

# **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         |
| LITTLE FRIENDS PRESCHOOL                       | 00000100837                       |                        | Child Care Center    |
| Address<br>1028 JENNINGS AVE SALEM<br>OH 44460 |                                   |                        | County<br>COLUMBIANA |
| Building Approval Date<br>12/15/2008           | Use Group/Code<br>A-3             | Occupancy Limit<br>682 | Maximum Under 2 ½    |
| Fire Inspection Approval Date 09/28/2022       | Food Service Risk Level<br>Exempt |                        |                      |

| Inspection Information                         |                                |                  |                   |              |
|--|--------------------------------|------------------|-------------------|--------------|
| Inspection Type                                | Inspection So                  | cope             | Inspection Notice |              |
| Annual   | Full                           |                  | Unannounced       |              |
| Inspection Date Begin Time 10:28 AM 02/06/2023 |                                | End Time 1:15 PM |                   |              |
| Reviewer:                                      |                                |                  |                   |              |
| KATHLEEN BONACCI                               |                                |                  |                   |              |
| Summary of Findings                            |                                |                  |                   |              |
| No. Rules Verified                             | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58   | 58 3 0 2 1                     |                  |                   |              |

| 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          | 24        | 24    |  |
| School Age  |                  | 0          | 0         | 0     |  |
| Total Capacity/Enrollment                                 | 69               | 0          | 24        | 24    |  |

| Staff-Child Ratios at the Time of Inspection |  |  |         |
|--|--|--|---------|
| Group Age Group/Range Ratio Observed Comment |  |  | Comment |

| Voyagers  | 4 years to < 5 years | 1 to 13 | Freeplay    |
|-----------|----------------------|---------|-------------|
| Voyagers  | 4 years to < 5 years | 1 to 13 | Story       |
| Explorers | 3 years to < 4 years | 1 to 4  | Freeplay    |
| Explorers | 3 years to < 4 years | 1 to 4  | Gross motor |
|           |                      |         | activity    |

## **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances   |  |  |
|--|--|--|
| Serious Kisk Non-Compilances   |  |  |
| 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 1 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, which includes a copy of the JFS 01176, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/08/2023

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 19 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/08/2023

## **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-12-07 Administrator Qualifications

<u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time period.

<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. 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: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |

| 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  |                                   |   |
|   |                                   |   |
| Rule  | Status                            | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Building   | Compliant                         | Documenting Statement: The building   |
| Department Inspection   |                                   | approval listed the following   |
|   |                                   | stipulation(s)/limitation(s): Occupancy   |
|   |                                   | FLC Room 114 limited 170 persons.   |
|   |                                   | Occupancy Multipurpose #121 is limited  |
|   |                                   | to 43.  |
|   |                                   | Occupancy Classroom #106 is limited to  |
|   |                                   | 23.   |
|   |                                   | Occupancy Classroom # 108 is limited to   |
|   |                                   | 23.   |
|   |                                   | Occupancy Classroom # 110 is limited to   |
|   |                                   | 19.   |
|   |                                   | Occupancy Classroom # 112 is limited to   |
|   |                                   | 19.   |
|   |                                   |   |
| 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 program  |
| Requirements  | Compilant                         | has obtained a food service exemption   |
| Requirements  | Compliant                         |   |
| Requirements  | Compliant                         | has obtained a food service exemption   |
| Requirements  | Status                            | has obtained a food service exemption status from the local health department.  |
|   | Status                            | has obtained a food service exemption status from the local health department.  Documenting Statement(s), If applicable   |
| Rule Rule: 5101:2-12-07 Administrator   | ·                                 | has obtained a food service exemption status from the local health department.  |
| Rule  | Status                            | has obtained a food service exemption status from the local health department.  Documenting Statement(s), If applicable Documenting Statement: The  |
| Rule Rule: 5101:2-12-07 Administrator   | Status                            | has obtained a food service exemption status from the local health department.  Documenting Statement(s), If applicable Documenting Statement: The administrator's hours of availability to   |
| Rule Rule: 5101:2-12-07 Administrator   | Status                            | has obtained a food service exemption status from the local health department.  Documenting Statement(s), If applicable Documenting Statement: The administrator's hours of availability to meet with parents were posted in a  |
| Rule Rule: 5101:2-12-07 Administrator   | Status                            | has obtained a food service exemption status from the local health department.  Documenting Statement(s), If applicable Documenting Statement: The administrator's hours of availability to meet with parents were posted in a  |
| Rule Rule: 5101:2-12-07 Administrator Responsibilities/Requirements   | Status Compliant                  | Documenting Statement(s), If applicable Documenting Statement: The administrator's hours of availability to meet with parents were posted in a noticeable location.   |
| Rule Rule: 5101:2-12-07 Administrator Responsibilities/Requirements  Rule: 5101:2-12-07 Administrator                               | Status Compliant                  | Documenting Statement(s), If applicable Documenting Statement: The administrator's hours of availability to meet with parents were posted in a noticeable location.  Documenting Statement: The current   |
| Rule Rule: 5101:2-12-07 Administrator Responsibilities/Requirements  Rule: 5101:2-12-07 Administrator                               | Status Compliant                  | Documenting Statement(s), If applicable Documenting Statement: The administrator's hours of availability to meet with parents were posted in a noticeable location.  Documenting Statement: The current licensing rules were available in a   |
| Rule Rule: 5101:2-12-07 Administrator Responsibilities/Requirements  Rule: 5101:2-12-07 Administrator Responsibilities/Requirements | Status Compliant Compliant        | has obtained a food service exemption status from the local health department.  Documenting Statement(s), If applicable Documenting Statement: The administrator's hours of availability to meet with parents were posted in a noticeable location.  Documenting Statement: The current licensing rules were available in a noticeable location on the premises.  |
| Rule Rule: 5101:2-12-07 Administrator Responsibilities/Requirements  Rule: 5101:2-12-07 Administrator Responsibilities/Requirements | Status Compliant Compliant Status | has obtained a food service exemption status from the local health department.  Documenting Statement(s), If applicable Documenting Statement: The administrator's hours of availability to meet with parents were posted in a noticeable location.  Documenting Statement: The current licensing rules were available in a noticeable location on the premises.  Documenting Statement(s), If applicable |
| Rule Rule: 5101:2-12-07 Administrator Responsibilities/Requirements  Rule: 5101:2-12-07 Administrator Responsibilities/Requirements | Status Compliant Compliant        | has obtained a food service exemption status from the local health department.  Documenting Statement(s), If applicable Documenting Statement: The administrator's hours of availability to meet with parents were posted in a noticeable location.  Documenting Statement: The current licensing rules were available in a noticeable location on the premises.  |

|  |           | regarding the program's written policies and procedures were discussed.    |
|--|-----------|--|
|  |           | and procedures were discussed.   |
| Rule   | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-08 Medical Statement                     | Compliant | Documenting Statement: All employees                                       |
|  |           | had current medical statements on file.                                    |
|  |           |  |
| 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.  |
|  |           | requirements.  |
| Rule   | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-10 Health Training                       | Compliant | Documenting Statement: The program   |
| Requirements   | '         | had at least one Child Care Staff Member                                   |
|  |           | with currently valid training in First Aid,                                |
|  |           | Management of Communicable Disease,  |
|  |           | CPR, and Child Abuse Prevention present                                    |
|  |           | and readily accessible during all hours of                                 |
|  |           | operation.   |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all child care staff |
| Development Requirements                                 |           | members had completed the required   |
|  |           | amount of professional development   |
|  |           | training.  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-11 Indoor Space                                | Compliant |  |
| Requirements   |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-11 Outdoor Space                         | Compliant | Documenting Statement: The outdoor   |
| Requirements   | ,         | play area is separated from traffic and                                    |
|  |           | other hazards by a fence.  |

|  | I         |  |
|--|-----------|--|
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 1-4-2023. |
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements | Compliant | Documenting Statement: Shade is provided by means of trees; a play structure.  |
|  | C         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment              | Compliant |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Equipment                | Compliant | Documenting Statement: Equipment was   |
|  | ·         | observed to be in good condition.  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment                    | Compliant |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Sanitary                      | Compliant | Documenting Statement: On the day of   |
| Equipment and Environment                        | Compilant | the inspection, the program provided a   |
| Equipment and Environment                        |           | clean environment in accordance with   |
|  |           |  |
|  |           | Appendix A of this rule, which included  |
|  |           | the furniture, materials and equipment.  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing                         | Compliant |  |
| Requirements                                     |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free                          | Compliant | Documenting Statement(s), if applicable  |
| Environment                                      | Compliant |  |
| LIMITOTITIETIC                                   | l         |  |
| 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.  |
|  |           | There do inplete, as required by the rule.   |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |

| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant           | 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. |
|--|---------------------|---|
| Bula   | Chahara             | Decree asking Chaham and a) If any limble   |
| Rule: 5101:2-12-16 Emergency Drills                            | Status Compliant    | Documenting Statement(s), If applicable  Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.               |
|  |                     |   |
| Rule: 5101:2-12-16 First Aid/Standard Precautions              | Status Compliant    | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the program had a complete first aid kit available as required.                                      |
| Bulo   | Status              | Decumenting Statement(s) If applicable  |
| Rule 5101:2-12-16 Management of Communicable Disease           | Compliant           | Documenting Statement(s), If applicable   |
|  |                     |   |
| Rule: 5101:2-12-16 Incident/Injury Reporting                   | Status Compliant    | Documenting Statement(s), If applicable  Documenting Statement: The JFS 01299  "Incident/Injury Report For Child Care"  forms reviewed during this inspection  were complete as required.   |
| Rule: 5101:2-12-16 Incident/Injury Reporting                   | Compliant           | Documenting Statement: During the inspection, the requirements of the rule regarding reporting incidents and injuries were discussed.   |
| Dula   | Chahua              | Decumenting Chatemant(s) If a militable   |
| Rule 5101:2-12-16 Written Disaster Plan                        | Status Compliant    | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule                              | Compliant           | Documenting Statement(s), if applicable  Documenting Statement: Daily schedules were observed posted.   |
|  |                     |   |
| Rule: 5101:2-12-17 Materials and Equipment                     | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Sufficient equipment was observed in all categories.  |

| Commence of the Commence of th |           |   |
|--|-----------|---|
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-17 Daily Outdoor Play  | Compliant | Bocamenting Statement(s), it applicable                                     |
| STOTIZ 12 17 Bally Gatagor Flay  | Compilant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-18 License Capacity  | Compliant | Documenting Statement: The program  |
| ,  | ,         | was operating within their license  |
|  |           | capacity limits.  |
|  |           | , ,   |
|  | ·         |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-18 Ratio   | Compliant | Documenting Statement: The Appendix A                                       |
|  |           | "Staff/Child Ratios, Age Grouping and                                       |
|  |           | Maximum Group Size" was posted in a   |
|  |           | noticeable area at the program as   |
|  |           | required.   |
|  |           |   |
| Rule: 5101:2-12-18 Ratio   | Compliant | Documenting Statement: Staff/child  |
|  |           | ratios observed during the inspection                                       |
|  |           | were in compliance.   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-18 Group Size  | Compliant | Documenting Statement: The group sizes                                      |
|  |           | observed on the day of the inspection                                       |
|  |           | were in compliance.   |
|  |           |   |
| D. J.  | Chatana   |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-18 Attendance  | Compliant | Documenting Statement: During the   |
| Records  |           | inspection, attendance records were reviewed. Child Care Staff Members were |
|  |           |   |
|  |           | viewed recording the attendance for each                                    |
|  |           | child upon arrival and departure. All                                       |
|  |           | attendance records met the requirements                                     |
|  |           | of the rule and were kept with the group                                    |
|  |           | at all times.   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-19 Supervision   | Compliant | Documenting Statement: During the   |
| Traic. 3101.2 12 13 Supervision  | Compliant | inspection, child care staff were observed                                  |
|  |           | meeting the basic needs of all children                                     |
|  |           | assigned to the group.  |
|  |           | assigned to the group.  |
| Rule: 5101:2-12-19 Supervision   | Compliant | Documenting Statement: Child Care Staff                                     |
|  | Compliant | Members were supervising the children                                       |
|  |           | and were able to intervene as needed.                                       |
|  |           | and were able to intervelle as needed.                                      |

| Compliant | Documenting Statement: During the   |
|-----------|---|
|           | inspection, child care staff were observed assisting children throughout the day.                                     |
| •         | •   |
| Status    | Documenting Statement(s), If applicable   |
| Compliant |   |
|           |   |
| Status    | Documenting Statement(s), If applicable   |
| Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding meals and snacks were discussed. |
| 16.       |   |
|           | Documenting Statement(s), If applicable   |
| Compliant |   |
|           |   |
| Status    | Documenting Statement(s), If applicable   |
| Compliant | Documenting Statement: Medication was stored office.  |
|           | Status Compliant  Status Compliant  Status Compliant  |