Department of Education
Department of Job and Family Services

# 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>ALL ABOUT KIDS CHILD CARE & LEARNING CENTER | Program Number<br>000000206387 | | Program Type<br>Child Care Center |
| Address<br>7015 YANKEE RD LIBERTY TWP<br>OH<br>45044 | | | County<br>BUTLER |
| | | | |
| Building Approval Date | Use Group/Code<br>E with I-2 | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>02/01/2018 | Food Service Risk Level<br>Level III | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Follow-up | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>05/23/2024 | Begin Time<br>9:00 AM | End Time<br>12:00 PM |
| Reviewer:<br>Steffani Roberts | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 10 | 1 | 0 | 0 | 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) | | 30 | 0 | 30 |
| Young Toddler | | 38 | 0 | 38 |
| **Total Under 2 ½ Years** | 90 | 68 | 0 | 68 |
| Older Toddler | | 31 | 0 | 31 |
| Preschool | | 73 | 0 | 73 |
| School Age | | 0 | 0 | 0 |
| **Total Capacity/Enrollment** | 370 | 104 | 0 | 172 |

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

| | | | |
|---|---|---|---|
| Campus A --Room 1 | 0 to < 12 months | 2 to 11 | |
| Campus A -- Room 4A | 18 months to < 30 months | 2 to 8 | |
| Campus A --Room 2 | 0 to < 12 months | 2 to 6 | |
| Campus A -- Room 3 | 12 months to < 18 months | 3 to 12 | |
| Campus A -- Room 4B | 18 months to < 30 months | 2 to 11 | |
| Campus A -- Room 6 | 30 months to < 36 months | 2 to 10 | |
| Campus A -- Room 7 | 30 months to < 36 months | 2 to 12 | |
| Campus A -- Room 8 | 3 years to < 4 years | 3 to 11 | |
| Campus A -- Room 5 | 18 months to < 30 months | 2 to 9 | |
| Campus B -- Room 5 | 4 years to < 5 years | 2 to 14 | |
| Campus B -- Room 3 | 4 years to < 5 years | 2 to 20 | |
| Campus B -- Room 1 | 4 years to < 5 years | 2 to 16 | |

## 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**

**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 1 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: 06/23/2024

## Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-02 License Posted | Not Verified | |

| 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 Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-04 Building Department Inspection | Not Verified | |

| 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 Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-05 Denial, Revocation and Suspension | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Administrator Qualifications | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Administrator Responsibilities/Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Written Program Policies and Procedures | Not Verified | |

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

| | | |
|---|---|---|
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified | |

| 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 | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-10 Professional Development Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Indoor Space Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Space Requirements | Not Verified | |

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-12 Safe Equipment | Not Verified | |

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |

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

| | | |
|---|---|---|
| 5101:2-12-13 Handwashing Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Smoke Free Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Toothbrushing Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation and Field Trip Procedures | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation - Driver Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation - Vehicle Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-15 Child Medical and Enrollment Records | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-15 Medical/Physical Care Plans | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Emergency Drills | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 First Aid/Standard Precautions | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Management of Communicable Disease | Not Verified | |

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

| | | |
|---|---|---|
| 5101:2-12-16 Incident/Injury Reporting | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-17 Daily Schedule | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-17 Materials and Equipment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-18 License Capacity | Not Verified | |

| 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 | Not Verified | |

| 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 | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-20 Cots and Napping | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-20 Cribs | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-21 Evening and Overnight Care | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-22 Meal and Snack Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-22 Safe Food Handling/Storage | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-23 Infant Daily Care | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-23 Infant Bottle and Food Preparation | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-23 Diapering and Toilet Training | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-24 Swimming and Water Safety Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-25 Medication Administration | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Written Disaster Plan | Not Verified | |