

## **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 Det             | ails            |                   |
|---------------------------------|-------------------------|-----------------|-------------------|
| Program Name                    | Program Number          |                 | Program Type      |
| KCE Champions LLC at Springdale | 2210024886              |                 | Child Care Center |
| Elementary                      |                         |                 |                   |
| Address                         |                         |                 | County            |
| 350 W Kemper Road Springdale    |                         |                 | HAMILTON          |
| OH 45246                        |                         |                 |                   |
|                                 |                         |                 |                   |
|                                 |                         |                 |                   |
| Building Approval Date          | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
|                                 | NA                      |                 |                   |
| Fire Inspection Approval Date   | Food Service Risk Level |                 |                   |
|                                 | Level III               |                 |                   |

| Inspection Information     |                                |                  |                   |              |  |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |  |
| Provisional                | Full                           |                  | Unannounced       |              |  |
| Inspection Date 08/29/2022 | Begin Time 3                   | ::00 PM          | End Time 4:30 PM  |              |  |
| Reviewer:<br>NANCY SCHMITT |                                |                  |                   |              |  |
| Summary of Findings        |                                |                  |                   |              |  |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 55                         | 0                              | 0                | 0                 | 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)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 24        | 24    |
| Total Capacity/Enrollment                                 | 54               | 0          | 24        | 24    |

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



| School Age | School-Age to < 11 years | 2 to 12 | #1 |
|------------|--------------------------|---------|----|
| School Age | School-Age to < 11 years | 2 to 12 | #2 |

## **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  |  |  |
| 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                          | Compliant |  |
|  | 1.        |  |
| Rule   | Status    | Documenting Statement(s), If applicable            |
| 5101:2-12-02 Current Information                     | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable            |
| 5101:2-12-03 Inspection                              | Compliant | bocamenting statement(3), if applicable            |
| Requirements   | Compliant |  |
| nequilenes   |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable            |
| 5101:2-12-04 Food Service                            | Compliant |  |
| Requirements   |           |  |
|  | 1         |  |
| Rule   | Status    | Documenting Statement(s), If applicable            |
| 5101:2-12-07 Administrator                           | Compliant |  |
| Qualifications                                       |           |  |
| Rule   | Chahua    | Decrease which a Charles a control of a control of |
|  | Status    | Documenting Statement(s), If applicable            |
| 5101:2-12-07 Administrator                           | Compliant |  |
| Responsibilities/Requirements                        |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable            |
|  | 0.10.10.0 | Documenting Statement(5), if applicable            |
| 5101:2-12-07 Written Program Policies and Procedures | Compliant |  |
| Policies and Procedures                              |           |  |
|  |           |  |

| Rule                                 | Status              | Documenting Statement(s), If applicable     |
|--------------------------------------|---------------------|---|
| Rule: 5101:2-12-08 Medical Statement | Compliant           | Documenting Statement: All employees        |
|                                      |                     | had current medical statements on file.     |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-08 Child Care Staff  | Compliant           | Documenting Statement: All Child Care       |
| Member Educational Requirements      |                     | Staff Members had verification of           |
|                                      |                     | educational requirements on file at the     |
|                                      |                     | program.                                    |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Orientation Training &  | Compliant           |   |
| Whistle Blower Protection            |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-09 Background Check  | Compliant           | Documenting Statement: During the           |
| Requirements                         |                     | inspection, the required documentation      |
|                                      |                     | regarding background checks was on file     |
|                                      |                     | for all employees listed.                   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Health Training   | Compliant           | Documenting Statement: The program          |
| Requirements                         |                     | had at least one Child Care Staff Member    |
|                                      |                     | with currently valid training in First Aid, |
|                                      |                     | Management of Communicable Disease,         |
|                                      |                     | CPR, and Child Abuse Prevention present     |
|                                      |                     | and readily accessible during all hours of  |
|                                      |                     | operation.                                  |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Professional      | Compliant           | Documenting Statement: At the time of       |
| Development Requirements             |                     | the inspection, all child care staff        |
|                                      |                     | members had completed the required          |
|                                      |                     | amount of professional development          |
|                                      |                     | training.                                   |
|                                      |                     |   |
| Bula                                 | Status              | Documenting Statemental If annihila         |
| Rule 5101:2-12-11 Indoor Space       | Status<br>Compliant | Documenting Statement(s), If applicable     |
| Requirements                         | Compilant           |   |
| nequirements                         | 1                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-11 Outdoor Space     | Not Verified        | Documenting Statement: Outdoor play         |
| Requirements                         |                     | was not observed due to weather             |
|                                      | İ                   | conditions however, the quarterly           |

|                                       |              | playground inspections were discussed and documentation was on file, as required. |
|---------------------------------------|--------------|---|
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play       | Not Verified | Documenting Statement: The outdoor  |
| Equipment                             |              | play space and equipment were not   |
|                                       |              | viewed during this inspection due to rain.  |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play Fall  | Not Verified | Documenting Statement: The protective   |
| Zones                                 | Not verified | surfaces under the outdoor equipment  |
| Zones                                 |              | were not viewed during this inspection  |
|                                       |              | due to rain.  |
|                                       |              | due to fain.  |
| Rule                                  | Status       | Documenting Statement(s) If applicable  |
| 5101:2-12-12 Safe Equipment           | Compliant    | Documenting Statement(s), If applicable   |
| 5101.2-12-12 Sale Equipment           | Compilant    |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-12 Safe Environment   | Compliant    | Documenting Statement: A safe   |
| Nuic. 5101.2 12 12 5are Environment   | Compliant    | environment was observed during the   |
|                                       |              | inspection.   |
|                                       |              | inspection.   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Sanitary           | Compliant    | Documenting Statement: On the day of  |
| Equipment and Environment             | Compilant    | the inspection, the program provided a  |
| Equipment and Environment             |              | clean environment.  |
|                                       |              | cican chiviloniment.  |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
|                                       |              | Documenting Statement(s), if applicable  Documenting Statement: Staff and         |
| Rule: 5101:2-12-13 Handwashing        | Compliant    | children were observed washing hands as   |
| Requirements                          |              |   |
|                                       |              | required by the rule.   |
| Rule                                  | Status       | Documenting Statement/s) If applicable  |
| 5101:2-12-13 Smoke Free               | Compliant    | Documenting Statement(s), If applicable   |
|                                       | Compliant    |   |
| Environment                           |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation and | Compliant    | Documenting Statement: Requirements   |
| Field Trip Procedures                 |              | regarding summer field trips were   |
|                                       |              | discussed during the inspection.  |
|                                       |              | Transportation was provided by  |

|   |           | contracted school bus with a contracted                               |
|---|-----------|---|
|   |           | driver. Used ODJFS sample written                                     |
|   |           | permission forms and wrist bands for ID.                              |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-14 Transportation - Driver                  | Compliant | Documenting Statement(s), if applicable                               |
| Requirements  | Compilant |   |
| Requirements  |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-14 Transportation - Vehicle                 | Compliant |   |
| Requirements  |           |   |
|   | _         |   |
| Rule  | Status    | Documenting Statement(s), If applicable                               |
| Rule: 5101:2-12-15 Child Medical and                  | Compliant | Documenting Statement: At the time of                                 |
| Enrollment Records                                    |           | the inspection, 10 of the children's                                  |
|   |           | records were reviewed, and the records                                |
|   |           | were complete, as required by the rule.                               |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                               |
| Rule: 5101:2-12-15 Medical/Physical                   | Compliant | Documenting Statement: The program                                    |
| Care Plans  | Compilant | had current information on the medical                                |
| care rians  |           | status and the required treatment plan                                |
|   |           | for the child with a health condition.                                |
|   |           | 1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0                               |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                               |
| Rule: 5101:2-12-16 Medical, Dental,                   | Compliant | Documenting Statement: On the day of                                  |
| and General Emergency Plan                            |           | the inspection, the complete prescribed                               |
|   |           | JFS 01242 "Medical, Dental, and General                               |
|   |           | Emergency Plan For Child Care" were                                   |
|   |           | posted in the program as required.                                    |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                               |
| Rule: 5101:2-12-16 Emergency Drills                   | Compliant | Documenting Statement: Documentation                                  |
| 3.1,  |           | for completed fire, weather, and                                      |
|   |           | emergency/lockdown drills was verified                                |
|   |           | during this inspection.   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-16 First Aid/Standard                       | Compliant |   |
| Precautions   |           |   |
| Dula  | Chahua    | Decumenting Chake we start of a section in                            |
| Rule  | Status    | Documenting Statement(s), If applicable                               |
| Rule: 5101:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was |
| Communicable Disease                                  |           | Communicable Disease Chart Was  |

|  |                     | posted and was readily available to staff and parents.                                       |
|--|---------------------|--|
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury Reporting | Compliant           | Documenting Statement(s), if applicable  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Written Disaster Plan     | Compliant           | Documenting Statement(s), if applicable  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Daily Schedule      | Compliant           | Documenting Statement: The daily schedule was observed posted.                               |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and Equipment   | Compliant           | Documenting Statement(s), if applicable  |
| Dula                                   | Chahua              |  |
| Rule 5101:2-12-18 License Capacity     | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Ratio               | Compliant           | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size                | Compliant           | bocamenting statement(s), it applicable  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records        | Compliant           | 5  |
| 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  |

| Rule: 5101:2-12-22 Meal and Snack<br>Requirements         | Compliant           | Documenting Statement: The program served the following: prepackaged am & PM snacks. In the summer the program operates full time and parents provide lunches.   |
|---|---------------------|--|
| Rule: 5101:2-12-22 Meal and Snack<br>Requirements         | Compliant           | Documenting Statement: The snack menu was posted.  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food<br>Handling/Storage                | Compliant           | Documenting Statement(s), if applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements | Compliant           | Documenting Statement: Swimming activities were part of the program's schedule in the summer only on one field trip to Coney Island. Used ODJFS sample written permission form and wrist bands for ID. |
| Rule  | Chatus              | Decumenting Statement(c) If applicable   |
| Rule: 5101:2-12-25 Medication Administration              | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The program had complete written documentation for administering medication or food supplements.                                       |