

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 | ils | |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| KCE Champions LLC @ Hill | 2230028481 | | Child Care Center |
| | | | |
| Address | | | County |
| 150 Fossyl Drive Bethel | | | CLERMONT |
| OH | | | |
| 45106 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 07/18/2024 | E | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 11/22/2023 | Exempt | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection S | Inspection Scope | | | |
| Amendment - chang | ge of capacity Partial | | Unannounced | Unannounced | |
| Inspection Date | Begin Time | | End Time | End Time | |
| 08/13/2024 | 3/2024 8:45 AM 3:18 PM | | | | |
| Reviewer: | | | | | |
| BRIAN CHASTAIN | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 31 | 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) | | 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 | 38 | 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 |
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| |
| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| |
| Low Risk Non-Compliances |
| Domain: 03 Postings & Equipment |



Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

<u>Code</u>: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" was not followed as noted in number 1 below:

- 1. The plan was not posted in each classroom.
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 09/12/2024

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to have an outdoor play space free from immediate risk.

<u>Finding</u>: During the inspection, it was determined that an outdoor play area was used which was not protected from traffic and other hazards by a fence in good repair, or other barrier. Although the fence or natural barrier was not meeting the rule requirements, it was determined to not present an immediate risk for a child to be able to leave the playground. The fence or gate was not in good repair and/or being used inappropriately as noted in number 12 below:

- 1. The fencing had missing slat boards.
- 2. The fencing was broken.
- 3. The fencing was loose.
- 4. The fencing was rotting.
- 5. The gate was broken and did not close.
- 6. The gate was locked.
- 7. The latch on the gate was broken.

- 8. The latch was easily opened by children on the playground.
- 9. The latch was not engaged to prevent children from opening the gate.
- 10. The gate had no latch.
- 11. There were bolts with more than two threads exposed along a fence line or gate on a playground.
- 12. The gate was not attached to the fence. (No children were present on the day of the inspection since the school year had not started.)

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

Corrective Action Plan Due: 09/12/2024

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 | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-04 Food Service | Not Verified | |
|--|---|--|
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Responsibilities/Requirements | | administrator's hours of availability to |
| | | meet with parents were posted in a |
| | | noticeable location. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program Policies and Procedures | Not Verified | |
| Policies and Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | Bocumenting Statement(3), if applicable |
| Requirements | dicintelepolar cultipatement and services | |
| | | |
| Rule 5101:2-12-10 Professional | Status Not Verified | Documenting Statement(s), If applicable |
| Development Requirements | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement: The protective material used under outdoor equipment was mulch. |
|---|------------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was observed to be in good condition. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| Naic. 3101.2 12 12 3aic Environment | Compliant | supplies were viewed stored out of the reach of children. |
| Dula | Chahira | Designation Chahamanaha) If a milianda |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: During the inspection, the equipment was observed |
| Equipment and Environment | | clean and in good repair. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | Salas Charach | observed posted stating that smoking is |
| | | prohibited at the program. |
| | | |
| Rule 5101:2-12-13 Toothbrushing | Status Not Verified | Documenting Statement(s), If applicable |
| Requirements | Not verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Not Verified | g care (c), it approach |
| Enrollment Records | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Not Verified | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Plans | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| TMIO . | Journal | bootimenting statement(s), it applicable |

| 5101:2-12-16 First Aid/Standard | Not Verified | |
|-----------------------------------|-----------------------------|---|
| Precautions | Not vermed | |
| Trecadcions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | Compilant | "Communicable Disease Chart" was |
| Communicable bisease | | posted and was readily available to staff |
| | | and parents. |
| | | and parents. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
| inche, mil | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | Johnston | were observed posted. |
| | | 110,0 0300,100 postos. |
| | Ţ. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | Charles of Learning Charles | equipment was observed in all categories. |
| | | |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Quiet areas |
| Equipment | , | were observed in the classrooms. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
| | | |
| | Ţ | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| Dul | Chahara | December 6: 1 |
| 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. |
| Dula: E101:2 12 19 Patia | Camadiant | Designanting Chat |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: No children |
| | | were present during the inspection. The |
| | | school years had not yet started. |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Not Verified | Documenting Statement(s), if applicable |
| 3101.2-12-10 Gloup Size | NOT VEHILEU | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 101:2-12-18 Attendance Records | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 101:2-12-19 Child Guidance | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack equirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | 5 (" 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication dministration | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member ducational Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | |