

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	Program Number		Program Type	
WILLOUGHBY MONTESSORI DAYSCHOOL	000000303010		Child Care Center	
INC				
Address			County	
5543 S O M CENTER RD WILLOUGHBY			LAKE	
OH 44094				
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½	
10/23/1991	E with I-2	298		
Fire Inspection Approval Date	Food Service Risk Level			
01/12/2017	Level III			

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date 02/10/2022	Begin Time 8	Begin Time 8:13 AM End Time 12:06 PM		
Reviewer: SHELLY WILLIAMS	Reviewer: SHELLY WILLIAMS			
Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
58	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)		8	0	8
Young Toddler		5	0	5
Total Under 2 ½ Years	40	13	0	13
Older Toddler		7	0	7
Preschool		40	0	40
School Age		0	8	8
Total Capacity/Enrollment	192	47	8	68

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Preschool Downstairs	3 years to < 4 years	2 to 20	

Preschool Downstairs	3 years to < 4 years	2 to 22	
Preschool upstairs	4 years to < 5 years	3 to 15	
Preschool upstairs	4 years to < 5 years	2 to 16	
Infant	0 to < 12 months	2 to 5	
Infant	0 to < 12 months	2 to 6	
Toddler Younger	18 months to < 30 months	1 to 3	
Toddler Younger	18 months to < 30 months	1 to 5	
Toddler older	30 months to < 36 months	1 to 4	
Toddler older	30 months to < 36 months	1 to 6	

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.

Serious Risk Non-Compliances		
No Serious Risk Non-Compliances were observed during this inspection		

Moderate Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-12-04 Fire Inspection

<u>Code</u>: The program is required to have all spaces used for child care inspected by the fire department or the state fire marshal's office prior to serving children. The program is required to obtain a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection. If violations are noted during the inspection, the program is required to have all violations corrected and have the program reinspected to obtain a completed fire form.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for fire inspection as noted in number(s) 1 below:

1. The program did not have documentation on file for a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection and the request for the new inspection was not made at least 30 days prior to the expiration of the previous fire inspection.



- 2. The documentation for the most recent fire inspection contained violations that had not been corrected.
- 3. The [] space was being used and had not been approved by the fire department or the state fire marshal's office for child care.

Submit the program's corrective action plan, which includes an updated fire inspection without any uncorrected violations, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/12/2022

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 for Child Care" 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 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods 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(s) 1 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. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.



- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. 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.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/12/2022

Low Risk Non-Compliances

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Fluid Milk Requirements

Code: The program is required to obtain written documentation when serving substitutions for fluid milk.

<u>Finding</u>: During the inspection, it was determined that required documentation for substitutions for fluid milk was not on file as noted in number(s) 1 below:

- 1. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants up to 12 months of age are served anything other than formula or breast milk.
- 2. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants and toddlers 12 months of age up to 24 months of age are served anything other than unflavored whole homogenized vitamin D fortified cow's milk, breast milk, or non-cow milk substitution that is nutritionally equivalent to milk.
- 3. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when toddlers and children 24 months of age and older are served anything other than unflavored one per cent milk that is vitamin A and D fortified, unflavored fat free or skim milk that is vitamin A and D fortified, or non-cow milk substitutions that are nutritionally equivalent to milk.
- 4. Written parental consent for non-cow milk substitutions that are nutritionally equivalent to milk for children 12 months of age and older.

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: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test
- 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 4a;
- 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: 03/12/2022

Rules In-	Compl	liance/I	Not V	eritied/
-----------	-------	----------	-------	----------

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
2.1	I c	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
2.1		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Compliant	
Requirements		
	1	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Building	Compliant	Documenting Statement: On the day of
Department Inspection		the inspection, the program was
		operating in compliance with the current
		building approval(s).
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food Service	Compliant	Documenting Statement: The food service
Requirements		license was observed posted. Following is
		the audit number and date of expiration:
		JCAE-C42QK7 and expires 3/1/22.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-05 Denial, Revocation and	Compliant	
Suspension		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Compliant	
Policies and Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Compliant	
Educational Requirements	·	
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection		
Windle Blower Floteetion	<u> </u>	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check	Compliant	
Requirements		
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Compliant	bootinenting statement(s), in approach
Requirements	Compliant	
Requirements		
	-	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	
Requirements	•	
quee.		
Rule	Status	Documenting 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
5101:2-12-11 Outdoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Play	Compliant	Documenting Statement: The outdoor
Equipment	Compilant	play space and equipment were not
Equipment		
		viewed during this inspection due to inclement weather conditions]; however,
		I inclement weather conditional: however
		the requirements were discussed.
Rule	Status	
Rule 5101:2-12-11 Outdoor Play Fall Zones	Status Compliant	the requirements were discussed.
1.0.10		the requirements were discussed.
1.0.10		the requirements were discussed.
1.0.10		the requirements were discussed.
5101:2-12-11 Outdoor Play Fall Zones Rule	Compliant	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones Rule	Compliant	Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment	Status Compliant	Documenting Statement(s), If applicable Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment Rule	Status Compliant Status Status	Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment	Status Compliant	Documenting Statement(s), If applicable Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment Rule	Status Compliant Status Status	Documenting Statement(s), If applicable Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment Rule 5101:2-12-12 Safe Environment	Status Compliant Status Compliant Status Compliant	Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment Rule 5101:2-12-12 Safe Environment	Status Compliant Status Compliant Status Compliant	Documenting Statement(s), If applicable Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment Rule 5101:2-12-12 Safe Environment Rule 5101:2-12-13 Sanitary Equipment and	Status Compliant Status Compliant Status Compliant	Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment Rule 5101:2-12-12 Safe Environment	Status Compliant Status Compliant Status Compliant	Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment Rule 5101:2-12-12 Safe Environment Rule 5101:2-12-13 Sanitary Equipment and	Status Compliant Status Compliant Status Compliant	Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable
S101:2-12-11 Outdoor Play Fall Zones Rule 5101:2-12-12 Safe Equipment Rule 5101:2-12-12 Safe Environment Rule 5101:2-12-13 Sanitary Equipment and	Status Compliant Status Compliant Status Compliant	Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable

5101:2-12-13 Handwashing	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	Documenting Statement(s), if applicable
Environment	Compliant	
LIVII OIIII CIT		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation and Field	Compliant	
Trip Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Driver	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Vehicle	Compliant	bocumenting statement(s), if applicable
Requirements	Compilant	
- 4	I	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Child Medical and	Compliant	
Enrollment Records		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	bocumenting statement(s), it applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	
Precautions		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of	Compliant	Socialisticing Statement(3), if applicable
Communicable Disease	- 2	
	I	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Compliant	
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	
	l	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Compliant	Commence of the second of the
Equipment	'	
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
Nuie. 5101.2-12-18 Natio	Compliant	ratios observed during the inspection
		were in compliance.
		were in compliance.
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	Compliant	
Rule	Chahua	Description (takens ant/s) If anylinghis
5101:2-12-19 Supervision	Status Compliant	Documenting Statement(s), If applicable
3101.2-12-19 Supervision	Compliant	
	_ L	
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	
L		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cribs	Compliant	bocumenting statement(s), ii applicable
3101.2 12 20 01103	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-21 Evening and Overnight	Compliant	
Care		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Compliant	
Requirements		

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Bottle and Food	Compliant	
Preparation		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Diapering and Toilet	Compliant	
Training		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-24 Swimming and Water	Compliant	
Safety Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-25 Medication	Compliant	Documenting Statement: There were no
Administration		children on medication at the time of the
		inspection; however, the method of
		storage and practices for the
		administration were reviewed.