

# **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 Deta        | ils             |                     |
|------------------------------------|---------------------|-----------------|---------------------|
| Program Name                       | Program Number      |                 | Program Type        |
| Discovery Cove Learning Center LLC | 2230027514          |                 | Child Care Center   |
| Address                            |                     |                 | County              |
| 5964 Glenway Ave Cincinnati        |                     |                 | County<br>HAMILTON  |
| OH 45238                           |                     |                 | HAMIETON            |
| UN 45256                           |                     |                 |                     |
|                                    |                     |                 |                     |
| Building Approval Date             | Use Group/Code      | Occupancy Limit | Maximum Under 2 1/2 |
|                                    |                     |                 |                     |
| Fire Inspection Approval Date      | Food Service Risk L | evel            |                     |
| 01/30/2023                         | Exempt              |                 |                     |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | соре               | Inspection Notice |              |
| Provisional        | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time S                   | 0:00 AM            | End Time 10:10 AM |              |
| 11/14/2023         |                                |                    |                   |              |
| Reviewer:          |                                |                    |                   |              |
| Kristin Blassingam | ie                             |                    |                   |              |
|                    | Su                             | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                 | 4                              | 0                  | 0                 | 4            |

| Li                        | cense Capacity ar | nd Enrollme | ent at the Time of Ir | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group                 | License Capacity  |             | Enr                   | ollment  |
|                           | Totals            | Full Time   | Part Time             | Total    |
| Infant ( Birth to < 18 m) |                   | 0           | 0                     | 0        |
| Young Toddler             |                   | 3           | 0                     | 3        |
| Total Under 2 ½ Years     | 4                 | 3           | 0                     | 3        |
| Older Toddler             |                   | 0           | 0                     | 0        |
| Preschool                 |                   | 5           | 0                     | 5        |
| School Age                |                   | 13          | 0                     | 13       |
| Total Capacity/Enrollment | 20                | 18          | 0                     | 21       |

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



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| Preschool | 3 years to < 4 years     | 1 to 3 |  |
|-----------|--------------------------|--------|--|
| Preschool | 3 years to < 4 years     | 1 to 3 |  |
| Toddlers  | 18 months to < 30 months | 1 to 2 |  |
| Toddlers  | 18 months to < 30 months | 1 to 2 |  |

**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 | <b>Non-Compliances</b> |  |
|---------|------|------------------------|--|
|         |      |                        |  |

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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number 6 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.

3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.

- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Employee(s) purse(s).
- 7. Diaper bags.
- 8. Television not securely anchored.
- 9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 10. Smoke detector needing batteries replaced.
- 11. An area rug did not have a nonskid backing.
- 12. An area rug presented a tripping hazard.
- 13. A floor surface that was unsafe in that [ ].
- 14. No platform was provided for the sink or toilet in the [ ] classroom.
- 15. The platform provided for the sink or toilet in the [ ] classroom was not sturdy.
- 16. The platform provided for the sink or toilet in the [] classroom posed a safety hazard in that [].
- 17. Telephone cords.
- 18. Staff member stepped over a barrier/gate while holding a child.
- 19. Emergency exits were blocked by the following classroom furniture: [ ].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/14/2023

#### Domain: 08 Staff Files

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection



<u>Code</u>: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number 1 below:

1. The training was not completed within 30 days of starting employment at the program as a child care staff member.

2. Documentation of completing the training after December 31, 2016 was not on file.

3. Completion of the training was not verified in the OPR.

4. A child care staff member had sole responsibility of children and had not completed the online orientation.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/14/2023

# Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in numbers 9 and 10 below:

1. First Aid – child care staff members scheduled during the hours of [] and [] had expired training

2. First Aid – child care staff members scheduled during the hours of [] and [] did not have verification of completion of First Aid

3. First Aid – trained child care staff member was not present in each building used by the program.

4. CPR – child care staff members scheduled during the hours of [] and [] had expired training

- 5. CPR child care staff scheduled during the hours of [] and [] had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care

8. CPR - audiovisual or electronic media training taken by staff did not include an in-person component of the training

9. Communicable Disease – child care staff members scheduled during the hours of 2:30 PM and 5:45 PM had expired training

10. Communicable Disease – child care staff scheduled during the hours of 2:30pm had not taken Communicable Disease training

11. Communicable Disease – trained child care staff member was not present in each building used by the program

12. Child Abuse – child care staff members scheduled during the hours of [] and [] had expired training



13. Child Abuse – child care staff scheduled during the hours of [] and [] had not taken Child Abuse training 14. Child Abuse – trained child care staff was not in each building used by the program

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/14/2023

## Domain: 09 Children's Files

<u>Rule</u>: 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 numbers 8, 10, and 15 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 |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted      | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | Documenting statement(s), if applicable |
| S101.2-12-02 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 |   |
| Inspection                       |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection     | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service        | Compliant |   |
| Requirements                     |           |   |
|                                  |           | · · ·                                   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator       | Compliant |   |
| 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     | Compliant |   |
| Policies and Procedures          |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
|                                  |           |   |



| Rule: 5101:2-12-08 Medical Statement                     | Compliant           | Documenting Statement: All employees had current medical statements on file.  |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-09 Background Check<br>Requirements      | Compliant           | Documenting Statement(s), in applicable<br>Documenting Statement: During the<br>inspection, the required documentation<br>regarding background checks was on file<br>for all employees listed.  |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Professional<br>Development Requirements    | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space<br>Requirements                | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Space<br>Requirements               | Compliant           | Documenting statement(s), if applicable   |
| Dula   | Chathar             |   |
| Rule<br>Rule: 5101:2-12-11 Outdoor Play                  | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: Outdoor   |
| Equipment  |                     | equipment was viewed to be safe and<br>free of rust, sharp points, and other<br>hazards.  |
|  |                     |   |
| Rule<br>5101:2-12-11 Outdoor Play Fall Zones             | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Equipment                              | Compliant           |   |
| Dula   | Status              | Desumenting (take a set/s) if such states   |
| Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: On the day of<br>the inspection, the program provided a<br>clean environment in accordance with<br>Appendix A of this rule, which included<br>the furniture, materials and equipment. |



| 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             | Compliant | boounenting statement(s), it applicable  |
| Environment                         | compliant |  |
| Environment                         | <u> </u>  | I  |
| 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.                              |
|                                     |           |  |
| <u></u>                             | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and   | Compliant |  |
| General Emergency Plan              |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills       | Compliant |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard     | Compliant |  |
| Precautions                         |           |  |
|                                     |           |  |
| 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 |  |
| Reporting                           |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Written Disaster Plan  | Compliant |  |
|                                     |           |  |
| D. J.                               | Chature   |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule         | Compliant |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and          | Compliant |  |
| Equipment                           |           |  |
| LAwburger                           |           | I  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| TOTO .                              | 010100    | boounienting statement(s), it applicable |



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| 5101:2-12-17 Daily Outdoor Play      | Compliant |  |
|--------------------------------------|-----------|--|
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity        | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio                   | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 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 |  |
|                                      |           |  |
|                                      | -         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance          | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping        | Compliant | Documenting statement(s), if applicable  |
|                                      | Compliant |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack          | Compliant |  |
| Requirements                         |           |  |
|                                      |           |  |
| 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's     |
| Administration                       |           | policy was not to administer medication. |



| Rule   | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements | Compliant | Documenting Statement: All Child Care<br>Staff Members had verification of<br>educational requirements on file at the<br>program. |