

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 | |
| THE EARLY LEARNING TREE CHILDREN'S | 000000600052 | | Child Care Center | |
| CENTER, LLC | | | | |
| Address | | | County | |
| 2332 N MAIN ST DAYTON | | | MONTGOMERY | |
| OH 45405 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 02/13/1985 | A-4 | 158 | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 11/19/2020 | Level IV | | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 05/25/2021 | Begin Time 8 | :30 AM | End Time 11:30 AM | |
| Reviewer: | | | | |
| Kathryn Koester | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 59 | 1 | 0 | 1 | 0 |

| 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) | | 6 | 0 | 6 |
| Young Toddler | | 11 | 0 | 11 |
| Total Under 2 ½ Years | 53 | 17 | 0 | 17 |
| Older Toddler | | 10 | 0 | 10 |
| Preschool | | 29 | 0 | 29 |
| School Age | | 30 | 0 | 30 |
| Total Capacity/Enrollment | 158 | 69 | 0 | 86 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| Pre-School | 3 years to < 4 years | 2 to 8 | |



| Infants | 0 to < 12 months | 1 to 1 | |
|----------|--------------------------|--------|--|
| Toddlers | 18 months to < 30 months | 1 to 3 | |

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 | | |
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| 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(s) 14 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: 07/03/2021

| Low Risk Non-Compliances | | |
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| No Low Risk Non-Compliances were observed during this inspection | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|---|
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The program served the following: Meatballs, cabbage, potatoes, peaches, butter bread, and milk. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Children were viewed washing their hands, as required by the rule. |
| Bula | Chahua | Desumenting Statement(s) If applicable |
| Rule: 5101:2-12-04 Fire Approval | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Please Note: An |
| Ruie. 3101.2-12-04 File Approval | Compilant | annual fire inspection approval must be secured for the program. Secure a new approval by November 19, 2021. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Qualifications | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | Documenting statement(3), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | Documenting statement(3), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 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: Risk Level 4, Audit #9920052, Expires March 1, 2022. |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|--|
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | Compliant | 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 | Ctatus | Decumenting Statement/s) If applicable |
| | 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. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, 2 first aid kits were reviewed |
| | | and available as required. |
| | | |
| D. J. | Chatter | D |
| 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 mulch. |
| | | |
| D 1 | C | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | Documenting statement(s), if applicable |
| Handling/Storage | Compnant | |
| Handing/Storage | | |
| Dulo | Ctatus | Decumenting Statement (a) If a well-all- |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-21 Evening and | Compliant | Documenting Statement: Staff stated that |
| Overnight Care | | towels and washcloths were laundered |
| | | after each use. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| | | |
| Rule | Ctatus | Decumenting Statement(s) If applicable |
| 5101:2-12-17 Materials and | Status Compliant | Documenting Statement(s), If applicable |
| | Compilant | |
| Equipment | | |
| Rule | Status | Decumenting Statement/s) If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-11 Outdoor Play Equipment | Compilant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | g statement (o), in applicable |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
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| 2.1 | l c | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| Dula | Chatura | Decrees the Chatemant (a) If a reliable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | g = seement(o), in applicable |
| | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: The cots were |
| | | disinfected daily. |

| Beginning! | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Toothbrushing | Compliant | Documenting Statement: During the |
| Requirements | ' | inspection, the requirements of the rule |
| | | regarding toothbrushing were discussed. |
| | | |
| | <u> </u> | ' |
| 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. |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were |
| | | placed 2 feet apart. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff | Compliant | |
| Records | | |
| | | |
| 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 | Not Verified | |
| Development Requirements | | |
| | • | |
| 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. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: Requirements |
| Field Trip Procedures | | regarding field trips were discussed |
| · | | during the inspection. |
| | | |
| | | |
| 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 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| <u>L</u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | surpassed those required by the rule. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate |
| Toilet Training | | diaper changing procedures were |
| | | observed during the inspection in the |
| | | infant room. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration and Food Supplements | Compliant | had complete written documentation for |
| , talling a data i and i ada supplements | | administering medication or food |
| | | supplements. Technical assistance was |
| | | given to the program regarding including |
| | | spacers in instructions for asthma |
| | | medication. |
| | | medication. |
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| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | Compliant | inspection, the required documentation |
| Requirements | | regarding background checks was on file |
| | | |
| | | for all employees listed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | - |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02.2 Transitional | Compliant | Documenting Statement: During the |
| Pandemic Requirements | | inspection, the requirements of the rule |
| | | regarding transitional pandemic child care |
| | | were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: CCCMTL No. 25 | Compliant | Documenting Statement: During the |
| | | inspection, documents and/or |
| | | professional development as outlined in |
| | | Child Care Center Manual Transmittal |
| | | Letter (CCCMTL) No. 25, "Reopening Child |
| | | Care Operations Following the Response |
| | | to the Coronavirus (COVID-19) |
| | | Pandemic", were not assessed. |
| | | |
| | | Requirements will be assessed according |
| | | to the schedule outlined in CCCMTL No. |
| | | 25. Please ensure all requirements are |
| | | met and maintained on file for review. |
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