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# **Center Licensing Inspection Full Report**

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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         | ils             |                   |
|-------------------------------|----------------------|-----------------|-------------------|
| Program Name                  | Program Number       |                 | Program Type      |
| Zanesville Civic League       | 2210024556           |                 | Child Care Center |
|                               |                      |                 |                   |
| Address                       |                      |                 | County            |
| 928 Jackson Street Zanesville |                      |                 | MUSKINGUM         |
| OH 43701                      |                      |                 |                   |
|                               |                      |                 |                   |
|                               |                      |                 |                   |
| Building Approval Date        | Use Group/Code       | Occupancy Limit | Maximum Under 2 ½ |
|                               |                      |                 |                   |
| Fire Inspection Approval Date | Food Service Risk Le | evel            |                   |
| 02/24/2022                    |                      |                 |                   |
|                               |                      |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Se                  | cope             | Inspection Notice |              |
| Provisional                | Full                           |                  | Unannounced       |              |
| Inspection Date 05/02/2022 | Begin Time 3                   | 3:15 PM          | End Time 6:10 PM  |              |
| Inspection Date 05/03/2022 | Begin Time 7                   | 7:50 AM          | End Time 8:18 AM  |              |
| Reviewer:                  |                                |                  |                   |              |
| SARENA POWHID              | A                              |                  |                   |              |
| Reviewer:                  |                                |                  |                   |              |
| SARENA POWHID              | A                              |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |

| 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          | 14        | 14    |
| Total Capacity/Enrollment                                 | 27               | 0          | 14        | 14    |

| Staff-Child Ratios at the Time of Inspection |                          |                |         |
|--|--------------------------|----------------|---------|
| Group  | Age Group/Range          | Ratio Observed | Comment |
| Schoolage                                    | School-Age to < 11 years | 1 to 5         |         |
| Schoolage                                    | School-Age to < 11 years | 1 to 7         |         |

## **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**

**Domain: 08 Staff Files** 

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have all staff request background checks as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number(s) 1 and 2 below:

- 1. Submitting the request for a background check for child care in the OPR.
- 2. Submitting fingerprints electronically according to the process established by BCI.

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

Corrective Action Plan Due: 06/02/2022

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

**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(s) 3 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 (role incorrect).
- 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 Due: 06/02/2022

**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(s) 3 c:

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: 06/02/2022

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

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2022

#### **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(s) 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: 06/02/2022

#### **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(s) 4, 5, 6, 13 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 required at this time.

Corrective Action Plan Due: 06/02/2022



# Rules In-Compliance/Not Verified

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| 5101:2-12-02 License Posted         | Compliant | Documenting Statement(s), if applicable  |
| J101.2-12-02 License Posted         | Compliant |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02 Current Information    | Compliant | <u> </u>   |
|                                     | •         |  |
|                                     |           |  |
| 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 |  |
|                                     |           |  |
| Rule                                | Status    | Decumenting Statement(s) If applicable   |
| Rule: 5101:2-12-04 Food Service     | Compliant | Documenting Statement(s), If applicable  Documenting Statement: The food service |
| Requirements                        | Compliant | license was observed posted. Following is  |
| Requirements                        |           | the audit number and date of expiration:   |
|                                     |           | DPOL-CBQSZC, expires 3/1/23.   |
|                                     |           | DPOL-CBQ52C, expires 3/1/23.   |
|                                     | <u> </u>  |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-05 Denial, Revocation and | Compliant | Booking statement(s), it applicable  |
| Suspension                          | 23        |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator          | Compliant |  |
| Qualifications                      |           |  |
| •                                   | <u> 1</u> |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
|                                     |           | 0  |

| 5101:2-12-07 Written Program Policies and Procedures                   | Compliant           |  |
|--|---------------------|--|
| Toncies and Frocedures   |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements | Compliant           | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program. |
| Rule   | Chatus              | Decumenting Statement(s) If applicable   |
| 5101:2-12-08 Orientation Training &                                    | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Whistle Blower Protection  | Соптриант           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space  | Compliant           | у территине  |
| Requirements   | ,                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years               | Compliant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Space                                       | Compliant           | Documenting Statement: The quarterly   |
| Requirements   |                     | playground inspections were completed  |
|  |                     | and documented, as required. The most recent inspection report form was dated 1/15/22.                                   |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment                                    | Compliant           |  |
|  | <u> </u>            | 1  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones                                   | Compliant           |  |
| Dula   | Chahua              | Decrease the Chater would be found to be   |
| Rule 5101:2-12-12 Safe Equipment                                       | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 3101.2-12-12 Safe Equipment  | Соптриант           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment  | Compliant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and Environment                        | Compliant           |  |
|  |                     |  |



| Rule  | Status              | Documenting Statement(s), If applicable  |
|---|---------------------|--|
| Rule: 5101:2-12-13 Handwashing                                      | Compliant           | Documenting Statement: Children were   |
| Requirements  |                     | viewed washing their hands, as required  |
|   |                     | by the rule.   |
|   |                     |  |
|   | C                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Smoke Free                                       | Compliant           | Documenting Statement: A notice was  |
| Environment   |                     | observed posted stating that smoking is  |
|   |                     | prohibited at the program.   |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation and                               | Compliant           | Documenting Statement: The program   |
| Field Trip Procedures   |                     | uses the ODJFS sample trip permission  |
|   |                     | form for routine trips to secure written   |
|   |                     | permission from parents or guardians.  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation -                                 | Compliant           | Documenting Statement: The driver(s)   |
| Driver Requirements   |                     | had completed the required ODJFS driver  |
|   |                     | training.  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation -                                 | Compliant           | Documenting Statement: The vehicle(s)  |
| Vehicle Requirements  |                     | used by the program to transport children  |
| '   |                     | is inspected and licensed by the Ohio  |
|   |                     | State Highway Patrol.  |
|   |                     |  |
| Rule  |                     |  |
| Rule: 5101:2-12-15 Medical/Physical                                 | Status              | Documenting Statement(s) If applicable   |
|   | Status              | Documenting Statement(s), If applicable  Documenting Statement: The program  |
|   | Status<br>Compliant | Documenting Statement: The program   |
| Care Plans  |                     | Documenting Statement: The program had current information on the medical  |
|   |                     | Documenting Statement: The program had current information on the medical status and the required treatment plan   |
|   |                     | Documenting Statement: The program had current information on the medical  |
| Care Plans  | Compliant           | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  |
| Care Plans Rule   | Compliant           | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable   |
| Rule Rule: 5101:2-12-16 Medical, Dental,                            | Compliant           | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable Documenting Statement: On the day of  |
| Care Plans Rule   | Compliant           | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed  |
| Rule Rule: 5101:2-12-16 Medical, Dental,                            | Compliant           | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General  |
| Rule Rule: 5101:2-12-16 Medical, Dental,                            | Compliant           | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were                                    |
| Rule Rule: 5101:2-12-16 Medical, Dental,                            | Compliant           | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General  |
| Rule Rule: 5101:2-12-16 Medical, Dental,                            | Compliant           | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were                                    |
| Rule Rule: 5101:2-12-16 Medical, Dental,                            | Compliant           | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were                                    |
| Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Status Compliant    | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. |

|   |           | emergency/lockdown drills was verified  |
|---|-----------|---|
|   |           | during this inspection.   |
|   |           | daming the meperation   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard   | Compliant | Documenting Statement: During the   |
| Precautions                             |           | inspection, the program had complete  |
|   |           | first aid kits available as required.   |
|   |           |   |
|   |           |   |
| 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 |   |
| Reporting                               |           |   |
| D. J.                                   | Chahara   | Decrease the Control of the Control |
| Rule 5101:2-12-16 Written Disaster Plan | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan      | Compliant |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule       | Compliant | Documenting Statement: Daily schedules  |
| ,,                                      |           | were observed posted.   |
|   |           |   |
|   | •         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and        | Compliant | Documenting Statement: Sufficient   |
| Equipment                               |           | equipment was observed in all categories.   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play         | Compliant |   |
|   | 1         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity           | Compliant | Documenting Statement(s), it applicable   |
| 3101.2 12 10 License Capacity           | Compilant |   |
|   | -1        | 1   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Ratio                      | Compliant |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Group Size                 | Compliant |   |
|   |           |   |
| Pulo                                    | Status    | Documenting Statement(e) If applicable  |
| Rule 5101:2-12-18 Attendance Records    | Status    | Documenting Statement(s), If applicable   |
| 2101.2-12-16 Attendance Records         | Compliant |   |

|                                   | ·         |  |
|-----------------------------------|-----------|--|
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision          | Compliant |  |
|                                   |           | I  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance       | Compliant |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The program       |
| Requirements                      |           | served the following: juice and cookies. |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food            | Compliant |  |
| Handling/Storage                  |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-24 Swimming and Water   | Compliant | 3 (7, 11                                 |
| Safety Requirements               |           |  |
|                                   | Ta        |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-25 Medication     | Compliant | Documenting Statement: The program       |
| Administration                    |           | had complete written documentation for   |
|                                   |           | administering medication.                |
|                                   |           |  |