

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 | nils | |
|---------------------------------|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| CHILDTIME LEARNING CENTER | 000000207217 | | Child Care Center |
| | | | |
| Address | | | County |
| 10631 TECHWOODS CIRCLE BLUE ASH | | | HAMILTON |
| OH | | | |
| 45242 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 09/12/1996 | E with I-2 | | |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 06/25/2018 | Level III | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 05/22/2024 | /22/2024 9:30 AM | | 9:30 AM 12:50 PM | |
| Reviewer: | | | | |
| SULYN ROMER | SULYN ROMER | | | |
| Cummon, of Findings | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 17 | 5 | 0 | 0 | 5 |

| 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) | | 21 | 0 | 21 | |
| Young Toddler | | 14 | 0 | 14 | |
| Total Under 2 ½ Years | 46 | 35 | 0 | 35 | |
| Older Toddler | | 11 | 0 | 11 | |
| Preschool | | 37 | 0 | 37 | |
| School Age | | 0 | 0 | 0 | |
| Total Capacity/Enrollment | 112 | 48 | 0 | 83 | |

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

| Infant 3 | 12 months to < 18 months | 2 to 11 | |
|-------------------|--------------------------|---------|--|
| Infants 1 - young | 0 to < 12 months | 2 to 7 | |
| Infant 2 | 0 to < 12 months | 2 to 9 | |
| Toddler 2 | 18 months to < 30 months | 2 to 14 | |
| Early Preschool | 30 months to < 36 months | 2 to 16 | |
| Pre-K | 3 years to < 4 years | 2 to 20 | |

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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |

| Moderate Risk Non-Compliances | | |
|---|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection | | |
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Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Handwashing Requirements

Code: The program is required to have all staff and children wash their hands as outlined in rule.

<u>Finding</u>: During the inspection, it was determined that handwashing requirements were not followed as listed in number 7 below, as required in rule.

- 1. At least one staff/child did not wash their hands upon arrival for the day.
- 2. At least one staff/child did not wash their hands prior to departure.
- 3. At least one staff did not wash their hands upon entry into a classroom.
- 4. At least one staff/child did not wash their hands after toileting or assisting a child with toileting.
- 5. At least one staff/child did not wash their hands after each diaper change or pull-up change.
- 6. At least one staff did not wash their hands after contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.
- 7. At least one child and one staff member did not wash their hands after contact with bodily fluids (helped with wiping of nose).
- 8. At least one child did not wash their hands after returning inside after outdoor play.
- 9. At least one staff did not wash their hands after cleaning or sanitizing or using any chemical products.
- 10. At least one staff/child did not wash their hands after handling pets, pet cages or other pet objects that have come in contact with the pet.
- 11. At least one staff did not wash their hands before eating, serving or preparing food or bottles or feeding a child.
- 12. At least one child did not wash their hands before eating or assisting with food preparation.
- 13. At least one staff did not wash their hands before and after completing a medical procedure or administering medication.
- 14. At least one child did not wash their hands after water activities.
- 15. At least one staff/child did not wash their hands when visibly soiled (must use soap and water).
- 16. Other [].

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

Corrective Action Plan Due: 06/22/2024

Domain: 08 Staff Files

Rule: 5101:2-12-10 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) 4 & 6 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: 06/22/2024

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 5 a-c 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;
- 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: 06/22/2024

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program staff is required to have immediate access to medications, medical foods and topical products.

<u>Finding</u>: During the inspection, it was determined that the program staff did not have immediate access to a medication needed for a health condition at all times. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/22/2024

Domain: 09 Children's Files

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

<u>Code</u>: The program is required to ensure that there is at least one child care staff member who has signed the JFS 01236 "Child Medical/Physical Care Plan for Child Care" caring for the child at all times when a child with a health condition is present.

<u>Finding</u>: During the inspection, it was determined a child with a condition that required a JFS 01236 "Child Medical/Physical Care Plan" had been present and the program did not ensure there was at least one child care staff member caring for the child at all times who had signed the JFS 01236 on the child's condition. 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: 06/22/2024



Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|---|
| 5101:2-12-02 License Posted | Not Verified | Documenting statement(s), if applicable |
| 3101.2-12-02 License Posted | Not verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | Documenting statement(s), if applicable |
| 3101:2-12-02 Current information | Not verified | |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Not Verified | 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 6/21/2024. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |
| maqui ements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | bocamenting statement(s), it applicable |
| Suspension | Not verified | |
| Suspension | | |
| Pulo | Status | Decumenting Statement(s) If applicable |
| Rule | | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-07 Written Program | Not Verified | |
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| Policies and Procedures | 1.00 0.000 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 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 | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Separation of | Not Verified | Documenting Statement: During the |
| Children Under 2 1/2 Years | | inspection, the requirements of the rule |
| | | regarding separation of children under |
| | | two and one half years of age were |
| | | discussed. |
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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 | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
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| Pulo | Status | Documenting Statement/s) If applicable |
| Rule 5101:2-12-12 Safe Equipment | Not Verified | Documenting Statement(s), If applicable |
| 5101.2-12-12 Sale Equipment | Not verified | |
| | L | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | Documenting statement(3), it applicable |
| JAOANA AA AA JUIC LIIVII UIIIII IIII | | |
| | Not vermed | |
| | Not vermed | |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule | 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
|--|---|--------------|--|
| Status Documenting Statement(s), If applicable | 5101:2-12-13 Smoke Free | | Documenting Statement(s), If applicable |
| Rule Status Documenting Statement(s), If applicable | 1 1 | | Documenting Statement(s), If applicable |
| Status Documenting Statement(s), If applicable | | Not Verified | |
| Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |
| Rule Status Documenting Statement(s), If applicable | 5101:2-12-16 Medical, Dental, and | | Documental of the control of the con |
| Rule Status Documenting Statement(s), If applicable | Rula | Status | Documenting Statement(s) If applicable |
| Status Documenting Statement(s), If applicable | 1 1 | | bocumenting statement(3), if applicable |
| Status Documenting Statement(s), If applicable | Pulo | Status | Decumenting Statement(s) If applicable |
| Rule Status Documenting Statement(s), If applicable | 5101:2-12-16 First Aid/Standard | | Documenting Statement(s), if applicable |
| Rule Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |
| Rule Status Documenting Statement(s), If applicable | _ | Not Verified | |
| Rule Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s) If applicable |
| Rule Status Documenting Statement(s), If applicable Figure Status Status Status Documenting Statement(s), If applicable Figure Status Status Documenting Statement(s), If applicable Rule Status Documenting Statement(s), If applicable | 5101:2-12-16 Incident/Injury | | December of the content of the conte |
| Rule Status Documenting Statement(s), If applicable Figure Status Status Status Documenting Statement(s), If applicable Figure Status Status Documenting Statement(s), If applicable Rule Status Documenting Statement(s), If applicable | Dula | Chahua | Decumenting Chategoratical If and inchin |
| Status Documenting Statement(s), If applicable | | | Documenting Statement(s), if applicable |
| Status Documenting Statement(s), If applicable | | | |
| Status Documenting Statement(s), If applicable Rule Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable Rule Status Documenting Statement(s), If applicable Rule Status Documenting Statement(s), If applicable Status Status Documenting Statement(s), If applicable Status Stat | 5101:2-12-17 Materials and | | Documenting Statement(s), If applicable |
| Status Documenting Statement(s), If applicable Rule Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable Rule Status Documenting Statement(s), If applicable Rule Status Documenting Statement(s), If applicable Status Status Documenting Statement(s), If applicable Status Stat | Dula | Chahua | Decomposition Chairman (A) (C. 1) |
| Status Documenting Statement(s), If applicable | | | Documenting Statement(s), it applicable |
| Status Documenting Statement(s), If applicable | Dula | Chabina | |
| | | | Documenting Statement(s), it applicable |
| | D. J. | Chaban | |
| | 5101:2-12-18 Ratio | Compliant | Documenting Statement(s), it applicable |

| Beginning! | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Not Verified | Boodinenting statement(s), it applicable |
| 3101.2 12 10 Group 3120 | Not vermed | |
| | <u> </u> | l |
| Dula | Ctatus | Desumenting Statement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | <u> </u> | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | Bocamenting statement(s), it applicable |
| 3101.2-12-20 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 | 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 | Bocamenting statement(s), it applicable |
| 5101.2-12-22 Fluid Wilk Requirements | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting 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 | |
| Training | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|--------------|---|
| 5101:2-12-16 Written Disaster Plan | Not Verified | |