

# **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                      | ails            |                   |
|---|-----------------------------------|-----------------|-------------------|
| Program Name                              | Program Number                    |                 | Program Type      |
| The Plains Elementary Kids on Campus      | 2180019226                        |                 | Child Care Center |
| Address 41 Central Avenue Athens OH 45701 |                                   |                 | County ATHENS     |
| Building Approval Date                    | Use Group/Code<br>School Building | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date             | Food Service Risk Level           |                 |                   |
|   | Level III                         |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 11/10/2021 | Begin Time 4                   | :00 PM           | End Time 6:45 PM  |              |
| Reviewer: MARGARET COMPTON |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 4                              | 0                | 1                 | 4            |

| 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          | 0         | 0     |
| School Age  |                  | 29         | 0         | 29    |
| Total Capacity/Enrollment                                 | 70               | 29         | 0         | 29    |

| Staff-Child Ratios at the Time of Inspection |                          |                |         |
|--|--------------------------|----------------|---------|
| Group  | Age Group/Range          | Ratio Observed | Comment |
| Team 1                                       | School-Age to < 11 years | 2 to 14        |         |

| Team 1 | School-Age to < 11 years | 2 to 14 |  |
|--------|--------------------------|---------|--|
| Team 2 | School-Age to < 11 years | 1 to 6  |  |
| Team 2 | School-Age to < 11 years | 1 to 6  |  |

## **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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to refrain from using space heaters unless it has been approved by a fire official.

<u>Finding</u>: During the inspection, it was determined that a space heater which had not been approved by a fire official was in use in the area identified in number 1, 2 (shared space) below:

- 1. The administrator's office.
- 2. A classroom.
- 3. The break room.
- 4. Several classrooms.
- 5. The hallway.
- 6. The entry way.
- 7. Other [ ].

The use of this space heater must be discontinued until approval for its use has been obtained. Submit the program's corrective action plan, which includes written fire approval for use of this space heater or a written statement that the space heater is no longer being used at the program, to the Department to verify compliance with the requirements of this rule.

| Corrective Action Plan Due: 12/10/2021 |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

#### **Low Risk Non-Compliances**

**Domain: 01 Ratio & Supervision** 

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number 1 below:

- 1. There was no method in place;
- 2. The method did not include each child's name:
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times;
- 5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 12/10/2021

### **Domain: 08 Staff Files**

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

<u>Code</u>: The program is required to have staff complete training in child abuse and neglect recognition and prevention within sixty days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed training in child abuse and neglect recognition and prevention as noted in number 2 below:

- 1. The training was not completed within sixty days of hire.
- 2. The training was expired, as it is only valid for two years.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete training in child abuse and neglect recognition and prevention. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/10/2021

Domain: 08 Staff Files

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

<u>Code</u>: 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 numbers 3, 6 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 [ ] did not have verification of completion of First Aid
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 5. CPR child care staff scheduled during the hours of [ ] and [ ] had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care
- 8. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 9. Communicable Disease child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 10. Communicable Disease child care staff scheduled during the hours of [ ] and [ ] had not taken Communicable Disease training
- 11. Communicable Disease trained child care staff member was not present in each building used by the program
- 12. Child Abuse child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 13. Child Abuse child care staff scheduled during the hours of [ ] and [ ] had not taken Child Abuse training
- 14. Child Abuse trained child care staff was not in each building used by the program

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: 12/10/2021

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

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

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child

Care".

<u>Finding</u>: 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 10 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 child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. 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 |
|-----------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant |   |

| Beginning!                           |             |   |
|--------------------------------------|-------------|---|
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-02 Current Information     | Compliant   | , , , , , , , , , , , , , , , , , , ,       |
| J101.2 12 02 current information     | Compilant   |   |
|                                      | <u> </u>    |   |
| D. I.                                | Chatana     | D   |
| 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: This program         |
| Department Inspection                | Compilation | serves only school age children in a public |
| Department inspection                |             | , ,   |
|                                      |             | or chartered non-public school building.    |
|                                      | 1           |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Fire Inspection   | Compliant   | Documenting Statement: This program         |
|                                      |             | serves only school age children in a public |
|                                      |             | or chartered non-public school building.    |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Food Service      |             |   |
|                                      | Compliant   | Documenting Statement: The food service     |
| Requirements                         |             | license was observed posted. Following is   |
|                                      |             | the audit number and date of expiration:    |
|                                      |             | #HKLO-BYHJJ4 exp. March 1, 2022.            |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator           | Compliant   | 3 (" 11                                     |
| Qualifications                       | Compilant   |   |
| Qualifications                       |             |   |
|                                      | I a         | D :: 6:/ \ .f :                             |
| Rule                                 | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator           | Compliant   |   |
| Responsibilities/Requirements        |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-07 Written Program   | Compliant   | Documenting Statement: During the           |
| Policies and Procedures              |             | inspection, the requirements of the rule    |
|                                      |             | · · · · · · · · · · · · · · · · · · ·       |
|                                      |             | regarding the program's written policies    |
|                                      |             | and procedures were discussed.              |
|                                      |             |   |
|                                      |             |   |
| 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.     |
|                                      |             |   |
|                                      | ı           |   |
| Rule                                 | Status      | Documenting Statement(s) If applicable      |
| rule                                 | Status      | Documenting Statement(s), If applicable     |

| Beginning!                           |           |   |
|--------------------------------------|-----------|---|
| 5101:2-12-08 Child Care Staff Member | Compliant |   |
| Educational Requirements             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-08 Orientation Training &  | Compliant |   |
| Whistle Blower Protection            |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-09 Background Check  | Compliant | Documenting Statement: During the   |
| Requirements                         | '         | inspection, the required documentation  |
| '                                    |           | regarding background checks was on file                                       |
|                                      |           | for all employees listed.   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-10 Professional            | Compliant | 3 47  |
| Development Requirements             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-11 Indoor Space            | Compliant | bocamenting statement(5), it applicable                                       |
| Requirements                         | Compilant |   |
| Requirements                         |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant | Documenting Statement: The quarterly  |
| Requirements                         | Compliant | playground inspections were completed   |
| Requirements                         |           | ,                                       |
|                                      |           | and documented, as required. The most recent inspection report form was dated |
|                                      |           | ·   |
|                                      |           | November 9, 2021.   |
|                                      |           |   |
| Rule                                 | Status    | Decumenting Statement(s) If applicable  |
| 5101:2-12-12 Safe Environment        |           | Documenting Statement(s), If applicable                                       |
| 3101.2-12-12 Sale Environment        | 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  |
|                                      |           | clean environment in accordance with  |
|                                      |           | Appendix A of this rule, which included                                       |
|                                      |           | the furniture, materials and equipment.                                       |
|                                      |           | the furniture, materials and equipment.                                       |
|                                      | <u> </u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-13 Handwashing             | Compliant | Documenting Statement(s), if applicable                                       |
|                                      | Compliant |   |
| Requirements                         |           |   |
| Pulo                                 | Ctatus    | Decumenting Statements of a surficient  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-13 Smoke Free              | Compliant |   |
| Environment                          |           |   |
|                                      |           |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| Rule: 5101:2-12-15 Medical/Physical  | Compliant | Documenting Statement: At the time of    |
| Care Plans                           | Compilant | the inspection, there were no children   |
| Care rians                           |           | currently enrolled who had health        |
|                                      |           | conditions.                              |
|                                      |           | 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           | ·         | the inspection, the complete prescribed  |
|                                      |           | JFS 01242 "Medical, Dental, and General  |
|                                      |           | Emergency Plan For Child Care" were      |
|                                      |           | posted in the program as required.       |
|                                      |           |  |
| Rule: 5101:2-12-16 Medical, Dental,  | Compliant | Documenting Statement: During the        |
| and General Emergency Plan           |           | inspection, the requirements of the rule |
|                                      |           | regarding medical, dental and general    |
|                                      |           | emergencies were discussed.              |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Emergency Drills  | Compliant | Documenting Statement: Documentation     |
| Rule. 5101.2-12-16 Efficiency Dffils | Compliant | _  |
|                                      |           | for completed fire, weather, and         |
|                                      |           | emergency/lockdown drills was verified   |
|                                      |           | during this inspection.                  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard      | Compliant |  |
| Precautions                          |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of           | Compliant |  |
| Communicable Disease                 |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury         | Compliant | Documenting Statement(s), it applicable  |
| Reporting                            | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Written Disaster  | Compliant | Documenting Statement: During the        |
| Plan                                 |           | inspection, the requirements of the rule |
|                                      |           | regarding the written disaster plan were |
|                                      |           | discussed.                               |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule          | Compliant |  |
|                                      |           |  |



| Rule                              | Status    | Documenting Statement(s), If applicable  |
|-----------------------------------|-----------|--|
| 5101:2-12-17 Materials and        | Compliant |  |
| Equipment                         |           |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity     | Compliant |  |
|                                   |           |  |
| 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.  |
| Dula: 5101:2 12 10 Datia          | Compliant | Decumenting Chatemant: Chaff/ahild   |
| Rule: 5101:2-12-18 Ratio          | Compliant | Documenting Statement: Staff/child ratios observed during the inspection       |
|                                   |           | were in compliance.  |
|                                   |           | were in compliance.  |
|                                   | <u> </u>  |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size           | Compliant |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-19 Supervision    | Compliant | Documenting Statement: Child Care Staff  |
|                                   |           | Members were supervising the children  |
|                                   |           | and were able to intervene as needed.  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance       | Compliant | Documenting Statement(s), if applicable  |
| 3101.2 12 13 china danadhee       | Compilant |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu was  |
| Requirements                      |           | posted in each classroom.  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food            | Compliant |  |
| Handling/Storage                  |           |  |
|                                   | C         |  |
| Rule: 5101:2-12-25 Medication     | Status    | Documenting Statement(s), If applicable  |
| Administration                    | Compliant | Documenting Statement: There were no children on medication at the time of the |
| Administration                    |           | inspection; however, the method of   |
|                                   |           | storage and practices for the  |
|                                   |           | administration were reviewed.  |
|                                   |           |  |
|                                   |           |  |

