

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 Det | ails | |
|---|-------------------------------|-------------------------|----------------------|
| Program Name | Program Number | | Program Type |
| BLUE BOOK SCHOOLS INC | 000000202956 | | Child Care Center |
| Address 2029 WYOMING ST DAYTON OH 45410 | | | County MONTGOMERY |
| Building Approval Date 05/04/1992 | Use Group/Code B Occ. – 49 | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | | Food Service Risk Level | |
| 05/04/2021 | Exempt | Exempt | |

| | Insp | ection Information | | |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 08/30/2021 | Begin Time 8 | :45 AM | End Time 12:00 PM | |
| Reviewer: MARGARET CONF | RAD | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 4 | 0 | 2 | 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) | | 5 | 0 | 5 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 19 | 5 | 0 | 5 |
| Older Toddler | | 5 | 0 | 5 |
| Preschool | | 5 | 0 | 5 |
| School Age | | 1 | 4 | 5 |
| Total Capacity/Enrollment | 49 | 11 | 4 | 20 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infants | Mixed Age Group | 2 to 3 | |

| Toddlers | Mixed Age Group | 1 to 10 | At arrival the |
|----------|-----------------|---------|------------------|
| | | | toddlers- SA |
| | | | children's were |
| | | | eating breakfast |
| | | | together |

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| Sarious Pick Non Compliances |
|--|
| Serious Risk Non-Compliances |
| No Serious Risk Non-Compliances were observed during this inspection |
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Moderate Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

<u>Code</u>: The program is required to maintain the appropriate staff to child ratio for each group served.

<u>Finding</u>: During the inspection, a ratio of 1 child care staff member for 10 children was determined to have occurred for the mixed age group of toddlers- SA children when the situation in number 1 below occurred:

- 1. A child care staff member stepped out of the room.
- 2. A child care staff member had not arrived at work on time.
- 3. Children were present who were not scheduled to be there.
- 4. A child care staff member was unable to work.
- 5. A child was injured in that group.
- 6. A child arrived in the group before a second staff member was scheduled to arrive with the group.
- 7. Two groups were combined, and the program did not follow the ratio for the youngest child in the group.
- 8. A child was transitioning to the next older age group, and the program did not follow the ratio for the youngest child in the group.
- Ratio was doubled for more than two hours while children were napping.
- 10. Ratio was doubled while children were napping for a group that included at least one infant.

- 11. Ratio was doubled while children were napping and there were not enough staff members in the building to meet staff/child ratio.
- 12. Ratio was doubled in the school age group to allow access to the program, however, the program does not serve only school age children.
- 13. Both child care staff members did not have a working communication device when one staff member left the group to allow access to the school age only program.
- 14. The child care staff member did not return to the group after allowing access to the school age only program.
- 15. Other [].

Additional child care staff members must be hired or current child care staff members must be rescheduled to maintain compliance. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/01/2021

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 "Child Medical/Physical Care Plan" for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan" must be on file for any child having health conditions which require monitoring for symptoms or a medical procedure be performed at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 15 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Symptoms to watch for were missing.
- 6. Action to be taken if symptoms to occur were missing.
- 7. Activities/foods/environmental conditions to avoid, if applicable, were missing.
- 8. Medical procedures to be followed were missing.
- 9. Expected benefit was missing.
- 10. Name of any applicable medication was missing.
- 11. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
- 12. Instructions regarding emergency evacuation, if applicable, were missing.
- 13. Training instructions were missing.
- 14. Dated signature of parent or certified professional who trained the program staff was missing.
- 15. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.

- 16. Directions regarding additional services, if applicable, were missing.
- 17. Dated signature of parent giving permission to perform the procedure was missing.
- 18. Dated signature of program administrator was missing.
- 19. The plan was not implemented.
- 20. The plan was not able to be implemented due to conflicting information.
- 21. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236 "Child Medical/Physical Care Plan", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/01/2021

Low Risk Non-Compliances

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program is required to provide a safe and sufficient barrier to separate the play and sleeping space.

<u>Finding</u>: During the inspection, it was determined that the barrier between the play and sleeping space did not meet the requirements as noted in number 2 below;

- 1. No barrier had been provided
- 2. The barrier did not prevent the infants from entering the sleeping area.
- 3. The barrier was not safe.
- 4. The barrier was not sturdy.
- 5. The barrier impaired staff's ability to see and hear all sleeping infants in their cribs.
- 6. The barrier was inadequate.
- 7. 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: 5101:2-12-25 Medication Administration and Food Supplements



<u>Code</u>: The program is required to store medication out of the reach of children.

<u>Finding</u>: During the inspection, it was determined that a topical product, diaper cream, was within the reach of children in the infant room. 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.

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Approval | Compliant | |
| | | |
| | | , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food License | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | <u> </u> |
| Environment | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | Documenting Statement(s), if applicable |
| 5101.2-12-22 Fluid Wilk Nequilements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | l c | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | , , , , , , , , , , , , , , , , , , , |
| Handling/Storage | , | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| <u> </u> | · | for completed fire, weather, and |

| | | emergency/lockdown drills was verified |
|--------------------------------------|-----------|---|
| | | during this inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: An |
| Equipment | | improvement in the quantity of |
| | | equipment was observed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | 5 (" 11 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were |
| Food Preparation | | labeled as required. |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
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| DEGITATION | | |
|-------------------------------------|-------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
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| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 1 1 | | Documenting Statement(s), if applicable |
| 5101:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | Join pilant | |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff | Compliant | |
| Records | Compilation | |
| Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 111110 | | Documenting Statement(s), it applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | · | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | bocamenting statement(s), if applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| General Emergency Flam | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: Child Care Staff |
| Records | | Members were observed recording the |
| | | attendance for each child upon arrival |
| | | and documenting each child's departure. |
| | | and desamenting each child sucpurtuic. |
| | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| | | |