Department of Children & Youth

# 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>THEODORE M. BERRY CHILDREN AND FAMILY LEARNING CENTE | Program Number<br>000000206038 | | Program Type<br>Child Care Center |
| Address<br>880 W. COURT STREET CINCINNATI<br>OH<br>45203 | | | County<br>HAMILTON |
| | | | |
| Building Approval Date<br>12/18/2002 | Use Group/Code<br>E with I-2 | Occupancy Limit<br>1081 | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>04/08/2022 | Food Service Risk Level<br>Level IV | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Annual | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>11/20/2024 | Begin Time<br>8:40 AM | End Time<br>1:15 PM |
| Reviewer:<br>KIM SUERMANN | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 2 | 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) | | 6 | 0 | 6 |
| Young Toddler | | 7 | 0 | 7 |
| **Total Under 2 ½ Years** | 16 | 13 | 0 | 13 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 62 | 0 | 62 |
| School Age | | 0 | 0 | 0 |
| **Total Capacity/Enrollment** | 182 | 65 | 0 | 78 |

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

| | | | |
|---|---|---|---|
| Room 123 | 3 years to < 4 years | 2 to 16 | |
| Room 123 | 3 years to < 4 years | 3 to 15 | |
| Room 124 | 3 years to < 4 years | 3 to 9 | |
| Room 124 | 3 years to < 4 years | 2 to 10 | |
| Room 125 (0-18M) | 0 to < 12 months | 2 to 7 | |
| Room 125 (0-18M) | 0 to < 12 months | 2 to 8 | |
| Room 126 | 18 months to < 30 months | 2 to 8 | |
| Room 126 | 18 months to < 30 months | 2 to 6 | |
| Room 127 | 3 years to < 4 years | 2 to 13 | |
| Room 127 | 3 years to < 4 years | 3 to 13 | |
| Room 130 | 3 years to < 4 years | 3 to 14 | |
| Room 130 | 3 years to < 4 years | 3 to 12 | |

## 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**

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**Low Risk Non-Compliances**

**Domain: 08 Staff Files**

Rule: 5101:2-12-08 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) 5 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: 12/21/2024

**Domain: 09 Children's Files**

Rule: 5101:2-12-15 Child Medical and Enrollment Records

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Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

Finding: 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) 10, 13, 14 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.

**Domain: 09 Children's Files**

Rule: 5101:2-12-15 Child Medical and Enrollment Records
Code: The program is required to have a completed medical on file at the program for each child enrolled.

Finding: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed.

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6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified
nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases
required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of
conscience, including religious convictions
11. Other [ ]

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

Corrective Action Plan Due: 12/21/2024

## 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 Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|

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| | | |
|---|---|---|
| 5101:2-12-04 Building Department Inspection | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: Documentation of a fire inspection without any uncorrected violations must be secured for the program. Secure a new fire inspection by 9/4/25. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: #9991507, exp 3/1/25. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-05 Denial, Revocation and Suspension | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Administrator Qualifications | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-07 Written Program Policies and Procedures | Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-09 Background Check Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-10 Health Training Requirements | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-10 Professional Development Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Indoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement: The outdoor play space and equipment were not viewed during this inspection due to rain; however, the requirements were discussed. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |

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

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

| 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 clean and in good repair. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Handwashing Requirements | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Smoke Free Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Toothbrushing Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation - Driver Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation - Vehicle Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |

| 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 |
|---|---|---|
| 5101:2-12-16 First Aid/Standard Precautions | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Incident/Injury Reporting | Compliant | |

| Rule | Status | 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 Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 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 |
|---|---|---|
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-18 Group Size | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: Child Care Staff 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: Child Care Staff Members were supervising the children and were able to intervene as needed. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-19 Child Guidance | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|

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|---|---|---|
| 5101:2-12-20 Cots and Napping | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were placed 2 feet apart. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were labeled with the assigned infant's name. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The menu was posted in the entryway. The morning snack was observed as french toast sticks, bananas and milk Lunch was observed as chili mac, broccoli, pears and milk. |

| 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 Handling/Storage | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate daily written records for all infants were viewed. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: All bottles were labeled as required. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-23 Diapering and Toilet Training | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-25 Medication Administration | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Written Disaster Plan | Compliant | |