

# **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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                         | ails            |                    |
|--|--------------------------------------|-----------------|--------------------|
| Program Name   | Program Number                       |                 | Program Type       |
| Complete Care Development Center LLC                 | 2190020846                           |                 | Child Care Center  |
| Address<br>3557 Springdale rd cincinnati<br>OH 45251 |                                      |                 | County<br>HAMILTON |
| Building Approval Date<br>07/10/2013                 | Use Group/Code<br>E with I-2         | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date 12/08/2020             | Food Service Risk Level<br>Level III |                 |                    |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 10/12/2021 | Begin Time 1                   | 0:10 AM          | End Time 1:48 PM  |              |
| Reviewer: ZIBUTE OSGOOD    |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                         | 8                              | 0                | 0                 | 8            |

| 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)                                  |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 2          | 0         | 2     |
| Total Under 2 ½ Years                                     | 28               | 4          | 0         | 4     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 7          | 0         | 7     |
| School Age  |                  | 2          | 6         | 8     |
| Total Capacity/Enrollment                                 | 46               | 10         | 6         | 20    |

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

| Infant/Toddlers   | 0 to < 12 months         | 2 to 4 | 6 weeks to 30<br>months (one child<br>from<br>Toddler/Preschool<br>group) |
|-------------------|--------------------------|--------|---|
|                   |                          |        | Upon arrival  |
| Infant/Toddlers   | 0 to < 12 months         | 1 to 3 | During lunch  |
| Toddler/Preschool | 30 months to < 36 months | 1 to 7 | At arrival  |
| Toddler/Preschool | 30 months to < 36 months | 2 to 8 | During Lunch  |

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

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number 5 below:

- 1. There was no method in place;
- 2. The method did not include each child's name;
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times;
- 5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 11/11/2021

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

<u>Code</u>: The program is required to clean and sanitize dishes after each use.

<u>Finding</u>: During the inspection, it was determined that an item in the toddler/infant room were not being sanitized after each use as noted in number 10 below:

- 1. Cups.
- 2. Infant spoons.
- 3. Bowls.
- 4. Silverware.
- 5. Individual containers used for water.
- 6. Sippy cups.
- 7. Plates.
- 8. Dishes.
- 9. Containers.
- 10. Bottles
- 11. 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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: 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.

<u>Finding</u>: 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 9 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 [ ].

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: 11/11/2021

#### Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Equipment

Code: The program is required to provide equipment that does not pose a safety risk.

<u>Finding</u>: During the inspection, it was observed that the basketball hoop posed a safety risk, in that the base was not filled with sand or water, providing a tipping hazard. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/11/2021

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: The program is required to have an accurate menu posted.

<u>Finding</u>: During the inspection, it was determined that the posted menu was not accurate as noted in number 2 below:

- 1. The entire menu was substituted;
- 2. Item on menu did not match what was served;
- 3. The meal or snack served did not match menu posted.

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: 05 Health & Safety

Rule: 5101:2-12-16 Incident/Injury Reporting

<u>Code</u>: The program is required to complete all information on the JFS 01299 "Incident/Injury Report For Child Care."

<u>Finding</u>: In review of the records, it was determined that a JFS 01299 "Incident/Injury Report For Child Care" form was missing information as noted in number 11 below:

- 1. Program information (program name, number, address);
- 2. Child's name;
- 3. Child's birth date;
- 4. Name of person(s) responsible for the child at the time of the incident;
- 5. Number of children present in the group at the time of the incident;
- 6. Date and/or time of the incident;
- 7. Whether or not parents were contacted;
- 8. Complete summary of the incident;
- 9. Accurate summary of the incident;
- 10. Name and/or signature of the person completing the form;
- 11. A summary of medical/physical care plans on file for a child.

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: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: 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 numbers 2 and 3c.

- 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: 11/11/2021

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: 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 3, 5 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 parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. 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.

## **Rules In-Compliance/Not Verified**

| D. I.                    | Chahara   | D                                       |
|--------------------------|-----------|---|
| Rule                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant |   |
| Requirements             |           |   |
|                          |           |   |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|---|
| 5101:2-12-04 Fire Approval | Compliant |   |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|---|
| 5101:2-12-16 Management of | Compliant |   |
| Communicable Disease       |           |   |

| Rule                                    | Status    | Documenting Statement(s), If applicable        |
|---|-----------|--|
| 5101:2-12-13 Smoke Free                 | Compliant |  |
| Environment                             |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable        |
| 5101:2-12-07 Administrator              | Compliant |  |
| Qualifications                          |           |  |
|   |           | ·  |
| 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      | Compliant |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable        |
| Rule: 5101:2-12-04 Food License         | Compliant | Documenting Statement: The food service        |
|   |           | license was observed posted. Following is      |
|   |           | the audit number and date of expiration:       |
|   |           | DCOU-BHEHTP, exp. 03/01/22                     |
|   |           |  |
| Rule: 5101:2-12-04 Food License         | Compliant | Documenting Statement: The caterer's           |
|   |           | food service license information was           |
|   |           | observed during the inspection. Following      |
|   |           | is the registration number and date of         |
|   |           | expiration: REG1180664, 01/31/22               |
|   |           |  |
|   | o         |  |
| 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 Fluid Milk Requirements    | Compliant | bocumenting statement(s), if applicable        |
| 3101.2-12-22 Haid Willk Requirements    | Compliant |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable        |
| 5101:2-12-16 First Aid/Standard         | Compliant | ,  |
| Precautions                             |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable        |
| 5101:2-12-18 License Capacity           | Compliant | ,  |
| 2 |           |  |
|   |           | <u>.                                      </u> |
| Rule                                    | Status    | Documenting Statement(s), If applicable        |
| 5101:2-12-22 Safe Food                  | Compliant |  |
| Handling/Storage                        | •         |  |
|   |           | <u>.                                      </u> |

| O. I.                               | I c                 | 5                                       |
|-------------------------------------|---------------------|---|
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program        | Compliant           |   |
| Policies and Procedures             |                     |   |
|                                     | Louis               |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space           | Compliant           |   |
| Requirements                        |                     |   |
| Pula                                | Chahira             | Described (taken antic) If a miles his  |
| Rule 5101:2-12-16 Emergency Drills  | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-16 Emergency Drins        | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and          | Compliant           | , , , , , , , , , , , , , , , , , , ,   |
| Equipment                           | ·                   |   |
|                                     | 1                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play     | Compliant           |   |
| ,                                   |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval      | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted         | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space          | Compliant           | Documenting Statement(s), if applicable |
| Requirements                        | Compliant           |   |
| Requirements                        | <u> </u>            |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision            | Compliant           | botamenting statement(s), it applicable |
| 310112 12 13 Supervision            | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information    | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant           |   |
| Preparation                         |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule         | Compliant           |   |
|                                     |                     |   |
| Pulo                                | Charlie             | Decumenting Statement/s) If and itself  |
| Rule  F101:2.12.20 Cots and Napping | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping       | Compliant           |   |
|                                     |                     |   |

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|-------------------------------------|-----------|---|
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care      | Compliant |   |
| ·                                   | ·         |   |
|                                     | ,         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Documenting Statement(s), if applicable |
| 5101:2-12-12 Safe Equipment         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care  | Compliant |   |
| Plans                               |           |   |
|                                     | ,         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                  |           | bocumenting statement(s), if applicable |
| 3101.2-12-20 CHbs                   | Compliant |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant |   |
| Under 2 1/2 Years                   |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff  | Compliant | bocumenting statement(s), it applicable |
|                                     | Compliant |   |
| Records                             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training        | Compliant |   |
| Requirements                        |           |   |
| - 1                                 |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Documenting Statement(s), if applicable |
| 5101:2-12-10 Professional           | Compliant |   |
| Development Requirements            |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and   | Compliant |   |
| General Emergency Plan              |           |   |
| Centeral Emergency Flam             |           |   |
| D. I.                               | Chatana   | Danis of the Chatan of the Chatan       |
| 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 Ratio                  | Compliant |   |
|                                     |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet   | Compliant | booking statement(o), it applicable     |
|                                     | Compliant |   |
| Training                            |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |



| 5101:2-12-25 Medication Administration and Food Supplements | Compliant |   |
|---|-----------|---|
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check                               | Compliant |   |
| Requirements  |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection                                     | Compliant |   |
| Requirements  |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator                                  | Compliant |   |
| Responsibilities/Requirements                               |           |   |
|   | •         |   |