

## **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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 Deta            | nils            |                     |
|---|-------------------------|-----------------|---------------------|
| Program Name  | Program Number          |                 | Program Type        |
| WILLIAMSFIELD PRESCHOOL                                   | 000000305219            |                 | Child Care Center   |
| Address<br>5920 STATE ROUTE 322 WILLIAMSFIELD<br>OH 44093 |                         |                 | County<br>ASHTABULA |
| Building Approval Date<br>02/19/1999                      | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½   |
| Fire Inspection Approval Date                             | Food Service Risk Level |                 |                     |
| 09/23/2021  | Exempt                  |                 |                     |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 12/14/2021 | Begin Time 9                   | :10 AM           | End Time 10:56 AM |              |
| Reviewer:                  |                                |                  |                   |              |
| Tamela Green               |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 2                              | 0                | 0                 | 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)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 44        | 44    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 29               | 0          | 44        | 44    |

| Staff-Child Ratios at the Time of Inspection |                      |                |            |
|--|----------------------|----------------|------------|
| Group  | Age Group/Range      | Ratio Observed | Comment    |
| AM   | 3 years to < 4 years | 2 to 19        | at arrival |

| AM | 3 years to < 4 years | 2 to 19 | During free       |
|----|----------------------|---------|-------------------|
|    |                      |         | choice at end of  |
|    |                      |         | visit             |
| PM | 3 years to < 4 years | 0 to 0  | was not at center |
|    |                      |         | for pm class      |

## **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  |  |  |
|---|--|--|
| Schous Kisk Hon compliances   |  |  |
| No Serious Risk Non-Compliances were observed during this inspection  |  |  |
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|   |  |  |
|   |  |  |
|   |  |  |
| Moderate Risk Non-Compliances   |  |  |
|   |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |
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|   |  |  |
|   |  |  |
|   |  |  |
| Low Risk Non-Compliances  |  |  |

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

Code: The program is required to complete fire drills, weather drills, and emergency/lockdown drills

appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 3 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/13/2022

## **Domain: 08 Staff Files**

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [ ].

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/13/2022

## Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable  |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted  | Compliant | Documenting Statement: The license was   |
|                                    |           | in a location visible to parents as      |
|                                    |           | required.                                |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-02 Current         | Compliant | Documenting Statement: The program       |
| Information                        |           | had current information entered in the   |
|                                    |           | Ohio Child Licensing and Quality System  |
|                                    |           | (OCLQS).                                 |
| L                                  |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection            | Compliant |  |
| Requirements                       |           |  |
|                                    |           |  |
| 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).                    |
|                                    |           |  |
|                                    | C         |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note:      |
|                                    |           | Documentation of a fire inspection       |
|                                    |           | without any uncorrected violations must  |
|                                    |           | be secured for the program. Secure a     |
|                                    |           | new fire inspection by 9/23/22.          |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the      |
|                                    |           | program had documentation of a current   |
|                                    |           | fire inspection without any uncorrected  |
|                                    |           | violations at the time of the licensing  |
|                                    |           | inspection, the program did not have the |
|                                    |           | fire inspection completed within 12      |
|                                    |           | months from the date of the last fire    |
|                                    |           | inspection without any uncorrected       |
|                                    |           | violations. Please ensure that fire      |
|                                    |           | violations. Ticase ensure that me        |



|                                      |              | inspections are completed in accordance    |
|--------------------------------------|--------------|--|
|                                      |              | with the rule requirements.                |
|                                      |              | With the rate requirements.                |
|                                      | <u> </u>     |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Food Service      | Compliant    | Documenting Statement: The program         |
| Requirements                         |              | has obtained a food service exemption      |
| Requirements                         |              | status from the local health department.   |
|                                      |              | status from the local fleatiff department. |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-07 Administrator     | Compliant    | Documenting Statement: The                 |
| Qualifications                       | Compliant    | _  |
| Qualifications                       |              | administrator has unti12/16/21, to         |
|                                      |              | complete the rules review course.          |
|                                      |              |  |
| D. J.                                | Ctatura      | December 1/2 for the late                  |
| Rule                                 | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-07 Administrator     | Compliant    | Documenting Statement: The                 |
| Responsibilities/Requirements        |              | administrator's hours of availability to   |
|                                      |              | meet with parents were posted in a         |
|                                      |              | noticeable location.                       |
|                                      |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-07 Written Program   | Compliant    | Documenting Statement: The written         |
| Policies and Procedures              |              | policies and procedures reviewed on the    |
|                                      |              | day of the inspection were verified as     |
|                                      |              | complete.                                  |
|                                      |              | ·  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-08 Medical Statement | Compliant    | Documenting Statement: All employees       |
|                                      | ·            | had current medical statements on file.    |
|                                      |              |  |
|                                      | 1            | 1  |
| Rule                                 | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-08 Child Care Staff  | Compliant    | Documenting Statement: All Child Care      |
| Member Educational Requirements      | 2011/21/2011 | Staff Members had verification of          |
|                                      |              | educational requirements on file at the    |
|                                      |              | · ·  |
|                                      |              | program.                                   |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-08 Orientation       | Compliant    | Documenting Statement: On the day of       |
|                                      | Compilant    | the inspection, all child care staff       |
| Training & Whistle Blower Protection |              | •  |
|                                      |              | members had met orientation training       |
|                                      |              | requirements.                              |
|                                      |              |  |
|                                      | T <b>c</b>   |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable    |

| Rule: 5101:2-12-09 Background Check<br>Requirements | Compliant           | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.   |
|---|---------------------|--|
| 0.1   |                     | S (1) If I' II   |
| Rule: 5101:2-12-10 Health Training Requirements     | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| Dula  | Chahua              | Decrease this a Chatage and (a) If a multiple  |
| Rule 5101:2-12-11 Indoor Space Requirements         | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements    | Compliant           | Documenting Statement: Indoor play space used for gross motor activities was the gym.  |
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements    | Compliant           | Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence.   |
|   | <u> </u>            |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play<br>Equipment        | Compliant           | Documenting Statement: All equipment in the outdoor play space was observed to be anchored and stable.   |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones       | Compliant           | Documenting Statement: The protective material used under outdoor equipment was wood chips   |
| 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.   |
| Pulo  | Status              | Documenting Statement/s) If applicable   |
| Rule  | Status              | Documenting Statement(s), If applicable  |

| Beginning!                           |           | <del></del>   |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-12 Safe Environment  | Compliant | Documenting Statement: Cleaning supplies were viewed stored out of the reach of children. |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Sanitary          | Compliant | Documenting Statement: On the day of  |
| Equipment and Environment            |           | the inspection, the program provided a  |
|                                      |           | clean environment in accordance with  |
|                                      |           | Appendix A of this rule, which included   |
|                                      |           | the furniture, materials and equipment.   |
|                                      |           | the farmed e, materials and equipment.  |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Handwashing       | Compliant | Documenting Statement: Staff and  |
| Requirements                         |           | children were observed washing hands as   |
|                                      |           | required by the rule.   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free              | Compliant | bocumenting statement(s), if applicable   |
| Environment                          | Compliant |   |
| Environment                          |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of   |
| Enrollment Records                   | Compilant | the inspection, 25% of the children's   |
|                                      |           | records were reviewed, and the records  |
|                                      |           | were complete, as required by the rule.   |
|                                      |           | were complete, as required by the rule.   |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: In review of   |
| Enrollment Records                   | '         | 25% of the records, at the time of the  |
|                                      |           | inspection, children's medical statements   |
|                                      |           | were complete and on file, as required by   |
|                                      |           | the rule.   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical  | Compliant | Documenting Statement: At the time of   |
| Care Plans                           |           | the inspection, there were no children  |
|                                      |           | currently enrolled who had health   |
|                                      |           | conditions.   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,  | Compliant | Documenting Statement: On the day of  |
| and General Emergency Plan           | Compilant | the inspection, the complete prescribed   |
| and General Linergency Flair         |           | JFS 01242 "Medical, Dental, and General   |
|                                      |           |   |
|                                      |           | Emergency Plan For Child Care" were   |
|                                      |           | posted in the program as required.  |
|                                      |           |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the         |
| Precautions                           | ·         | inspection, the program had complete      |
|                                       |           | first aid kits available as required.     |
|                                       |           | ·   |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: The program        |
| Precautions                           |           | had a system in place for regularly       |
|                                       |           | checking and replacing first aid kit      |
|                                       |           | supplies. Had extra supplies.             |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Management of      | Compliant | Documenting Statement: The JFS 08087      |
| Communicable Disease                  |           | "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    | Compliant | Documenting Statement: The                |
| Reporting                             |           | requirements for completing JFS 01299     |
|                                       |           | "Incident/Injury Report For Child Care"   |
|                                       |           | reports were discussed during the         |
|                                       |           | inspection.                               |
|                                       |           |   |
|                                       | _         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan    | Compliant |   |
|                                       |           |   |
| D 1                                   | l CL I    | D C                                       |
| 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   |
| Rule: 5101:2-12-17 Materials and      | Compliant | Documenting Statement: Sufficient         |
| Equipment                             | Compliant | equipment was observed in all categories. |
| Equipment                             |           | equipment was observed in an categories.  |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 License Capacity   | Compliant | Documenting Statement: The program        |
|                                       | 22 2      | was operating within their license        |
|                                       |           | capacity limits.                          |
|                                       |           |   |
| L                                     | 1         |   |
| 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: 5101:2-12-18 Ratio                          | Compliant           | Documenting Statement: Staff/child ratios observed during the inspection were in compliance.   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Group Size                     | Compliant           | Documenting Statement: The group sizes observed on the day of the inspection were in compliance.   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Attendance<br>Records          | Compliant           | Documenting Statement: Child Care Staff Members were observed recording the attendance for each child upon arrival and documenting each child's departure.                       |
|   | La                  |  |
| Rule: 5101:2-12-19 Supervision                    | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff   |
| Nuie. 3101.2-12-13 Supervision                    | Compilant           | Members were supervising the children and were able to intervene as needed.  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-19 Child Guidance                 | Compliant           | Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection.   |
| Dula  | Chathar             | Downsonting Chatamantal If and include   |
| Rule: 5101:2-12-20 Cots and Napping               | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, the program operated fewer than 7 hours and did not include a nap or rest period. |
| Rule  | Status              | Documenting Statement/s) If applicable   |
| Rule: 5101:2-12-22 Meal and Snack<br>Requirements | Compliant           | Documenting Statement(s), If applicable  Documenting Statement: Snacks were provided at intervals as required by this rule. parent provided                                      |
| Rule  | Status              | Documenting Statement(s), If applicable  |



| Status    | Documenting Statement(s), If applicable   |
|-----------|---|
| Compliant | Documenting Statement: There were no children on medication at the time of the inspection; however, the method of storage and practices for the administration were reviewed. |
|           | Status<br>Compliant   |