rule | Status | Documenting Statement(s), If applicable |



| D L 5400 2 42 44 0 . L C | 10 11 1 | D .: C |
|---|-----------|--|
| Rule: 5180:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor |
| Requirements | | play area is separated from traffic and |
| | | other hazards by a fence. |
| | | · |
| Rule: 5180:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | Compilant | playground inspections were completed |
| Requirements | | 1 |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 9/30/25. |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| Naici 3100.2 12 12 3aic Equipment | Compilant | observed to be in good condition. |
| | | observed to be in good condition. |
| | | |
| Della | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor |
| Equipment | | equipment was viewed to be safe and |
| | | free of rust, sharp points, and other |
| | | hazards. |
| | | Hazaras. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 100000000000000000000000000000000000000 | | Documenting Statement(s), if applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | | |
| Dolla | Chatura | Decimandia Chahamant/a) If analisable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
| | | The content allower - Section - Section representations are section - Sectio |
| Rule: 5180:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| Equipment and Environment | | |
| | | clean and in good repair. |
| | | |
| Dula | Chahua | Decumenting Statement (-) If a will all |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Handwashing | Compliant | Documenting Statement: Children were |
| Requirements | | viewed washing their hands, as required |
| | | by the rule. |
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| | a secretario | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| D. I- | CLL | December 1 Chat and 1 March 1 Chat and 1 Cha |
| Rule: 5180:2-12-13 Toothbrushing | Status | Documenting Statement(s), If applicable |
| _ | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the requirements of the rule regarding toothbrushing were discussed. |
| | | Toothbrushing is practiced in all rooms. |
| | | The children use the in room sinks. |
| | | The children use the in room sinks. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| ment managements. | l . | L |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation - | Compliant | Documenting Statement: The driver(s) |
| Driver Requirements | | had completed the required ODJFS driver |
| | | training. |
| | | |
| | 8 | * |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation - | Compliant | Documenting Statement: The vehicle(s) |
| Vehicle Requirements | | used by the program to transport children |
| | | is inspected and licensed by the Ohio |
| | | State Highway Patrol. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 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. |
| | | for the children with health conditions. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | Compliant | the inspection, the complete prescribed |
| and control Emergency Hall | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | Poster and ProBram as regarded |
| | 1 | - |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 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 |
| 5180:2-12-16 First Aid/Standard | Compliant | bocumenting statement(s), if applicable |
| Precautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury Reporting | Compliant | December of the second of the |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | Compilant | equipment was observed in all categories. |
| Rule: 5180:2-12-17 Materials and | Compliant | Documenting Statement: Quiet areas |
| Equipment | | were observed in the classroom(s). |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| , | | were observed posted. |
| | i i | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Attendance Records | Compliant | Documenting Statement: Child Care Staff Members were observed recording the |
| Records | | attendance for each child upon arrival |
| | | and documenting each child's departure. |
| Pulo | Status | Documenting Statement(e) If applicable |
| Rule 5180:2-12-18 Group Size | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
| Rule | Status | Documenting Statement(e) If applicable |
| 5180:2-12-18 License Capacity | Status Compliant | Documenting Statement(s), If applicable |
| 210012 12 10 Electrise capacity | Joniphant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|---------------------|---|
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-20 Cots and Napping | Compliant | Documenting Statement: The rest area had adequate lighting, which allowed for the visual supervision of children. |
| Rule: 5180:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time. |
| Dula | Chahira | Describe Chatamant/s) If andiable |
| Rule: 5180:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |
| Rule: 5180:2-12-19 Supervision | Compliant | Documenting Statement: During the inspection, child care staff were observed assisting children throughout the day. |
| | | |
| Rule 5180:2-12-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| | 6. | |
| Rule: 5180:2-12-20 Cribs | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: All cribs were placed 2 feet apart. |
| Rule: 5180:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| Rule | Status | Documenting Statement(s). If applicable |
| Rule: 5180:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: The menu was posted in the entryway. |



| Rule: 5180:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The menu posted reflected the meal served. Orange chicken, rice, mix veggies, oranges and milk |
|--|---------------------|---|
| Rule | Ctatus | Decumenting Statements If applicable |
| 5180:2-12-22 Safe Food Handling/Storage | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | bocumenting statement(s), ii applicable |
| - : | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-23 Infant Daily Care | Compliant | Documenting Statement: An appropriate program of activities with infants was observed. |
| Rule: 5180:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate daily written records for all infants were viewed. |
| D. I.e. | | |
| Rule 5180:2-12-23 Infant Bottle and Food Preparation | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet Training | Compliant | J (" 11 |
| Dula | Chahara | D |
| Rule 5180:2-12-25 Medication Administration | Status Compliant | Documenting Statement(s), If applicable |