

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 | ils | |
|--|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| EMMAUS CHRISTIAN PRESCHOOL | 000000500331 | | Child Care Center |
| Address 841 N SHOOP AVE WAUSEON OH 43567 | | | County FULTON |
| D. H. L. A. L. L. L. D. L. | Her Const /Code | Occupant Parts | Mar. 1 |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 08/16/1972 | BB 303 (pre 1970) | 30 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 11/03/2016 | Level II | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection S | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 10/28/2021 | Begin Time 2 | L2:30 PM | End Time 12:37 PN | Л |
| Inspection Date 10/28/2021 | Begin Time 8 | 3:45 AM | End Time 10:30 AM | И |
| Reviewer: | | | | |
| REBECCA COY | | | | |
| Reviewer: | | | | |
| REBECCA COY | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 2 | 0 | 1 | 1 |

| 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 | 10 | 10 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 30 | 0 | 10 | 10 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| Preschool Tues/Thurs | 3 years to < 4 years | 1 to 4 | |

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: 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 6 & 8 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: 11/27/2021

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

Code: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 10 & 14 below:

- 1. First Aid child care staff members scheduled during the hours of [] and [] had expired training
- 2. First Aid child care staff members scheduled during the hours of [] and [] had not taken First Aid training
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. First Aid child care staff member scheduled during the hours of [] and [] did not have verification of completion of First Aid
- 5. CPR child care staff members scheduled during the hours of [] and [] had expired training
- 6. CPR child care staff scheduled during the hours of [] and [] had not taken CPR training
- 7. CPR trained child care staff member was not present in each building used by children

- 8. CPR child care staff member scheduled during the hours of [] and [] did not have verification of completion of CPR
- 9. CPR training taken by staff did not include all age groups the program serves
- 10. Communicable Disease child care staff members scheduled during all hours of operation had expired training
- 11. Communicable Disease child care staff scheduled during the hours of [] and [] had not taken Communicable Disease training
- 12. Communicable Disease trained child care staff member was not present in each building used by the program
- 13. Communicable Disease child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full Communicable Disease training
- 14. Child Abuse child care staff members scheduled during all hours of operation had expired training
- 15. Child Abuse trained child care staff was not in each building used by the program
- 16. Child Abuse child care staff scheduled during the hours of [] and [] had not taken Child Abuse training
- 17. Child Abuse child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full six-hour Child Abuse training
- 18. Child Abuse child care staff considered to be providing coverage had only the ODJFS prescribed Child Abuse training, which does not meet this rule compliance

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/27/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| Rule: 5101:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. |

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 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 9/1/2022. |
| | 1 | |
| 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: 5101:2-12-16 Management of | Compliant | Documenting Statement: The program |
| Communicable Disease | | staff stated parents were informed when |
| | | their child had any exposure to a |
| | | contagious illness by number 1 & 2 below: |
| | | 1 A posted nation |
| | | 1. A posted notice; |
| | | 2. Verbal communication; |
| | | 3. A written notice sent home; |
| | | 4. A note posted on the classroom door; 5. Other []. |
| | | S. Other []. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: No smoking was |
| Environment | | allowed on the premises, and the notice |
| | | stating that smoking is prohibited was |
| | | observed posted in a conspicuous place. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Qualifications | Compliant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | · | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food License | Compliant | |
| | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | Compilant | the inspection, the program provided a |
| Equipment and Environment | | clean environment in accordance with |
| | | |
| | | Appendix A of this rule, which included |
| | | the furniture, materials and equipment. |
| | | |
| 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. |
| | | · |
| P. J. | Chabara | December 64 1 1/2 15 11 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, a first aid kits was reviewed |
| | | and available as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was pea gravel. |
| | | |
| | | 0 " 6 " " 1 " 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 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 |
| 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 |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
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| Rule: 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. |
|--|--------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement: All equipment in the outdoor play space was observed to be anchored and stable. |
| Rule: 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement: All equipment was observed to be properly placed out of the path of the main traffic pattern. |
| Rule: 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement: Outdoor equipment was viewed to be safe and free of rust, sharp points, and other hazards. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | bocamenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was posted in a visible location as required. |
| | T _a , , | |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 10/1/2021. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: Shade is provided by means of trees. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: During the inspection, child care staff were observed meeting the basic needs of all children assigned to the group. |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |

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| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: During the |
| | | inspection, child care staff were observed |
| | | assisting children throughout the day. |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 Current | Compliant | Documenting Statement: The program |
| Information | Compilation | had current information entered in the |
| Intornation | | |
| | | Ohio Child Licensing and Quality System |
| | | (OCLQS). |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| · | · | were observed posted. |
| | | · |
| L | | |
| 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 |
| Enrollment Records | | · · · · · · |
| | | records were reviewed, and the records |
| | | 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. |
| | | the raie. |
| | | I |
| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff | Compliant | |
| Records | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional | Compliant | Documenting Statement: At the time of |
| | Compilant | the inspection, all staff had completed the |
| Development Requirements | | |
| | | required amount of professional |
| | | development training. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
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|---|-----------|---|
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: All electrical outlets were covered with safety receptacles. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe environment was observed during the inspection. Children were protected from items and conditions which threaten their health, safety and well-being. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury Reporting | Compliant | Documenting Statement: The requirements for completing JFS 01299 "Incident/Injury Report For Child Care" reports were discussed during the inspection. |
| 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 | Compliant | the inspection, the complete prescribed 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: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: Child Care Staff Members were observed recording the attendance for each child upon arrival and documenting each child's departure. |
| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: During the inspection, attendance records were reviewed. Child Care Staff Members were viewed recording the attendance for each child upon arrival and departure. All attendance records met the requirements of the rule and were kept with the group at all times. |
| | | |
| 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. |

| ompliant catus compliant catus 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. Documenting Statement: Staff/child ratios observed during the inspection were in compliance. Documenting Statement(s), If applicable 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. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the required documentation regarding background checks was on file |
|--|--|
| ratus ompliant ratus | Maximum Group Size" was posted in a noticeable area at the program as required. Documenting Statement: Staff/child ratios observed during the inspection were in compliance. Documenting Statement(s), If applicable 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. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the required documentation |
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| ompliant | inspection, the required documentation |
| · | inspection, the required documentation |
| | |
| | regarding background checks was on the |
| | for all employees listed. |
| | Tot all employees listed. |
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| atus | Documenting Statement(s), If applicable |
| ompliant | |
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| ratus | Documenting Statement(s), If applicable |
| | Documenting Statement: The |
| σπιριιατίτ | |
| | administrator's hours of availability were |
| | posted in a noticeable location easily |
| | accessible to parents. |
| ompliant | Documenting Statement: The |
| - l | administrator has completed the rules |
| | review course. |
| | Teview Course. |
| | |
| | Documenting Statement(s), If applicable |
| ompliant | Documenting Statement: All employees |
| | had current medical statements on file. |
| | ompliant ompliant tatus ompliant tatus ompliant |