

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
ALL ABOUT KIDS CHILD CARE & LEARNING	000000206387		Child Care Center
CENTER			
Address			County
7015 YANKEE RD LIBERTY TWP			BUTLER
ОН			
45044			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
	E with I-2		
Fire Inspection Approval Date	Food Service Risk Le	evel	
02/01/2018	Level III		

	Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice		
Follow-up	Full		Unannounced		
Inspection Date	Begin Time		End Time		
05/23/2024	/2024 9:00 AM 12:00 PM				
Reviewer:					
Steffani Roberts	Steffani Roberts				
Summary of Findings					
Summary of Findings					
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
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Li	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)		30	0	30	
Young Toddler		38	0	38	
Total Under 2 ½ Years	90	68	0	68	
Older Toddler		31	0	31	
Preschool		73	0	73	
School Age		0	0	0	
Total Capacity/Enrollment	370	104	0	172	

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

Campus ARoom 1	0 to < 12 months	2 to 11	
Campus A Room 4A	18 months to < 30 months	2 to 8	
Campus ARoom 2	0 to < 12 months	2 to 6	
Campus A Room 3	12 months to < 18 months	3 to 12	
Campus A Room 4B	18 months to < 30 months	2 to 11	
Campus A Room 6	30 months to < 36 months	2 to 10	
Campus A Room 7	30 months to < 36 months	2 to 12	
Campus A Room 8	3 years to < 4 years	3 to 11	
Campus A Room 5	18 months to < 30 months	2 to 9	
Campus B Room 5	4 years to < 5 years	2 to 14	
Campus B Room 3	4 years to < 5 years	2 to 20	
Campus B Room 1	4 years to < 5 years	2 to 16	

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	
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.

<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 1 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: 06/23/2024



Rules In-Compliance/Not Verified

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5101:2-12-08 Orientation Training &	Not Verified	
Whistle Blower Protection		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check	Compliant	
	Compliant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Not Verified	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Not Verified	0 (7)
	Not verified	
Development Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Not Verified	
Requirements		
Requirements	l .	
Rule	Status	Documenting Statement(s), If applicable
	Not Verified	0 to 1 0 to 1 to 1 to 1 to 1 to 1 to 1 t
5101:2-12-11 Separation of Children	Not verified	
Under 2 1/2 Years		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space	Not Verified	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
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5101:2-12-11 Outdoor Play Fall Zones	Not Verified	
Pulo	Status	Documenting Statement(s) If applicable
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5101:2-12-12 Safe Equipment	Not Verified	
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5101:2-12-12 Safe Environment	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
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5101:2-12-13 Sanitary Equipment and	Compliant	
Environment		
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Rule	Status	Documenting Statement(s), If applicable

5101:2-12-13 Handwashing Requirements	Not Verified	
Rule 5101:2-12-13 Smoke Free Environment	Status Not Verified	Documenting Statement(s), If applicable
Rule 5101:2-12-13 Toothbrushing Requirements	Status Not Verified	Documenting Statement(s), If applicable
Rule 5101:2-12-14 Transportation and Field Trip Procedures	Status Not Verified	Documenting Statement(s), If applicable
Rule 5101:2-12-14 Transportation - Driver Requirements	Status Not Verified	Documenting Statement(s), If applicable
Rule 5101:2-12-14 Transportation - Vehicle Requirements	Status Not Verified	Documenting Statement(s), If applicable
Rule 5101:2-12-15 Child Medical and Enrollment Records	Status Not Verified	Documenting Statement(s), If applicable
Rule 5101:2-12-15 Medical/Physical Care Plans	Status Compliant	Documenting Statement(s), If applicable
Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan	Status Not Verified	Documenting Statement(s), If applicable
Rule 5101:2-12-16 Emergency Drills	Status Not Verified	Documenting Statement(s), If applicable
Rule 5101:2-12-16 First Aid/Standard Precautions	Status Not Verified	Documenting Statement(s), If applicable
Rule 5101:2-12-16 Management of Communicable Disease	Status Not Verified	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable

5101:2-12-16 Incident/Injury	Not Verified	
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Not Verified	bocamenting statement(s), it applicable
	1100 10111100	
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	2 2 2 3 3 4 5 3 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5
Dula	Chahua	Decomposition Chapter and A. If a mile late
Rule 5101:2-12-18 License Capacity	Status Not Verified	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Not verified	
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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	bocamenting statement(s), it applicable
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Not Verified	
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	Not Verified	Documenting Statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Not Verified	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cribs	Not Verified	
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Rule 5101:2-12-21 Evening and Overnight	Not Verified	Documenting Statement(s), If applicable
Care	Not verified	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Not Verified	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Not Verified	
Handling/Storage		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Daily Care	Not Verified	0 (" 11
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Bottle and Food	Not Verified	
Preparation		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Diapering and Toilet	Not Verified	0 (" 11
Training		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-24 Swimming and Water	Not Verified	(-),
Safety Requirements		
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5101:2-12-25 Medication	Not Verified	bookinenting otatement(s), it applicable
Administration		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Not Verified	Documenting Statement(s), it applicable
	Not verified	
Educational Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Not Verified	