



## 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<br>Kids Education and Recreation II | Program Number<br>2220027262      | Program Type<br>Child Care Center |                   |
| Address<br>645 HEATH RD HEATH<br>OH<br>43056     |                                   | County<br>LICKING                 |                   |
| Building Approval Date                           | Use Group/Code<br>E               | Occupancy Limit                   | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>10/28/2025      | Food Service Risk Level<br>Exempt |                                   |                   |

| Inspection Information                            |                             |                                |
|---|-----------------------------|--------------------------------|
| Inspection Type<br>Amendment - change of capacity | Inspection Scope<br>Partial | Inspection Notice<br>Announced |
| Inspection Date<br>10/31/2025                     | Begin Time<br>10:00 AM      | End Time<br>11:15 AM           |
| Reviewer:<br>Catherine Moerch                     |                             |                                |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>41 | No. Rules with Non-compliances<br>1 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>1 |

| 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     |
| <b>Total Under 2 ½ Years</b>                              | 34               | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 82               | 0          | 0         | 0     |

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

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**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 5180:2-12-03 and 5180:2-13-03 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:** 5180:2-12-08 Medical Statement

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

**Finding:** 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) 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: 12/03/2025

### 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  |
|--|--------------|--|
| 5180:2-12-02 License Posted                              | Compliant    |  |
| 5180:2-12-03 Inspection Requirements                     | Compliant    |  |
| 5180:2-12-04 Building Department Inspection              | Not Verified |  |
| 5180:2-12-02 Current Information                         | Compliant    |  |
| Rule: 5180:2-12-04 Fire Inspection                       | Compliant    | Documenting Statement: During the inspection, documentation of a fire inspection without any uncorrected violations for the following renovated space was reviewed: All areas of the center which had renovations. |
| Rule: 5180:2-12-04 Food Service Requirements             | Compliant    | Documenting Statement: The program has obtained a food service exemption status from the local health department.  |
| 5180:2-12-05 Denial, Revocation and Suspension           | Compliant    |  |
| 5180:2-12-07 Administrator Qualifications                | Compliant    |  |
| 5180:2-12-07 Administrator Responsibilities/Requirements | Compliant    |  |
| 5180:2-12-07 Written Program Policies and Procedures     | Compliant    |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |

|   |               |   |
|---|---------------|---|
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-09 Background Check Requirements                    | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-10 Health Training Requirements                     | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-10 Professional Development Requirements            | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-11 Outdoor Play Fall Zones                          | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years         | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| Rule: 5180:2-12-11 Indoor Space Requirements                  | Compliant     | Documenting Statement: The following additional space was measured during the inspection: Infant, Toddler, Preschool, Toddler Bathroom, Preschool bathroom. |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-11 Outdoor Space Requirements                       | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-11 Outdoor Play Equipment                           | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-12 Safe Equipment                                   | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-12 Safe Environment                                 | Compliant     |   |

| Rule   | Status       | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5180:2-12-13 Sanitary Equipment and Environment          | Compliant    |   |
| 5180:2-12-13 Handwashing Requirements                    | Not Verified |   |
| 5180:2-12-13 Smoke Free Environment                      | Compliant    |   |
| 5180:2-12-15 Child Medical and Enrollment Records        | Not Verified |   |
| 5180:2-12-15 Medical/Physical Care Plans                 | Not Verified |   |
| 5180:2-12-16 Emergency Drills                            | Not Verified |   |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant    |   |
| 5180:2-12-16 Management of Communicable Disease          | Compliant    |   |
| 5180:2-12-16 First Aid/Standard Precautions              | Compliant    |   |
| 5180:2-12-16 Incident/Injury Reporting                   | Not Verified |   |
| 5180:2-12-17 Daily Schedule                              | Compliant    |   |
| 5180:2-12-17 Daily Outdoor Play                          | Not Verified |   |

| Rule                                     | Status       | Documenting Statement(s), If applicable  |
|--|--------------|--|
| 5180:2-12-17 Materials and Equipment     | Compliant    |  |
| 5180:2-12-18 Attendance Records          | Not Verified |  |
| 5180:2-12-18 License Capacity            | Compliant    |  |
| 5180:2-12-19 Supervision                 | Not Verified |  |
| 5180:2-12-19 Child Guidance              | Not Verified |  |
| 5180:2-12-20 Cots and Napping            | Not Verified |  |
| Rule: 5180:2-12-20 Cribs                 | Compliant    | Documenting Statement: All cribs were placed 2 feet apart.   |
| Rule: 5180:2-12-20 Cribs                 | Compliant    | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| Rule: 5180:2-12-20 Cribs                 | Compliant    | Documenting Statement: During the inspection, the requirements of the rule regarding cribs were discussed. |
| 5180:2-12-22 Safe Food Handling/Storage  | Not Verified |  |
| 5180:2-12-22 Meal and Snack Requirements | Not Verified |  |
| 5180:2-12-22 Fluid Milk Requirements     | Not Verified |  |
| Rule                                     | Status       | Documenting Statement(s), If applicable  |

|  |               |  |
|--|---------------|--|
| 5180:2-12-23 Infant Daily Care                   | Not Verified  |  |
| <b>Rule</b>                                      | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-23 Infant Bottle and Food Preparation  | Not Verified  |  |
| <b>Rule</b>                                      | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5180:2-12-23 Diapering and Toilet Training | Compliant     | Documenting Statement: During the inspection, the requirements of the rule regarding diapering and toilet training were discussed. |
| <b>Rule</b>                                      | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-25 Medication Administration           | Not Verified  |  |