

# **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      |
| Champions at Waynesville Elementary          | 2200022532                    |                 | Child Care Center |
| Address<br>659 Dayton Road Wayne<br>OH 45068 |                               |                 | County<br>WARREN  |
| Building Approval Date                       | Use Group/Code                | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 09/22/2020     | Food Service Risk L<br>Exempt | evel            | l .               |

|                            | Insp                           | ection Information |                   |              |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope               | Inspection Notice |              |
| Provisional                | Full                           |                    | Unannounced       |              |
| Inspection Date 09/20/2021 | Begin Time 3                   | :15 PM             | End Time 4:30 PM  |              |
| Reviewer: BRENDA MEYER     |                                |                    |                   |              |
| Summary of Findings        |                                |                    |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 57                         | 7                              | 0                  | 0                 | 7            |

| 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          | 24        | 24    |
| Total Capacity/Enrollment                                 | 147              | 0          | 24        | 24    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| School-age                                   |                 | 1 to 5         |         |



Rule: 5101:2-12-18 Attendance Records

| School-age | 1 to 7 |  |
|------------|--------|--|
| School-age | 1 to 9 |  |

### **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  |
| No Moderate Risk Non-Compliances were observed during this inspection  |
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| Low Risk Non-Compliances   |
| Domain: 01 Ratio & Supervision   |

<u>Code</u>: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the attendance record for a period of one year.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 1 below:

- 1. No attendance record was being maintained for the day
- 2. The attendance record was not being consistently completed;
- 3. The attendance documentation was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 10/21/2021

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number 4 below:

- 1. Open pull cords that are not closed loop.
- 2. Telephone cords.
- 3. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 4. Stacked chairs.
- 5. Employee(s) purse(s).
- 6. Diaper bags.
- 7. Television not securely anchored.
- 8. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 9. Smoke detector needing batteries replaced.
- 10. Staff member stepped over a barrier/gate while holding a child.
- 11. Emergency exits were blocked by the following classroom furniture: [ ].
- 12. Other [ ].

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

Corrective Action Plan Due: 10/21/2021

Domain: 05 Health & Safety

Rule: 5101:2-12-16 First Aid/Standard Precautions

Code: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined the program was missing required items listed in appendix A of this rule, that are to be contained in a first aid kit, as noted in number 8 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.
- 9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).
- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.
- 13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- 14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
- 15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.
- 16. Soap or waterless sanitizer (field trip or transporting away from the program only).
- 17. Bottled water (field trip or transporting away from the program only).
- 18. The program did not have a system to replace items as they were used, expired, damaged or sterile packages were opened.

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.

**Domain: 08 Staff Files** 

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 4:

- 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: 10/21/2021

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

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

Code: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/21/2021

**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 trainings listed in numbers 10 and 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 the hours of 645 AM and 10 AM 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 the hours of 645 AM and 10 AM 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: 10/21/2021

Domain: 09 Children's Files

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

Code: 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 numbers 9 and 14 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 parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. 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                           |
|---|-----------|---|
| Rule: 5101:2-12-22 Meal and Snack<br>Requirements | Compliant | Documenting Statement: The menu posted reflected the meal served. |

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

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-04 Fire Approval              | Compliant |   |
| l i i i i i i i i i i i i i i i i i i i |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of              | Compliant |   |
| Communicable Disease                    |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free                 | Compliant |   |
| Environment                             |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator              | Compliant |   |
| Qualifications                          |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan      | Compliant |   |
|   |           |   |
|   | 1         |   |
| 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. |
|   |           | the furniture, materials and equipment. |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance             | Compliant |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements    | Compliant |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones    | Compliant |   |
|   |           |   |
| Dula                                    | Chahus    |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity           | Compliant |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| Nuic                                    | Jidius    | bocumenting statement(s), if applicable |

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|-------------------------------------|-----------|--|
| 5101:2-12-22 Safe Food              | Compliant |  |
| Handling/Storage                    |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program        | Compliant |  |
| Policies and Procedures             |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space           | Compliant | general genera |
| Requirements                        | Compliant |  |
| Requirements                        |           |  |
| Rule                                | Status    | Decumenting Statement/s) If applicable   |
|                                     |           | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: During the  |
|                                     |           | inspection, the requirements of the rule   |
|                                     |           | regarding emergency drills were  |
|                                     |           | discussed.   |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and          | Compliant |  |
| Equipment                           |           |  |
|                                     | <u> </u>  |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play     | Compliant | Documenting Statement: During the  |
| Equipment                           | Compilant | inspection, the requirements of the rule   |
| Equipment                           |           | regarding outdoor play equipment were  |
|                                     |           | discussed. The playground is currently   |
|                                     |           | , , , -  |
|                                     |           | under construction. Children have access   |
|                                     |           | to the gym for gross motor activities.   |
|                                     |           |  |
|                                     | T.        |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play     | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Building Approval      | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02 License Posted         | Compliant |  |
|                                     |           |  |
|                                     | 1.        |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space          | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision            | Compliant |  |
| ·                                   |           |  |

| Rule                                       | Status    | Documenting Statement(s), If applicable     |
|--|-----------|---|
| 5101:2-12-02 Current Information           | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-17 Daily Schedule                | Compliant | 0 (" 11                                     |
|  |           |   |
|  |           | ·   |
| Rule                                       | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-12 Safe Equipment                | Compliant |   |
|  |           |   |
|  |           | <u>.</u>                                    |
| Rule                                       | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-15 Medical/Physical        | Compliant | Documenting Statement: At the time of       |
| Care Plans                                 |           | the inspection, there were no children      |
|  |           | currently enrolled who had health           |
|  |           | conditions.                                 |
|  |           | conditions.                                 |
|  | l         |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Separation of Children        | Compliant |   |
| Under 2 1/2 Years                          |           |   |
| onder 2 1/2 rears                          | <u> </u>  |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Orientation and Staff         | Compliant | Bocamenting statement(3), if applicable     |
| Records                                    | Compliant |   |
| Necorus                                    |           |   |
| 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.                       |
|  |           |   |
| Pulo                                       | Status    | Documenting Statement(s) If applicable      |
| Rule F101:2.12.14 Transportation and Field | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-14 Transportation and Field      | Compliant |   |
| Trip Procedures                            |           |   |
| Dula                                       | Ctatura   | December 61 in 1/1 if it is                 |
| Rule                                       | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-16 Incident/Injury               | Compliant |   |
| Reporting                                  |           |   |
|  |           |   |
| 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 Group Size                    | Compliant |   |
|  |           |   |

| Rule                                | Status    | Documenting Statement(s), If applicable   |
|-------------------------------------|-----------|---|
| 5101:2-12-18 Ratio                  | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-25 Medication       | Compliant | Documenting Statement: There were no      |
| Administration and Food Supplements |           | children on medication at the time of the |
|                                     |           | inspection.                               |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-09 Background Check       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| 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       |           |   |