



## 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<br>BUSH RECREATION CENTER           | Program Number<br>2170013004      | Program Type<br>Child Care Center |                   |
| Address<br>2640 KEMPER RD CINCINNATI<br>OH 45206 |                                   | County<br>HAMILTON                |                   |
| Building Approval Date<br>08/25/2009             | Use Group/Code<br>E               | Occupancy Limit<br>152            | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>05/27/2021      | Food Service Risk Level<br>Exempt |                                   |                   |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>02/09/2022 | Begin Time 4:00 PM       | End Time 6:20 PM                 |
| Reviewer:<br>KEYAUNA BABER    |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>55 | No. Rules with Non-compliances<br>5 | No. Serious Risk<br>0 | No. Moderate Risk<br>1 | No. Low Risk<br>5 |

| 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     |
| <b>Total Under 2 ½ Years</b>                              | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 16        | 16    |
| <b>Total Capacity/Enrollment</b>                          | 88               | 0          | 16        | 16    |

| Staff-Child Ratios at the Time of Inspection |                          |                |         |
|--|--------------------------|----------------|---------|
| Group  | Age Group/Range          | Ratio Observed | Comment |
| SA   | School-Age to < 11 years | 1 to 4         |         |



|    |                          |        |  |
|----|--------------------------|--------|--|
| SA | School-Age to < 11 years | 1 to 4 |  |
|----|--------------------------|--------|--|

**Summary of Non-Compliances**

*If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.*

**Serious Risk Non-Compliances**

**No Serious Risk Non-Compliances were observed during this inspection**

**Moderate Risk Non-Compliances**

**Domain: 08 Staff Files**

Rule: 5101:2-12-09 Background Check Requirements  
Code: The program is required to have all staff request background checks as required.

Finding: In review of the staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number(s) 1, 2 below:

1. Submitting the request for a background check for child care in the OPR.
2. Submitting fingerprints electronically according to the process established by BCI.

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

Corrective Action Plan Due: 03/12/2022



### Low Risk Non-Compliances

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

Finding: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 12 below:

1. Open pull cords that are not closed loop.
2. Telephone cords.
3. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
4. Stacked chairs.
5. Employee(s) purse(s).
6. Diaper bags.
7. Television not securely anchored.
8. Small or lightweight pieces of shelving units are not securely anchored to the wall.
9. Smoke detector needing batteries replaced.
10. Staff member stepped over a barrier/gate while holding a child.
11. Emergency exits were blocked by the following classroom furniture: [ ].
12. Other the ceiling was leaking and the area had not been made inaccessible to children; water had puddled on the floor.

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: 03/12/2022

#### Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

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

Finding: During the inspection, it was determined that the required drills were not completed for item number(s) 2, 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: 03/12/2022

**Domain: 08 Staff Files**

**Rule:** 5101:2-12-08 Medical Statement

**Code:** The program staff medicals are required to be completed and on file at the program.

**Finding:** In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/12/2022

**Domain: 08 Staff Files**

**Rule:** 5101:2-12-08 Medical Statement

**Code:** The program staff medicals are required to include all information.

**Finding:** In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 4

1. Date of examination;
2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
3. A statement that verifies that 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);
4. Tuberculosis (TB) screening/test
  - 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 4a;
  - 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: 03/12/2022

**Domain: 08 Staff Files**

Rule: 5101:2-12-10 Professional Development Requirements

Code: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

Finding: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.
2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
3. Training topic did not meet the requirements listed in appendix A of this rule.
4. Documentation of training did not meet the requirements of this rule.
5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
6. Other [ ].

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

Corrective Action Plan Due: 03/12/2022

**Rules In-Compliance/Not Verified**

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|---|
|------|--------|---|



|   |               |   |
|---|---------------|---|
| 5101:2-12-02 License Posted                                   | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-02 Current Information                              | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-03 Inspection Requirements                          | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-04 Building Department Inspection                   | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-04 Fire Inspection                                  | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| Rule: 5101:2-12-04 Food Service Requirements                  | Compliant     | Documenting Statement: The off-site food processing establishment's current Ohio Department of Agriculture registration information was observed during the inspection. |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-07 Administrator Qualifications                     | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-07 Administrator Responsibilities/Requirements      | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-07 Written Program Policies and Procedures          | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-10 Health Training Requirements                     | Compliant     |   |



| Rule  | Status       | Documenting Statement(s), If applicable   |
|---|--------------|---|
| 5101:2-12-11 Indoor Space Requirements                  | Compliant    |   |
| Rule: 5101:2-12-11 Outdoor Space Requirements           | Not Verified | Documenting Statement: Outdoor play was not observed due to weather conditions however, the quarterly playground inspections were discussed and documentation was on file, as required. |
| Rule: 5101:2-12-11 Outdoor Play Equipment               | Not Verified | Documenting Statement: The outdoor play space and equipment were not viewed during this inspection due to snow covering.  |
| 5101:2-12-11 Outdoor Play Fall Zones                    | Not Verified |   |
| 5101:2-12-12 Safe Equipment                             | Compliant    |   |
| 5101:2-12-13 Sanitary Equipment and Environment         | Compliant    |   |
| 5101:2-12-13 Handwashing Requirements                   | Compliant    |   |
| 5101:2-12-13 Smoke Free Environment                     | Compliant    |   |
| 5101:2-12-14 Transportation and Field Trip Procedures   | Compliant    |   |
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant    | Documenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records were complete, as required by the rule.                              |



| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-12-15 Medical/Physical Care Plans                 | Compliant |   |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |   |
| 5101:2-12-16 First Aid/Standard Precautions              | Compliant |   |
| 5101:2-12-16 Management of Communicable Disease          | Compliant |   |
| 5101:2-12-16 Incident/Injury Reporting                   | Compliant |   |
| 5101:2-12-16 Written Disaster Plan                       | Compliant |   |
| 5101:2-12-17 Daily Schedule                              | Compliant |   |
| 5101:2-12-17 Materials and Equipment                     | Compliant |   |
| 5101:2-12-18 License Capacity                            | Compliant |   |
| 5101:2-12-18 Ratio                                       | Compliant |   |
| 5101:2-12-18 Group Size                                  | Compliant |   |
| 5101:2-12-18 Attendance Records                          | Compliant |   |





| 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 |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack Requirements | Compliant |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements     | Compliant |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage  | Compliant |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication Administration   | Compliant |   |