

# **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        | nils            |                   |
|---|---------------------|-----------------|-------------------|
| Program Name                            | Program Number      |                 | Program Type      |
| Right At School at E.G. Shaw Elementary | 2190020146          |                 | Child Care Center |
| School                                  |                     |                 |                   |
| Address                                 |                     |                 | County            |
| 3560 Kemp Rd Beavercreek                |                     |                 | GREENE            |
| OH 45431                                |                     |                 |                   |
|   |                     |                 |                   |
|   |                     |                 |                   |
| Building Approval Date                  | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
|   | School Building     |                 |                   |
| Fire Inspection Approval Date           | Food Service Risk L | evel            |                   |
|   | Level IV            |                 |                   |

| Inspection Information        |                                |                  |                   |              |
|-------------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type               | Inspection So                  | cope             | Inspection Notice |              |
| Annual                        | Full                           |                  | Unannounced       |              |
| Inspection Date 11/01/2021    | Begin Time 7                   | 2:00 AM          | End Time 8:15 AM  |              |
| Reviewer:<br>Steffani Roberts |                                |                  |                   |              |
| Summary of Findings           |                                |                  |                   |              |
| No. Rules Verified            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 56                            | 4                              | 0                | 0                 | 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  |                  | 0          | 28        | 28    |
| Total Capacity/Enrollment                                 | 95               | 0          | 28        | 28    |

| Staff-Child Ratios at the Time of Inspection |  |        |          |  |
|--|--|--------|----------|--|
| Group  | Age Group/Range Ratio Observed Comment |        |          |  |
| School Age                                   | School-Age to < 11 years               | 2 to 3 | @arrival |  |



| School Age | School-Age to < 11 years | 2 to 8 | @departure |
|------------|--------------------------|--------|------------|
|            |                          |        |            |

**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   |   |
|---|---|
| No Moderate Risk Non-Compliances were observed during this inspection |   |
|   |   |
|   |   |
|   |   |
|   | ] |
|   |   |
|   |   |

| Low Risk Non-Compliances   |
|--|
|  |
| Domain: 02 Safe & Sanitary Environment   |
| Rule: 5101:2-12-13 Handwashing Requirements  |
| <u>Code</u> : The program is required to have all children wash their hands as outlined in rule. |



<u>Finding</u>: During the inspection, it was determined that at least one child in the [] group did not wash his or her hands at the time listed in number 1 below, as required in rule.

- 1. Upon arrival.
- 2. Prior to departure.
- 3. After toileting/diaper change.
- 4. After contact with bodily fluids.
- 5. After returning from outdoor play.

6. After handling pets, pet cages, or other pet objects that have come in contact with the pet, before moving on to another activity.

- 7. Before eating or assisting with food preparation.
- 8. After water activities.
- 9. When visibly soiled (must use soap and water)

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: 12/01/2021

### 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 numbers 1,2 and 3 below:

1. Monthly fire drills, in September and October

- 2. Monthly weather emergency drills, in September
- 3. Emergency/lockdown drills in each quarter of the calendar year. The third quarter was not completed.

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

Corrective Action Plan Due: 12/01/2021



## Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: 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 4a.

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: 12/01/2021

#### Domain: 08 Staff Files

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.

5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development

6. Other [ ].



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

Corrective Action Plan Due: 12/01/2021

## **Rules In-Compliance/Not Verified**

| Rule                             | Status    | Documenting Statement(s), If applicable     |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted      | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-02 Current Information | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-03 Inspection          | Compliant |   |
| Requirements                     | compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Building      | Compliant | Documenting Statement: This program         |
| Department Inspection            |           | serves only school age children in a public |
|                                  |           | or chartered non-public school building.    |
|                                  |           |   |
| Dula                             | Chatura   | Desumenting Statement(s) If emplicable      |
| Rule                             | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-04 Fire Inspection     | Compliant |   |
|                                  |           |   |
| 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:    |
|                                  |           | Audit # 9919510 Exp: 3/1/2                  |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable     |



| 5101:2-12-05 Denial, Revocation and Suspension | Compliant           |  |
|--|---------------------|--|
| Suspension                                     |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator                     | Compliant           |  |
| Qualifications                                 |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-07 Administrator               | Compliant           | Documenting Statement: The   |
| Responsibilities/Requirements                  |                     | administrator's hours of availability to                                       |
|  |                     | meet with parents were posted in a   |
|  |                     | noticeable location.   |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-07 Written Program             | Compliant           | Documenting Statement: No changes  |
| Policies and Procedures                        |                     | have been made to the written policies   |
|  |                     | and procedures since it was last approved                                      |
|  |                     | by this Department.  |
|  | I                   | 1  |
| 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: 5101:2-12-08 Orientation                 | Compliant           | Documenting Statement: On the day of   |
| Training & Whistle Blower Protection           |                     | the inspection, all child care staff   |
|  |                     | members had met orientation training   |
|  |                     | requirements.  |
|  |                     |  |
| 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: 5101:2-12-10 Health Training             | Status<br>Compliant | Documenting Statement(s), If applicable  |
| -  | Compliant           | Documenting Statement: The program<br>had at least one Child Care Staff Member |
| Requirements                                   |                     |  |
|  |                     | with currently valid training in First Aid,                                    |
|  |                     | Management of Communicable Disease,<br>CPR, and Child Abuse Prevention present |
|  |                     | · · · · ·  |
|  |                     | and readily accessible during all hours of                                     |
|  |                     | operation.   |



| Rule                                 | Status              | Documenting Statement(s), If applicable   |
|--------------------------------------|---------------------|---|
| 5101:2-12-11 Indoor Space            | Compliant           |   |
| Requirements                         |                     |   |
| Rule                                 | Status              | Decumenting Statement(s) If applicable  |
| Rule: 5101:2-12-11 Outdoor Space     | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: The quarterly |
| Requirements                         | Compliant           | playground inspections were completed   |
| Requirements                         |                     | and documented, as required. The most   |
|                                      |                     | recent inspection report form was dated   |
|                                      |                     | August 2021.  |
|                                      |                     | 10000 2022.   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play      | Not Verified        | Documenting Statement: The outdoor  |
| Equipment                            |                     | play space and equipment were not   |
|                                      |                     | viewed during this inspection due to time                                       |
|                                      |                     | constraints however, the requirements   |
|                                      |                     | were discussed.   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified        | Documenting statement(s), if applicable   |
| 5101.2 12 11 Outdoor Flay Full 20105 | Not vermed          |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Equipment          | Compliant           |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-12 Safe Environment  | Compliant           | Documenting Statement: During the   |
|                                      |                     | inspection, the requirements of the rule  |
|                                      |                     | regarding safe environment were   |
|                                      |                     | discussed. On the day of the inspection 4                                       |
|                                      |                     | cafeteria tables were folded up and   |
|                                      |                     | pushed against the wall. This was done  |
|                                      |                     | because it was picture day and  |
|                                      |                     | accommodations had to be made for   |
|                                      |                     | space. Discussed the safety concern with  |
|                                      |                     | the administrator. There was also a large                                       |
|                                      |                     | motorized floor cleaner that was sitting in                                     |
|                                      |                     | the cafeteria unattended. Suggested that  |
|                                      |                     | the administrator request that the  |
|                                      |                     | custodians keep this and any other  |
|                                      |                     | machinery inside the janitorial closet with                                     |
|                                      |                     | the door shut.  |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable   |
| itale                                | Status              | bocamenting statement(s), it applicable   |



| 5101:2-12-13 Sanitary Equipment and Environment | Compliant           |  |
|---|---------------------|--|
| 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 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.                                      |
|   |                     | were complete, as required by the rule.                                      |
| Rule: 5101:2-12-15 Child Medical and            | Compliant           | Documenting Statement: At the time of  |
| Enrollment Records                              |                     | the inspection, medical statements for                                       |
|   |                     | the children were not needed as all  |
|   |                     | children enrolled attended a grade of  |
|   |                     | kindergarten or above in an elementary                                       |
|   |                     | school.  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable                                      |
| 5101:2-12-16 Medical, Dental, and               | Compliant           |  |
| General Emergency Plan                          |                     |  |
| Dula  | Chature             |  |
| Rule<br>5101:2-12-16 First Aid/Standard         | Status<br>Compliant | Documenting Statement(s), If applicable                                      |
| Precautions                                     | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable                                      |
| 5101:2-12-16 Management of                      | Compliant           |  |
| Communicable Disease                            |                     |  |
|   |                     |  |
| Rule  | Status<br>Compliant | Documenting Statement(s), If applicable                                      |
| 5101:2-12-16 Incident/Injury<br>Reporting       | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable                                      |
| 5101:2-12-16 Written Disaster Plan              | Compliant           |  |
|   |                     |  |
| 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                                      |
|   |                     |  |



Department of Education Department of Job and Family Services

| Rule<br>5101:2-12-18 License Capacity<br>Rule<br>Rule: 5101:2-12-18 Ratio | Status<br>Compliant<br>Status | Documenting Statement(s), If applicable  |
|---|-------------------------------|--|
| 5101:2-12-18 License Capacity Rule  | Compliant                     | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity Rule  | Compliant                     |  |
|   | Status                        |  |
|   | Status                        |  |
| Rule: 5101:2-12-18 Ratio  |                               | Documenting Statement(s), If applicable  |
|   | Compliant                     | Documenting Statement: Staff/child   |
|   |                               | ratios observed during the inspection  |
|   |                               | surpassed those required by the rule.  |
|   |                               |  |
| Rule  | Status                        | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size   | Compliant                     |  |
| Rule  | Status                        | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records   | 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  |
| Rule: 5101:2-12-19 Child Guidance   | Compliant                     | Documenting Statement: Appropriate   |
|   |                               | child guidance techniques and practices<br>were observed being used during the |
|   |                               | inspection.  |
|   |                               | inspection.  |
| Rule  | Status                        | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack   | Compliant                     |  |
| Requirements  |                               |  |
| Dula  | Status                        | Decumenting Statement(s) If any list   |
| Rule<br>5101:2-12-22 Safe Food  | Status<br>Compliant           | Documenting Statement(s), If applicable  |
| Handling/Storage  |                               |  |