

## **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       |  |
| Hill Childcare and Family Center II                     | 2220026264                       |                                      | Child Care Center  |  |
| Address<br>2494 Sunny Hill Drive Cincinnati<br>OH 45225 |                                  |                                      | County<br>HAMILTON |  |
| Building Approval Date                                  | Use Group/Code                   | Occupancy Limit                      | Maximum Under 2 ½  |  |
| Fire Inspection Approval Date                           | Food Service Risk L<br>Level III | Food Service Risk Level<br>Level III |                    |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | оре              | Inspection Notice |              |
| Provisional                | Full                           |                  | Unannounced       |              |
| Inspection Date 05/15/2023 | Begin Time 9                   | :30 AM           | End Time 11:30 AM |              |
| Reviewer:                  |                                |                  |                   |              |
| Kristin Blassingame        |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 2                              | 0                | 0                 | 2            |

| 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)                                  |                  | 4          | 0         | 4     |
| Young Toddler   |                  | 4          | 0         | 4     |
| Total Under 2 ½ Years                                     | 36               | 8          | 0         | 8     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 6          | 0         | 6     |
| School Age  |                  | 7          | 0         | 7     |
| Total Capacity/Enrollment                                 | 68               | 13         | 0         | 21    |

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

| preschool  | 3 years to < 4 years     | 1 to 6 |  |
|------------|--------------------------|--------|--|
| preschool  | 3 years to < 4 years     | 1 to 5 |  |
| infants    | 0 to < 12 months         | 1 to 4 | The infant and toddler group were combined at the the ratio was taken. |
| infants    | 0 to < 12 months         | 1 to 4 |  |
| School Age | School-Age to < 11 years | 0 to 0 | There were no school age children during the inspection.               |

### **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 |  |  |  |
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| Moderate Risk Non-Compliances  |  |  |  |
|--|--|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection    |  |  |  |
| The inductate hisk from compliances were observed during this hispection |  |  |  |
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#### **Low Risk Non-Compliances**

#### Domain: 05 Health & Safety

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

<u>Code</u>: The program is required to provide food that does not pose as a choking hazard and is appropriate for the age of the children.

<u>Finding</u>: During the inspection, it was determined that the infant group was served meatballs, which posed a choking hazard. 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.

Corrective Action Plan Due: 06/14/2023

#### **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-23 Infant Daily Care

<u>Code</u>: The program is required to provide a daily written record for each infant in care to the parents when picking up the infant each day.

<u>Finding</u>: During the inspection, it was determined that the written record used to document infant routines and activities was missing information as noted in number 1 below:

- 1. Food intake
- 2. Sleeping patterns
- 3. Times and results of diaper changes
- 4. Information about daily activities

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.

Corrective Action Plan Due: 06/14/2023

# Rules In-Compliance/Not Verified

| Rule   | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-12-02 License Posted                          | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information                     | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection                              | Compliant           |   |
| Requirements   |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department                     | Compliant           | bounding statement(s), it appreciate    |
| Inspection   |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection                         | Compliant           |   |
|  |                     |   |
| Dula   | Ctatus              | Decumenting Statement   If a malicable  |
| Rule 5101:2-12-04 Food Service                       | Status<br>Compliant | Documenting Statement(s), If applicable |
| Requirements   | Compliant           |   |
| печанения  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator                           | Compliant           | 3 (7                                    |
| Qualifications                                       |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator                           | Compliant           |   |
| Responsibilities/Requirements                        |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program Policies and Procedures | Compliant           |   |
| Folicies alia Flocedales                             |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement                 | Compliant           | Documenting Statement: All employees    |
|  | 12 - 2              | had current medical statements on file. |

| Des(Minute):                         | ı         | 1                                       |
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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 |
| Rule: 5101:2-12-08 Orientation       | Compliant | Documenting Statement: On the day of    |
| Training & Whistle Blower Protection |           | the inspection, all child care staff    |
|                                      |           | members had met orientation training    |
|                                      |           | requirements.                           |
|                                      |           |   |
|                                      |           |   |
| 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                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional            | Compliant |   |
| Development Requirements             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Compliant |   |
| Requirements                         |           |   |
|                                      | l -       |   |
| 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                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant |   |
|                                      |           |   |
|                                      | I a       |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant |   |

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| Rule                                  | Status    | Documenting Statement(s), If applicable         |
|                                       |           | Bocamenting statement(s), it approasie          |
| 5101:2-12-12 Safe Equipment           | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-12 Safe Environment         | Compliant |   |
|                                       |           |   |
|                                       | I.        |   |
| - 1                                   |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-13 Sanitary Equipment and   | Compliant |   |
| Environment                           |           |   |
|                                       |           |   |
| Pulo                                  | Ctatus    | Decumenting Statement(s) If applicable          |
| Rule                                  | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-13 Handwashing              | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-13 Smoke Free               |           | 2 5 3 differenting statement (5), it applicable |
|                                       | Compliant |   |
| Environment                           |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-14 Transportation and Field | Compliant |   |
|                                       | Compilant |   |
| Trip Procedures                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-14 Transportation - Driver  | Compliant |   |
| Requirements                          | ,         |   |
| Requirements                          |           |   |
| - 1                                   | 1 -       |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-14 Transportation - Vehicle | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement/s) If annicable           |
|                                       | 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, 25% of the children's           |
|                                       |           | records were reviewed, and the records          |
|                                       |           | were complete, as required by the rule.         |
|                                       |           | were complete, as required by the rule.         |
|                                       | 1         |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable         |
| Rule: 5101:2-12-15 Medical/Physical   | Compliant | Documenting Statement: At the time of           |
| Care Plans                            |           | the inspection, there were no children          |
|                                       |           |   |
|                                       |           | currently enrolled who had health               |
|                                       |           | conditions.                                     |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable         |
|                                       |           |   |

| Degravana.                           |               |   |
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| 5101:2-12-16 Medical, Dental, and    | Compliant     |   |
| General Emergency Plan               |               |   |
|                                      | 1             |   |
| 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.                 |
|                                      |               |   |
|                                      | T             |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard      | Compliant     |   |
| Precautions                          |               |   |
| Dula                                 | Chahua        | Decumenting Chatamant/s) If annihable   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of           | Compliant     |   |
| Communicable Disease                 |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury         | Compliant     | Bocumenting Statement(s), if applicable |
|                                      | Compliant     |   |
| Reporting                            |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan   | Compliant     | Bocumenting Statement(s), if applicable |
| 3101.2-12-10 Willtell Disaster Flair | Compliant     |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule          | Compliant     | S (" 11                                 |
| ,                                    | '             |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and           | Compliant     |   |
| Equipment                            |               |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play      | Compliant     |   |
|                                      |               |   |
| D. I.                                |               | D C                                     |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity        | Compliant     |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio             | Compliant     | Documenting Statement: Staff/child      |
|                                      | - Compilation | ratios observed during the inspection   |
|                                      |               | were in compliance.                     |
|                                      |               | were in compliance.                     |
|                                      | 1             |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 2.0                                  |               |   |

| 5101:2-12-18 Group Size                         | Compliant           |   |
|---|---------------------|---|
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records                 | Compliant           | , , , , , , , , , , , , , , , , , , ,   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision                        | Compliant           | Documenting Statement(s), if applicable |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance                     | Compliant           | Documenting Statement(s), if applicable |
|   |                     |   |
| Bula  | Ctatus              | Decumenties Chaters and a life and back |
| Rule 5101:2-12-20 Cots and Napping              | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-12-20 Cots and Napping                   | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                              | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight              | Compliant           |   |
| Care  |                     |   |
| 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           | bocumenting statement(s), ii applicable |
| Handling/Storage                                | •                   |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation | Compliant           |   |
|   | 1                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet               | Compliant           |   |
| Training  |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water                 | Compliant           | bocumenting statement(s), ii applicable |
| Safety Requirements                             |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-25 Medication<br>Administration | Compliant | Documenting Statement: The program's policy was not to administer medication. |
|---|-----------|---|
|   |           |   |