

# **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 Det         | ails                    |                   |  |
|--|---------------------|-------------------------|-------------------|--|
| Program Name   | Program Number      |                         | Program Type      |  |
| Bright Acres Learning Academy                        | 2210023937          |                         | Child Care Center |  |
| Address<br>912 Cherry Street Blanchester<br>OH 45107 |                     |                         | County<br>CLINTON |  |
| Building Approval Date                               | Use Group/Code      | Occupancy Limit         | Maximum Under 2 ½ |  |
| 03/30/2021   | E                   | 44                      | 44                |  |
| Fire Inspection Approval Date                        | Food Service Risk L | Food Service Risk Level |                   |  |
| 04/21/2021   | Level II            | Level II                |                   |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |
| Provisional                | Full                           |                  | Unannounced       |              |
| Inspection Date 01/18/2022 | Begin Time 9                   | :55 AM           | End Time 12:35 PM |              |
| Reviewer:<br>SULYN ROMER   |                                |                  |                   |              |
|                            |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                         | 3                              | 0                | 0                 | 3            |

| 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   |                  | 23         | 0         | 23    |
| School Age  |                  | 12         | 0         | 12    |
| Total Capacity/Enrollment                                 | 34               | 35         | 0         | 35    |

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| Owls - Preschool                             | 3 years to < 4 years | 2 to 17        |         |



| Eagles - SA | School-Age to < 11 years | 1 to 5 |  |
|-------------|--------------------------|--------|--|
|-------------|--------------------------|--------|--|

## **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 Sanitary Equipment and Environment

<u>Code</u>: The program is required to provide a clean restroom with the appropriate materials available.

<u>Finding</u>: During the inspection, it was determined that unsanitary conditions, as noted in number(s) 4 & 5 below, were in the preschool and school age restrooms:

- 1. There was no liquid soap.
- 2. There was no toilet paper.
- 3. There were no paper towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet(s) were not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [ ].

The restroom(s) must be kept sanitary at all times. 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: 5101:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number 4 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: [ ]

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



| Corrective Action | Plan Du | e: 02/18 | /2022 |
|-------------------|---------|----------|-------|
|-------------------|---------|----------|-------|

#### 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 1 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: 02/18/2022

### **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 | boomening statement(s), it approaches   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection          | Compliant |   |
| Requirements                     |           |   |

| Rule                                     | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| 5101:2-12-04 Building Department         | Compliant | (-), ···                                  |
| Inspection                               | '         |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Fire Inspection             | Compliant | 3 ("                                      |
| •  | '         |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Food Service                | Compliant |   |
| Requirements                             |           |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator               | Compliant |   |
| Qualifications                           |           |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program             | Compliant |   |
| Policies and Procedures                  |           |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Medical Statement           | Compliant |   |
|  |           |   |
| 2.1                                      |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member     | Compliant |   |
| Educational Requirements                 |           |   |
| Dista                                    | Chahua    | Decumenting Statement (a) If a police his |
| Rule 5101:2-12-08 Orientation Training & | Status    | Documenting Statement(s), If applicable   |
| Whistle Blower Protection                | Compliant |   |
| Willstie Blower Protection               |           |   |
| Rule                                     | Status    | Documenting Statement(s) If applicable    |
| 5101:2-12-09 Background Check            | Compliant | Documenting Statement(s), If applicable   |
| Requirements                             | Compliant |   |
| Requirements                             |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space                | Compliant | bocamenting statement(3), it applicable   |
| Requirements                             | Compilant |   |
| Requirements                             | <u>l</u>  |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children      | Compliant | booking statement(s), it applicable       |
| Under 2 1/2 Years                        |           |   |
| 0.1461 2 1/2 16413                       | <u> </u>  |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Space               | Compliant | 2000                                      |
| Requirements                             |           |   |
| - dama                                   | l         |   |

| Rule                                      | Status       | Documenting Statement(s), If applicable  |
|---|--------------|--|
| 5101:2-12-11 Outdoor Play Equipment       | Compliant    | bocumenting statement(s), if applicable  |
| 3101.2 12 11 Outdoor Flay Equipment       | Compliant    |  |
|   |              |  |
| Rule                                      | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play Fall      | Not Verified | Documenting Statement: The protective    |
| Zones                                     |              | surfaces under the outdoor equipment     |
|   |              | were not viewed during this inspection   |
|   |              | due to snow covering; however, the       |
|   |              | requirements were discussed.             |
|   |              |  |
|   |              |  |
| Rule                                      | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment               | Compliant    |  |
|   |              |  |
| Dulo                                      | Ctatus       | Decumenting Statement (a) If a multiple  |
| Rule 5101:2-12-12 Safe Environment        | Status       | Documenting Statement(s), If applicable  |
| 2101:5-15-15 Sale Flivironment            | Compliant    |  |
|   |              |  |
| Rule                                      | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing                  | Compliant    | 0 (" 11                                  |
| Requirements                              | '            |  |
| ,   |              |  |
| Rule                                      | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free                   | Compliant    |  |
| Environment                               |              |  |
|   |              |  |
| Rule                                      | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field     | Compliant    |  |
| Trip Procedures                           |              |  |
|   |              |  |
| Rule                                      | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Driver      | Compliant    |  |
| Requirements                              |              |  |
| Dula                                      | Chahua       | Decree ording Chaterana that I I I I I   |
| Rule  F101:2.12.14 Transportation Vehicle | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle     | Compliant    |  |
| Requirements                              |              |  |
| Rule                                      | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Child Medical and            | Compliant    | bocumenting statement(s), ii applicable  |
| Enrollment Records                        | Compilant    |  |
| Lin on here records                       | l            |  |
| Rule                                      | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care        | Compliant    | bookinenting statement(s), it applicable |
| Plans                                     | - Compilant  |  |
| 1   | l            | <u> </u>                                 |
| Rule                                      | Status       | Documenting Statement(s), If applicable  |
|   | 0.000        | bootinenting statement(s), it applicable |

| 5101:2-12-16 Medical, Dental, and       | Compliant |  |
|---|-----------|--|
| General Emergency Plan                  | Compliant |  |
| General Emergency Flan                  |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Emergency Drills           | Compliant | Bocumenting Statement(s), if applicable    |
| J101.2-12-10 Line gency Drins           | Compliant |  |
|   |           |  |
| 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 | (2)) appas                                 |
| Reporting                               |           |  |
| -1                                      | 1         |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Written Disaster Plan      | Compliant |  |
| 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - |           |  |
|   | <b>'</b>  |  |
| 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    |
| 5101:2-12-17 Daily Outdoor Play         | Compliant |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-18 License Capacity           | Compliant |  |
|   |           |  |
| Pule                                    | Ctatus    | Decumenting State or ant/a) If a malicable |
| Rule                                    | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-18 Ratio                      | Compliant |  |
|   | _1        |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-18 Group Size                 | Compliant | bocumenting statement(s), it applicable    |
| 3101.2 12 10 Group Size                 | Compliant |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-18 Attendance Records         | Compliant |  |
|   | 30p       |  |
| I - I                                   |           | <u> </u>                                   |

| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-12-19 Supervision             | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance          | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping        | Compliant |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack          | Compliant | bootimenting statement(s), it applicable |
| Requirements                         | Compilant |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food               | Compliant |  |
| Handling/Storage                     |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-25 Medication              | Compliant |  |
| Administration                       |           |  |