



## 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>ESTHER JETTER PRESCHOOL AT MT.<br>VERNON NAZARENE UNIV. | Program Number<br>000000406618 | Program Type<br>Child Care Center |                   |
| Address<br>800 MARTINSBURG RD. MOUNT VERNON<br>OH 43050                 |                                | County<br>KNOX                    |                   |
| Building Approval Date  | Use Group/Code                 | Occupancy Limit                   | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>08/18/2021                             | Food Service Risk Level        |                                   |                   |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/18/2021 | Begin Time 7:30 AM       | End Time 8:30 AM                 |
| Inspection Date<br>10/21/2021 | Begin Time 9:30 AM       | End Time 11:34 AM                |
| Inspection Date<br>10/21/2021 | Begin Time 9:30 AM       | End Time 11:59 PM                |
| Reviewer:<br>BEVERLY JAMES    |                          |                                  |
| Reviewer:<br>BEVERLY JAMES    |                          |                                  |
| Reviewer:<br>BEVERLY JAMES    |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>57 | No. Rules with Non-compliances<br>7 | No. Serious Risk<br>0 | No. Moderate Risk<br>2 | No. Low Risk<br>6 |

| 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     |
| <b>Total Under 2 ½ Years</b>                              | 0                | 0          | 0         | 0     |



|                                  |    |    |   |    |
|----------------------------------|----|----|---|----|
| Older Toddler                    |    | 0  | 0 | 0  |
| Preschool                        |    | 64 | 0 | 64 |
| School Age                       |    | 0  | 0 | 0  |
| <b>Total Capacity/Enrollment</b> | 24 | 64 | 0 | 64 |

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| PS AM  | 3 years to < 4 years | 4 to 16        | arrival |
| PS AM  | 3 years to < 4 years | 3 to 16        | outside |

**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: 09 Children's Files**

Rule: 5101:2-12-25 Medication Administration and Food Supplements  
Code: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

Finding: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication, food supplement or medical food to a child as noted in number(s) 6,8,10 below:

1. No JFS 01217 "Request for Administration of Medication for Child Care" was on file.



2. The child's name was missing on the JFS 01217.
3. The child's date of birth was missing on the JFS 01217.
4. The child's weight was missing on the JFS 01217.
5. The name of the medication was missing on the JFS 01217.
6. The exact dose was missing on the JFS 01217.
7. The time to administer was missing on the JFS 01217.
8. The time period to administer was missing on the JFS 01217.
9. The Parent/Guardian's dated signature was missing on the JFS 01217.
10. Possible side effects were missing on the JFS 01217.
11. Expiration date was missing on the JFS 01217.
12. Physician instructions were missing on the JFS 01217.
13. Physician's dated signature was missing on the JFS 01217.
14. Physician's phone number was missing on the JFS 01217.
15. Date medication was administered was missing on the JFS 01217.
16. Time medication was administered was missing on the JFS 01217.
17. Dosage administered was missing on the JFS 01217.
18. Staff member's signature was missing on the JFS 01217.
19. A prescription label was not attached to the prescription medication.
20. The medication or product, [ ], was not brought to the program in its original container.
21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/20/2021

#### **Domain: 09 Children's Files**

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

Code: 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.

Finding: 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(s) 1,7,9,13 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: 11/20/2021

### Low Risk Non-Compliances

#### Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements

Code: The program is required to respond to noncompliances by the date noted in the inspection report.

Finding: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 3/3/21. The rule requires that the program provide materials to correct non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/20/2021



**Domain: 01 Ratio & Supervision**

**Rule:** 5101:2-12-18 Attendance Records

**Code:** The program is required to have the information listed in rule on all attendance records.

**Finding:** During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 1 below:

1. The name of the child.
2. The birth date of the child.
3. The assigned group.
4. The child's weekly schedule.
5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

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

Corrective Action Plan Due: 11/20/2021

**Domain: 02 Safe & Sanitary Environment**

**Rule:** 5101:2-12-12 Safe Environment

**Code:** The program is required to store chemicals in a place that is inaccessible to children.

**Finding:** During the inspection, a potentially hazardous substance, which was determined to not present a serious risk to a child, was accessible to children as noted in number(s) 2 below:

1. Cosmetics;
2. Disinfecting wipes;
3. Fish food;
4. Hand lotion;
5. Hand sanitizer (for children under 24 months);
6. Laundry detergent;
7. Powder dish washing soap;
8. Paint cans;
9. White out;
10. Potting Soil;
11. Other potentially hazardous substance [ ].

The potentially hazardous substance was determined to be accessible to children in the following area: [ ].



Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance is no longer accessible to children and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/20/2021

**Domain: 08 Staff Files**

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

Finding: 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: 11/20/2021

**Domain: 09 Children's Files**

Rule: 5101:2-12-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file at the program for each child enrolled.



Finding: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 2 below:

1. No medical was on file for at least one child
2. Medical(s) on file were not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
6. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
8. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
9. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
10. Other [ ]

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

Corrective Action Plan Due: 11/20/2021

**Domain: 09 Children's Files**

Rule: 5101:2-12-15 Child Medical and Enrollment Records

Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

Finding: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 1,8,12,14 below.

1. No enrollment form was completed for at least one child
2. The current JFS 01234 was not completed for at least one child
3. Complete parent information
4. Complete emergency contact information
5. Complete physician information
6. Information regarding the parent list
7. Health information
8. Additional information for all boxes checked "yes"



- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. 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.

**Rules In-Compliance/Not Verified**

| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| 5101:2-12-22 Meal and Snack Requirements        | Compliant |   |
| 5101:2-12-13 Handwashing Requirements           | Compliant |   |
| Rule: 5101:2-12-04 Fire Approval                | Compliant | Documenting Statement: Please Note: An annual fire inspection approval must be secured for the program. Secure a new approval by 8/18/22. |
| 5101:2-12-16 Management of Communicable Disease | Compliant |   |
| 5101:2-12-13 Smoke Free Environment             | Compliant |   |





| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| 5101:2-12-07 Administrator Qualifications                     | Compliant |   |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant |   |
| Rule: 5101:2-12-04 Food License                               | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: Knox Public Health Level 2 Exp 3/1 22 9935020. |
| 5101:2-12-13 Sanitary Equipment and Environment               | Compliant |   |
| 5101:2-12-19 Child Guidance                                   | Compliant |   |
| 5101:2-12-22 Fluid Milk Requirements                          | Compliant |   |
| Rule: 5101:2-12-16 First Aid/Standard Precautions             | Compliant | Documenting Statement: During the inspection, 1 first aid kits were reviewed and available as required.   |
| Rule: 5101:2-12-11 Outdoor Play Fall Zones                    | Compliant | Documenting Statement: The protective material used under outdoor equipment was mulch.  |
| 5101:2-12-18 License Capacity                                 | Compliant |   |
| 5101:2-12-22 Safe Food Handling/Storage                       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |



|   |               |   |
|---|---------------|---|
| 5101:2-12-11 Indoor Space Requirements        | Compliant     |   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-16 Emergency Drills                 | Compliant     |   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-17 Materials and Equipment          | Compliant     |   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-11 Outdoor Play Equipment           | Compliant     |   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| Rule: 5101:2-12-17 Daily Outdoor Play         | Compliant     | Documenting Statement: Outdoor play was observed for the ps group(s).   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-04 Building Approval                | Compliant     |   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-02 License Posted                   | Compliant     |   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant     | Documenting Statement: The quarterly playground inspection(s) was completed and documented, as required. The most recent inspection report form was dated 10/12/21. |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-19 Supervision                      | Compliant     |   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-02 Current Information              | Compliant     |   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-17 Daily Schedule                   | Compliant     |   |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-20 Cots and Napping                 | Compliant     |   |



| Rule   | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| 5101:2-12-12 Safe Equipment                              | Compliant |   |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years    | Compliant |   |
| 5101:2-12-08 Orientation and Staff Records               | Compliant |   |
| Rule: 5101:2-12-10 Health Training Requirements          | Compliant | 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. |
| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all staff had completed the required amount of professional development training.   |
| 5101:2-12-14 Transportation and Field Trip Procedures    | Compliant |   |
| 5101:2-12-16 Incident/Injury Reporting                   | Compliant |   |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |   |
| 5101:2-12-18 Group Size                                  | Compliant |   |
| 5101:2-12-18 Ratio                                       | Compliant |   |



| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| Rule: 5101:2-12-09 Background Check Requirements         | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant |  |