

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 |
| CoStars After School at Oyler | 2220026490 | | Child Care Center |
| Address 2121 Hatmaker Street Cincinnati OH 45204 | | | County HAMILTON |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | School Building | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| | Exempt | | |

| | Insp | ection Information | | |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time 3 | :25 PM | End Time 5:15 PM | |
| 12/05/2023 | | | | |
| Reviewer: | | | | |
| KIM SUERMANN | | | | |
| | Summary of Findings | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 3 | 0 | 0 | 3 |

| 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 | | 48 | 0 | 48 |
| Total Capacity/Enrollment | 150 | 48 | 0 | 48 |

| Si | taff-Child Ratios at the Time of Ins | pection | |
|-------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| 2-3 | School-Age to < 11 years | 1 to 15 | |
|-----|--------------------------|---------|--|
| K-1 | School-Age to < 11 years | 1 to 12 | |
| 4-6 | School-Age to < 11 years | 1 to 14 | |

Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances



Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Qualifications

<u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time period.

<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. 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. Part one was completed in October 2022.

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 4, 5 (b), 5 (c) below.

1. A medical statement was not on file for at least one employee;

2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;

3. Date of examination was missing;

4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;

- 5. A statement was missing that verifies 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);
- 6. Tuberculosis (TB) screening/test information was missing:

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 6a.
- 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: 01/05/2024

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(s) 4 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 child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. 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

| 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 |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | compliant | |
| hequitements | | |
| 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: |
| | | #9959049, exp 3/1/2024. |
| | | |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The off-site |
| Requirements | | food processing establishment's current |
| | | Ohio Department of Agriculture |
| | | registration information was observed |
| | | during the inspection. (Aunty's |
| | | Homemade) |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement(s), if applicable Documenting Statement: No changes |
| Policies and Procedures | | have been made to the written policies |
| | | and procedures since it was last approved |
| | | by this Department. |
| | | by this Department. |
| L | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |



| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
|---|-----------|---|
| | | |
| 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 |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| 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 Outdoor Space | Compliant | |
| Requirements | | |
| 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 |
| 201153 | | was rubber pad. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-12 Safe Equipment | Compliant | |



| Compliant | Documenting Statement: A safe |
|-----------|---|
| | |
| | environment was observed during the |
| | inspection. Children were protected from |
| | items and conditions which threaten their |
| | health, safety and well-being. |
| | |
| - | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: During the |
| | inspection, the equipment was observed |
| | clean and in good repair. |
| | |
| | |
| | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: Children were |
| | viewed washing their hands, as required |
| | by the rule. |
| | |
| Status | Documenting Statement(s), If applicable |
| | |
| compliant | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: The form(s) |
| | used by the program for routine and/or |
| | field trips were verified to meet the |
| | requirements of the rule. |
| | |
| | |
| | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: During the |
| | inspection, the requirements of the rule |
| | regarding transportation drivers were |
| | discussed. The program uses a contracted |
| | driver for field trip transportation. |
| | |
| Status | Documenting Statement(s), If applicable |
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| <u> </u> | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| | Compliant Status |



| Deg <u>(inter</u> ig: | | 1 |
|---|---------------------|---|
| 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. |
| | | |
| | | |
| 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 | compliant | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | and parents. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | · · · |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | | of the written disaster plan was |
| | | completed by staff. |
| | | |
| Pulo | Status | Documenting Statement(c) If applicable |
| Rule Rule: 5101:2-12-17 Daily Schodulo | Status Compliant | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play |
| ,, | | was observed for the K-1 group. |
| | | |



| 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: 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 | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| Rule | Status | Desumenting Statement(s) If applicable |
| | | 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 |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Written |
| | | permission statements which allowed |
| | | school children to leave the program |
| | | were in compliance with this rule. |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| Kule. 5101.2-12-19 Supervision | Compliant | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | and were able to intervene as needed. |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| I | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The snack menu |
| Requirements | | was posted. |
| | | |



Department of Education Department of Job and Family Services

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |
| | | |
| 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. |
| | | F. 00.000 |