

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 Details					
Program Name	Program Number		Pro	gram Type	
Zakiyyas 2.0	2220026523		Chi	ld Care Center	
91.002					
Address			Cou	unty	
1537 W Galbraith Road Cincinnati				MILTON	
ОН					
45231					
			91		
Building Approval Date	Use Group/Code	Occupancy Limit		Maximum Under 2 ½	
04/09/2025	E	368		368	
Fire Inspection Approval Date	Food Service Risk Level				
03/24/2025	Level III				

Inspection Information						
Inspection Type		Inspection Scope		Inspection Notice		
Amendment - chang	ge of location	Full		Unannounced	Unannounced	
Inspection Date Begin Time		End Time				
04/09/2025 8:30 AM		11:30 AM				
Reviewer:						
Beverly McGlasson						
Summary of Findings						
No. Rules Verified	No. Rules with Non-c	ompliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
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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	0	0
Total Capacity/Enrollment	49	0	0	0

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



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

Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-12-11 Outdoor Play Fall Zones

<u>Code</u>: The program is required to provide adequate fall surface for the outdoor play space.

<u>Finding</u>: During the inspection, it was determined that the playground did not have adequate fall surface under and around equipment as noted in number 2 below:

- 1. No fall surface
- 2. Adequate fall surface to soften the impact of a fall
- 3. Adequate fall surface to soften the impact of a fall that extended the length of the required fall zone
- 4. Other []

With any equipment designed for climbing, swinging, bouncing, or sliding, resilient material, as specified in Appendix A, needs to be added in order to protect children in the event of a fall. Submit the program's corrective action plan, which includes written verification of the discontinued use of this equipment until corrections are made along with a description of the resilient material added, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/09/2025



Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-12-11 Outdoor Play Equipment

<u>Code</u>: The program is required to anchor equipment to the ground as required, to close "S" hooks to prevent the chain from slipping off and prevent strangulation and provide equipment with openings that will not pose a safety risk.

<u>Finding</u>: During the inspection, it was determined that equipment on the outdoor play space posed an imminent risk of harm to a child as noted in number 8 below:

- 1. The climber was not anchored.
- 2. The swings were not securely anchored.
- 3. The slide was not securely anchored.
- 4. The climbing rope was not securely anchored at both ends.
- 5. The "S" hooks on the climber were not closed in order to prevent the chain from slipping off the hook and prevent strangulation.
- 6. The "S" hooks on the swing(s) were not closed in order to prevent the chain from slipping off the hook and prevent strangulation.
- 7. The [] had an opening that was greater than three and one-half inches, but less than nine inches. Equipment openings must be less than 3 1/2 inches or more than 9 inches to avoid the risk of entrapment.
- 8. The slide was not securely attached to it's structure.

Discontinue the use of this equipment until it has been removed, repaired or replaced. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/09/2025

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5180:2-12-08 Medical Statement

Code: 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 2 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: 05/09/2025

Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Written Disaster Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-03 Inspection	Compliant	Boomening Statement(d), it approaches
Requirements		
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Rule	Status	Documenting Statement(s), If applicable



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5180:2-12-04 Building Department	Compliant	
Inspection		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 Current Information	Compliant	
3130.2 12 02 current information	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Fire Inspection	Compliant	bocumenting statement(s), it approase
3100.2 12 04 Fire inspection	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Food Service	Compliant	bocumenting statement(s), it applicable
	Compliant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	
Qualifications		
		<u>.</u>
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Written Program	Compliant	
Policies and Procedures	- Seconposition	
Tolloids and Troccadies	L	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Child Care Staff Member	Compliant	bocumenting statement(s), if applicable
Educational Requirements	Compliant	
Educational Requirements		
2.1		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-08 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: 5180:2-12-09 Background Check	Compliant	Documenting Statement: During the
Requirements		inspection, the requirements of the rule
~		regarding background checks were
		discussed.
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Health Training	Compliant	
Requirements	CONTRACTOR OF TOUR PROPERTY SECTION	
	<u>I</u>	



Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Professional	Not Verified	Documenting Statement(s), it applicable
Development Requirements	Not verified	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Indoor Space	Compliant	Documenting Statement(s), it applicable
Requirements	Compilant	
Requirements		
D.J.	Ct-t	D
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Outdoor Space	Compliant	
Requirements		
Dula	Chatus	Decreasing Statement(s) If applicable
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Equipment	Compliant	
1		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Environment	Compliant	bocumenting statement(s), it applicable
5100.2-12-12 Sale Lilviloillileiit	Compliant	
	1	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-13 Sanitary	Compliant	Documenting Statement: During the
Equipment and Environment	Compilant	inspection, the requirements of the rule
Equipment and Environment		regarding sanitary equipment and
		environment were discussed.
		chvironinene were diseassed.
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Handwashing	Not Verified	booking statement(s), it approache
Requirements	, , , o , , o , m o d	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Smoke Free	Compliant	boodinenting statement(3), it approase
Environment	Compilant	
2 omitent	Į.	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-14 Transportation - Driver	Not Verified	bootinenting statement(s), it applicable
Requirements	1.50 Vermed	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Medical, Dental, and	Compliant	bocumenting statement(s), it applicable
General Emergency Plan	Compilant	
General Emergency Flan		
Pulo	Status	Documenting Statement/s) If applicable
Rule Rule F190(2-12-16 Emergency Drille	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-16 Emergency Drills	Compliant	Documenting Statement: During the
		inspection, the requirements of the rule
		regarding emergency drills were
		discussed.



Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Management of	Compliant	
Communicable Disease		
	1	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 First Aid/Standard	Compliant	
Precautions		
	Į.	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Incident/Injury	Compliant	0 (7)
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-17 Materials and	Compliant	Documenting Statement: During the
Equipment		inspection, the requirements of the rule
		regarding materials and equipment were
		discussed.
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Daily Outdoor Play	Not Verified	
D. I.	Chal	
Rule	Status Not Verified	Documenting Statement(s), If applicable
5180:2-12-18 License Capacity	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Ratio	Not Verified	Became many states memory in approache
310012 12 10 Nutle	Not vermed	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Attendance Records	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-20 Cots and Napping	Compliant	
	Asian year	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-20 Cribs	Compliant	
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D. J.	Ct-t	Decree of the Chater of the Line of the Li
Rule	Status	Documenting Statement(s), If applicable



5180:2-12-21 Evening and Overnight	Not Verified	
Care	- decisioned and a surface of the su	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Meal and Snack	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Fluid Milk Requirements	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Safe Food	Not Verified	
Handling/Storage		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-23 Infant Bottle and Food	Not Verified	
Preparation		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-23 Diapering and Toilet	Compliant	
Training		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-24 Swimming and Water	Not Verified	
Safety Requirements		
5180:2-12-24 Swimming and Water		Documenting Statement(s), If applicable