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>ABC Learners Academy | Program Number<br>2240031001 | Program Type<br>Child Care Center |
| Address<br>4408 Glenway Avenue Cincinnati<br>OH<br>45205 | | County<br>HAMILTON |

| | | | |
|---|---|---|---|
| Building Approval Date<br>09/13/2022 | Use Group/Code<br>E | Occupancy Limit | Maximum Under 2 ½<br>28 |
| Fire Inspection Approval Date<br>09/30/2024 | Food Service Risk Level<br>Exempt | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Pre-license | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>11/27/2024 | Begin Time<br>8:55 AM | End Time<br>3:10 PM |
| Reviewer:<br>BRIAN CHASTAIN | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 5 | 0 | 1 | 4 |

| 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 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| **Total Capacity/Enrollment** | | 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 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

**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-12 Safe Environment
Code: 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.

Finding: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined the program did not protect children from an unsafe item, condition or equipment noted in number 17 below:

1. Closed ended pull cord(s) on the window blind(s)
2. Extension cord(s); electrical cord(s) attached to an object that could result in a severe injury if pulled.
3. Stacked tables.
4. Folding tables.
5. Matches and/or a lighter.
6. Power tool(s).
7. Live wires.
8. Stove(s) that are either on or able to be turned on by a child.
9. Asbestos.
10. Traffic.
11. A body of water.
12. A well.

13. Environmental hazard(s) confirmed by local authorities having jurisdiction over the hazard.
14. A crockpot used to heat bottles.
15. Immediate access to a knife.
16. Large or heavy pieces of shelving units are not securely anchored to the wall.
17. A mop bucket with water was accessible in the toddler area.

Any hazardous equipment must be removed, replaced, or repaired and any hazardous condition must be corrected and must be made inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that the item or condition has been removed and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/27/2024

**Low Risk Non-Compliances**

**Domain: 03 Postings & Equipment**

Rule: 5101:2-12-17 Materials and Equipment
Code: The program is required to have quiet areas available.

Finding: During the inspection, it was determined that the program's environment did not provide for a quiet area in the toddler classroom in the back of the building. Please submit a written statement describing corrective action taken.

Corrective Action Plan Due: 12/27/2024

**Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-20 Cribs
Code: The program is required to space cribs two feet apart when in use.

Finding: During the inspection, it was determined that cribs were not two feet apart, as required by this rule. Corrected during the inspection. 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.

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**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 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: 12/27/2024

**Domain: 08 Staff Files**

Rule: 5101:2-12-10 Health Training Requirements
Code: The program is required to maintain a staff schedule with coverage of the required health trainings.

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Finding: In review of the staff records, it was determined the program did not have at least one child care staff member scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in numbers 2, 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 6:30-9:00 AM and 1:15-2:00 PM did not have verification of current First Aid training
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 [ ] and [ ] had expired training
10. Communicable Disease – child care staff scheduled during the hours of 6:30-7:00 AM did not have verification of current 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: 12/27/2024

## Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license will be posted on the parent board. |

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| 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 |
|---|---|---|
| Rule: 5101:2-12-04 Building Department Inspection | Compliant | Documenting Statement: A copy of the certificate of occupancy was available on-site for review. |

| 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 | 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 |
|---|---|---|
| 5101:2-12-07 Written Program Policies and Procedures | Compliant | |

| 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 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 |
|---|---|---|
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The prescribed playground inspection form was available onsite for documentation of quarterly playground inspections. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: Shade is provided by means of trees. |

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement: The program had no equipment designated for climbing, swinging, balancing, or sliding. Therefore no fall surface was required. |

| 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 |
|---|---|---|
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |

| 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 Environment | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. |

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

| | | |
|---|---|---|
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: The prescribed form was available onsite for securing children's enrollment and health information required by the rule. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The prescribed form was available onsite for documentation of children's health conditions. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 “Medical, Dental, and General Emergency Plan For Child Care” was posted in the program as required. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: The program had a system in place for documentation of completed fire, weather, and emergency/lockdown drills. |

| 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. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-16 Incident/Injury Reporting | Compliant | Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" form was available onsite for documentation of incidents at the program. |

| 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 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: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |

| 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: Sample forms were observed for recording attendance. |

| 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 | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Food will be provided by parents for their own children. During the inspection, the requirements of the rule regarding meals and snacks were discussed. |

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

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|---|---|---|
| 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 infants were available onsite. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: Bottles and opened food will be stored in a refrigerator located in the infant area. |
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: Infants will be fed in conformity with parent/guardian's written, dated instructions. The Basic Infant Information form was available onsite. |

| 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 | |

| 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 | |