

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 Deta | nils | |
|---|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| LITTLE JACOBS LADDER LEARNING CENTER | 000000409882 | | Child Care Center |
| Address 625 NORTH COUNTY ROAD 25A TROY OH 45373 | | | County MIAMI |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 02/23/2010 | E | 86 | 70 |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 11/09/2020 | Level III | | |

| Inspection Information | | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 01/27/2022 | -0 | | End Time 12:01 PM | | |
| Reviewer: | Reviewer: | | | | |
| Yolonda McIntosh | Yolonda McIntosh | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 6 | 0 | 1 | 5 | |

| 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) | | 4 | 0 | 4 |
| Young Toddler | | 4 | 0 | 4 |
| Total Under 2 ½ Years | 70 | 8 | 0 | 8 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 12 | 0 | 12 |
| School Age | | 9 | 0 | 9 |
| Total Capacity/Enrollment | 86 | 24 | 0 | 32 |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|--|--------|--|--|
| Group Age Group/Range Ratio Observed Comment | | | | |
| Preschool | | 1 to 9 | | |

| Preschool | 1 to 9 | |
|----------------|--------|--|
| Infant/Toddler | 1 to 5 | |
| Infant/Toddler | 1 to 5 | |

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 | | |
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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: 02/26/2022

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

Code: The program is required to use straps on equipment that is manufactured with straps.

<u>Finding</u>: During the inspection, it was determined that the following equipment was not used according to manufacturer's guidelines as noted in number(s) 1 below:

- 1. The straps were missing on the infant table
- 2. The straps were attached, but were not used on the
- 3. The straps were attached and were used, but were not used in a safe manner.
- 4. Manufacturer's guidelines for the were not followed in that

Provide staff training. Submit the program's corrective action plan, which includes a statement that training has been provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/26/2022

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: 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) 1 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: 02/26/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number(s) 1 below:

- 1. Within 30 days of starting employment at the program as a child care staff member.
- 2. No documentation of completing the training after December 31, 2016.
- 3. Completion of the training was not verified in the OPR.

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

Corrective Action Plan Due: 02/26/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/26/2022

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.

<u>Finding</u>: 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) 1 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was 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. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. 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
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. 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
- 10. 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
- 11. Other

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

Corrective Action Plan Due: 02/26/2022

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant | |

| Rule Statu | Documenting Statement(s), If applicable |
|------------|---|
|------------|---|

| 5101:2-12-02 Current Information | Compliant | |
|--|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Compliant | bocumenting statement(s), if applicable |
| | | |
| Rule 5101:2-12-04 Building Department | Status Compliant | Documenting Statement(s), If applicable |
| Inspection | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and Suspension | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | boomening statement(s), it applicable |
| Qualifications | ' | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | 0 |
| Policies and Procedures | | |
| 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 |
| 5101:2-12-09 Background Check | Compliant | bocamenting statement(3), if applicable |
| Requirements | ' | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional Development Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-11 Indoor Space | Compliant | |
|---|---------------------|--|
| Requirements | Compilant | |
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| Rule | Status | 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 |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | Bootimenting statement(s)) if applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
| Liviloninent | | |
| Rule | Status | 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 | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant | 2 300menting statement(s), it applicable |
| Trip Procedures | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Compliant | |
| Requirements | | |
| P. J. | Chat | Daniel Chatana (1) If II II |
| Rule 5101:2-12-14 Transportation - Vehicle | Status Compliant | Documenting Statement(s), If applicable |
| Requirements | Соттрпані | |
| печинения | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-16 Medical, Dental, and | Compliant | 177 |
| General Emergency Plan | ' | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | - |
| Precautions | · | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | · | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | - |
| Reporting | · | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | bottimenting statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | 3 (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | bocumenting statement(s), if applicable |
| Requirements | Compilation | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | bocumenting statement(s), it applicable |
| 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 | Bootimenting statement(s)) if applicable |
| Preparation | · | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | bocumenting statement(s), if applicable |
| Administration | Compilant | |
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