



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 Montessori Kids Universe of Mason | Program Number 2180018966 | Program Type Child Care Center | |
| Address 997 Reading Rd, Mason OH 45040 Mason OH 45040 | | County WARREN | |
| Building Approval Date | Use Group/Code E | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 10/17/2023 | Food Service Risk Level Level II | | |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Follow-up | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 05/29/2024 | Begin Time 10:15 AM | End Time 11:30 AM |
| Reviewer: BRENDA MEYER | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 11 | No. Rules with Non-compliances 1 | No. Serious Risk 0 | No. Moderate Risk 1 | No. Low Risk 0 |

| 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 | | 21 | 0 | 21 |
| Total Under 2 ½ Years | 119 | 27 | 0 | 27 |
| Older Toddler | | 22 | 0 | 22 |
| Preschool | | 42 | 0 | 42 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 152 | 64 | 0 | 91 |

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



| | | | |
|---------------|--|---------|--|
| Pre-primary 2 | | 2 to 11 | |
| Primary 2 | | 1 to 11 | |
| Primary 1 | | 2 to 12 | |
| Pre-primary 1 | | 2 to 11 | |
| Primary 3 | | 2 to 8 | |
| Infants | | 2 to 4 | |
| Toddler 1 | | 3 to 9 | |
| Toddler 2 | | 2 to 7 | |

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

Domain: 09 Children's Files

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

Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

Finding: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number 39 below:

1. No plan was on file.



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2. Child's name was missing.
3. Name of the condition was missing.
4. Indication if medication or medical food is required was missing.
5. Signs, symptoms or situations that require staff to take action were missing.
6. Activities, foods, environmental conditions to avoid were missing.
7. Training instructions for procedures for staff to follow were missing or incomplete.

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8. Child's name was missing or not attached.
9. Child's date of birth was missing or not attached.
10. Child's weight was missing or not attached.
11. Name of the medication/medical food was missing or not attached.
12. Dosage of medication/medical food to be administered was missing or not attached.
13. Time for medication/medical food to be administered was missing or not attached.
14. Expiration date for medication/medical food was missing or not attached.
15. Symptoms that require staff to administer medication/medical food were missing or not attached.
16. Specific instructions to administer the medication/medical food were missing or not attached.
17. Actions to be taken if the symptoms do not subside were missing or not attached.
18. Physician's signature was missing or not attached.
19. The date of the physician's signature was missing or not attached.

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20. Child's name was missing.
21. Instructions regarding emergency evacuation, if applicable, were missing.
22. Signature of parent granting permission to implement the plan and verifying training was missing.
23. Date of parent signature was missing.
24. Certified Professional Trainer information was missing.
25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
26. Date of trainer signature was missing.
27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
29. Date of staff signature was missing.
30. Administrator/Provider signature was missing
31. Date of administrator/Provider was missing.

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32. Child's name was missing.
33. Name of medication or medical food was missing.
34. Date the medication/medical food was administered was missing.
35. Time medication/medical food was administered was missing.
36. Dosage of medication/medical food that was administered was missing.
37. Signature of person administering medication/medical food was missing.
38. The plan was not followed or implemented.
39. The plan had conflicting information.
40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.



- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/28/2024

Low Risk Non-Compliances

No Low Risk Non-Compliances were observed during this inspection

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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 | |
| 5101:2-12-03 Inspection Requirements | Not Verified | |
| 5101:2-12-04 Building Department Inspection | Not Verified | |
| 5101:2-12-04 Fire Inspection | Not Verified | |
| 5101:2-12-04 Food Service Requirements | Not Verified | |
| 5101:2-12-05 Denial, Revocation and Suspension | Not Verified | |
| 5101:2-12-07 Administrator Qualifications | Not Verified | |
| 5101:2-12-07 Administrator Responsibilities/Requirements | Not Verified | |
| 5101:2-12-07 Written Program Policies and Procedures | Not Verified | |
| 5101:2-12-08 Medical Statement | Not Verified | |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified | |
| 5101:2-12-09 Background Check Requirements | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5101:2-12-10 Health Training Requirements | Not Verified | |
| 5101:2-12-10 Professional Development Requirements | Not Verified | |
| 5101:2-12-11 Indoor Space Requirements | Not Verified | |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified | |
| 5101:2-12-11 Outdoor Space Requirements | Not Verified | |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
| 5101:2-12-12 Safe Equipment | Not Verified | |
| 5101:2-12-12 Safe Environment | Not Verified | |
| 5101:2-12-13 Sanitary Equipment and Environment | Not Verified | |
| 5101:2-12-13 Handwashing Requirements | Not Verified | |
| 5101:2-12-13 Smoke Free Environment | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |



| | | |
|--|---------------|--|
| 5101:2-12-15 Child Medical and Enrollment Records | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard Precautions | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting | Not Verified | |
| 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 Equipment | Not Verified | |
| 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 | |
| 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 | Not Verified | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5101:2-12-19 Supervision | Not Verified | |
| 5101:2-12-19 Child Guidance | Not Verified | |
| 5101:2-12-20 Cots and Napping | Not Verified | |
| 5101:2-12-20 Cribs | Not Verified | |
| 5101:2-12-22 Meal and Snack Requirements | Not Verified | |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
| 5101:2-12-22 Safe Food Handling/Storage | Not Verified | |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
| 5101:2-12-23 Infant Bottle and Food Preparation | Not Verified | |
| 5101:2-12-23 Diapering and Toilet Training | Not Verified | |
| 5101:2-12-25 Medication Administration | Compliant | |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Not Verified | |



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