

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 | ails | |
|---|----------------------------------|-----------------|--------------------|
| Program Name | Program Number | | Program Type |
| KinderCare Learning Center | 2220025822 | | Child Care Center |
| Address 1069 Nimitzview Drive Cincinnati OH 45230 | | | County HAMILTON |
| Building Approval Date 08/06/2002 | Use Group/Code E | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 01/11/2023 | Food Service Risk L Level III | evel | • |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Provisional | Full | | Unannounced | |
| Inspection Date 02/21/2023 | Begin Time 9 | :15 AM | End Time 1:28 PM | |
| Reviewer: | <u>'</u> | | 1 | |
| KIM SUERMANN | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 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 | | 13 | 0 | 13 |
| Total Under 2 ½ Years | 24 | 13 | 0 | 13 |
| Older Toddler | | 6 | 0 | 6 |
| Preschool | | 78 | 0 | 78 |
| School Age | | 15 | 0 | 15 |
| Total Capacity/Enrollment | 111 | 99 | 0 | 112 |

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

| Toddler 1 | 18 months to < 30 months | 1 to 6 | Same ratio |
|-----------|--------------------------|---------|------------------|
| | | | throughout visit |
| DP 1 | 18 months to < 30 months | 2 to 10 | |
| DP 1 | 18 months to < 30 months | 2 to 11 | lunch |
| DP 2 | 30 months to < 36 months | 2 to 15 | Same ratio |
| | | | throughout visit |
| PS 1 | 3 years to < 4 years | 1 to 8 | lunch |
| PS 1 | 3 years to < 4 years | 1 to 6 | |
| PS 2 | 3 years to < 4 years | 2 to 15 | |
| PS 2 | 3 years to < 4 years | 2 to 16 | lunch |
| PK 1 | 4 years to < 5 years | 1 to 6 | |
| PK 1 | 4 years to < 5 years | 1 to 13 | lunch |
| PK 2 | 4 years to < 5 years | 1 to 5 | |
| PK 2 | 4 years to < 5 years | 1 to 11 | lunch |
| SA | School-Age to < 11 years | 1 to 10 | Private |
| | | | Kindergarten |
| | | | 8:30-12:30 |

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 | | | |
| 140 Serious Risk Horr Compilances were observed during this hispection | | | |
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| Moderate Risk Non-Compliances | | |
|---|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection | | |
| | | |
| | | |

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

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------|-----------|---|
| Rule: 5101:2-12-02 Current | Compliant | Documenting Statement: The program |
| Information | | had current information entered in the |
| | | Ohio Child Licensing and Quality System |
| | | (OCLQS). |

| Beginning! | • | |
|---|-----------|---|
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | 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 1/11/24. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | 3/1/23 exp, #DBUE CAZLD2 |
| | | |
| 2.1 | I a | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| Dula | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| Dula | Chahua | Decression Statement If a miliagh |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| Pula | Status | Decumenting Statement(s) If applicable |
| Rule Pulo: F101:2-12-07 Writton Program | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | | have been made to the written policies |
| | | and procedures since it was last approved |
| | | by this Department. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | | Documenting Statement(s), if applicable Documenting Statement: All employees |
| nuie. 3101.2-12-00 Mieuldi Statement | Compliant | had current medical statements on file. |
| | | nau current medical statements on file. |
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| | | |

| 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 |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| Rule | Chatus | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-10 Professional | Status | Documenting Statement(s), If applicable |
| Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all child care staff |
| Development Requirements | | members had completed the required |
| | | amount of professional development |
| | | training. |
| | | tranning. |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| 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 |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| • | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor |
| Equipment | | equipment was viewed to be safe and |
| | | free of rust, sharp points, and other |
| | | hazards. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---------------------|--|
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was padded surface material. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | bocumenting statement(s), it applicable |
| 3101.2-12-12 Sale Equipment | Compilant | |
| | Ta | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: All electrical |
| | | outlets were covered with safety |
| | | receptacles. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| 4.6 | | clean and in good repair. |
| | | and an good ropus |
| Rule | Status | Decumenting Statement(s) If applicable |
| 110.10 | | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as |
| | | |
| | | required by the rule. |
| | | required by the rule. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was |
| | | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is |
| Rule: 5101:2-12-13 Smoke Free | | Documenting Statement(s), If applicable Documenting Statement: A notice was |
| Rule: 5101:2-12-13 Smoke Free | | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is |
| Rule: 5101:2-12-13 Smoke Free Environment Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement: At the time of |
| Rule: 5101:2-12-13 Smoke Free Environment Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement: At the time of |
| Rule: 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, 25% of the children's |
| Rule: 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records |
| Rule: 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records |
| Rule: 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and Enrollment Records | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable 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. |

| | | status and the required treatment plan for the children with health conditions. |
|---|--|--|
| 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 |
| | | for completed fire, weather, and emergency/lockdown drills was verified |
| | | during this inspection. |
| | | during this inspection. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| 1 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting | | |
| 5101:2-12-16 Incident/Injury Reporting Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting | Compliant | |
| 5101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan Rule | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan | Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Daily schedules |
| 5101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan Rule | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan Rule Rule: 5101:2-12-17 Daily Schedule | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Daily schedules were observed posted. |
| S101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan Rule Rule: 5101:2-12-17 Daily Schedule | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Daily schedules were observed posted. Documenting Statement(s), If applicable |
| S101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan Rule Rule Rule: 5101:2-12-17 Daily Schedule | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Daily schedules were observed posted. |

| | | Additional equipment was observed in |
|---------------------------------------|------------------|--|
| | | storage at the program |
| | | |
| Pulo | Ctatus | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play was observed for all group(s). |
| | | was observed for all group(s). |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | Section 1 Section 1 Section 1 |
| | · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| | | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| Rule: 5101:2-12-18 Ratio | Compliant | Desumenting Statement: Staff/shild |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| · | · | observed on the day of the inspection |
| | | were in compliance. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: Child Care Staff |
| Records | | Members were observed recording the |
| | | attendance for each child upon arrival |
| | | and documenting each child's departure. |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-13 Supervision | Compilant | |
| | ı | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| 5101:2-12-19 Child Guidance | Compliant | |
| 5101:2-12-19 Child Guidance | | |
| 5101:2-12-19 Child Guidance | | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: The rest area had adequate lighting, which allowed for the visual supervision of children. |
|--------------------------------------|-----------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Compliant | |
| Care | | |
| Rule | Status | Decumenting Statement/s) If applicable |
| Rule: 5101:2-12-22 Meal and Snack | 00000 | Documenting Statement(s), If applicable |
| | Compliant | Documenting Statement: Posted menus |
| Requirements | | were current and dated. |
| | | |
| 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 | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| | Compilant | , , |
| Administration | | had complete written documentation for |
| | | administering medication or food |
| | | supplements. |
| | | |
| | | |