

State of Ohio  
**Food Inspection Report**  
Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Kids Learning Place</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>6110</i>	Date <i>9-1-15</i>
Address <i>1700 W. 1st St. #101</i>	City/State/Zip Code <i>Cincinnati, OH 45231</i>		
License holder <i>John C. Smith</i>	Inspection Time <i>3:00</i>	Travel Time <i>15</i>	Category/Descriptive <i>MS</i>
Type of Inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow up date (if required)	Water sample date/result (if required)

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN**=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

**Compliance Status**

**Supervision**

- |   |                                                                                                  |                                                                       |
|---|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A            | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Certified Food Protection Manager                                     |

**Employee Health**

- |   |                                                                                                  |                                                                                                 |
|---|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Management, food employees and conditional employees; knowledge, responsibilities and reporting |
| 4 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A            | Proper use of restriction and exclusion                                                         |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Procedures for responding to vomiting and diarrheal events                                      |

**Good Hygienic Practices**

- |   |                                                                                       |                                                  |
|---|---------------------------------------------------------------------------------------|--------------------------------------------------|
| 6 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose, and mouth          |

**Preventing Contamination by Hands**

- |    |                                                                                                                    |                                                                                             |
|----|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 8  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                   | Hands clean and properly washed                                                             |
| 9  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   | Adequate handwashing facilities supplied & accessible                                       |

**Approved Source**

- |    |                                                                                                                               |                                                                   |
|----|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 11 | <input type="checkbox"/> IN <input type="checkbox"/> OUT                                                                      | Food obtained from approved source                                |
| 12 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food received at proper temperature                               |
| 13 | <input type="checkbox"/> IN <input type="checkbox"/> OUT                                                                      | Food in good condition, safe, and unadulterated                   |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Required records available: shellstock tags, parasite destruction |

**Protection from Contamination**

- |    |                                                                                                                    |                                                                                   |
|----|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 15 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated and protected                                                      |
| 16 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food-contact surfaces: cleaned and sanitized                                      |
| 17 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                | Proper disposition of returned, previously served, reconditioned, and unsafe food |

**Time/Temperature Controlled for Safety Food (TCS food)**

- |    |                                                                                                                    |                                             |
|----|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooking time and temperatures        |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper reheating procedures for hot holding |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooling time and temperatures        |
| 21 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper hot holding temperatures             |
| 22 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   | Proper cold holding temperatures            |

**Compliance Status**

**Time/Temperature Controlled for Safety Food (TCS food)**

- |    |                                                                                                                    |                                                       |
|----|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 23 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper date marking and disposition                   |
| 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Time as a public health control: procedures & records |

**Consumer Advisory**

- |    |                                                                                       |                                                         |
|----|---------------------------------------------------------------------------------------|---------------------------------------------------------|
| 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked foods |
|----|---------------------------------------------------------------------------------------|---------------------------------------------------------|

**Highly Susceptible Populations**

- |    |                                                                                       |                                                      |
|----|---------------------------------------------------------------------------------------|------------------------------------------------------|
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered |
|----|---------------------------------------------------------------------------------------|------------------------------------------------------|

**Chemical**

- |    |                                                                                       |                                                    |
|----|---------------------------------------------------------------------------------------|----------------------------------------------------|
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Food additives: approved and properly used         |
| 28 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toxic substances properly identified, stored, used |

**Conformance with Approved Procedures**

- |    |                                                                                                                    |                                                                                       |
|----|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production                                          |
| 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Heat Treatment Dispensing Freezers                              |
| 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Custom Processing                                               |
| 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Bulk Water Machine Criteria                                     |
| 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Acidified White Rice Preparation Criteria                       |
| 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Critical Control Point Inspection                                                     |
| 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Process Review                                                                        |
| 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Variance                                                                              |

**Risk factors** are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

**Public health interventions** are control measures to prevent foodborne illness or injury.

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