



## 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 <http://jfs.ohio.gov/CDC/childcare.stm>. 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 Details                                  |                                   |                                   |                   |
|--|-----------------------------------|-----------------------------------|-------------------|
| Program Name<br>SPIN-KEMP CHRISTIAN PRESCHOOL    | Program Number<br>00000200178     | Program Type<br>Child Care Center |                   |
| Address<br>538 SPINNING RD RIVERSIDE<br>OH 45431 |                                   | County<br>MONTGOMERY              |                   |
| Building Approval Date<br>08/14/2018             | Use Group/Code<br>E               | Occupancy Limit<br>8              | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>07/22/2021      | Food Service Risk Level<br>Exempt |                                   |                   |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/13/2021 | Begin Time 9:15 AM       | End Time 10:40 AM                |
| Reviewer:<br>KEYAUNA BABER    |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>57 | No. Rules with Non-compliances<br>5 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>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     |
| <b>Total Under 2 ½ Years</b>                              | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 29        | 29    |
| School Age  |                  | 0          | 2         | 2     |
| <b>Total Capacity/Enrollment</b>                          | 99               | 0          | 31        | 31    |

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| Nowak  | 4 years to < 5 years | 2 to 12        |         |



|          |                      |         |  |
|----------|----------------------|---------|--|
| Schroder | 3 years to < 4 years | 1 to 10 |  |
| Johnson  | 3 years to < 4 years | 1 to 4  |  |
| Johnson  | 3 years to < 4 years | 4 to 26 | Combined group -<br>Outside - special<br>presentation -<br>library |

**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:** 5101:2-12-12 Safe Environment

**Code:** The program is required to have all surge protectors and outlets covered.

**Finding:** During the inspection, it was determined that 1 surge protectors/outlets did not have childproof receptacle covers. The program must have safety covers on all electrical outlets, including power strips and surge protectors, which are within the reach of the children. 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: 02 Safe & Sanitary Environment

**Rule:** 5101:2-12-12 Safe Environment

**Code:** 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.

**Finding:** 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(s) 3 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: 11/12/2021



**Domain: 05 Health & Safety**

**Rule:** 5101:2-12-16 Incident/Injury Reporting

**Code:** The program is required to complete all information on the JFS 01299 "Incident/Injury Report For Child Care."

**Finding:** In review of the records, it was determined that a JFS 01299 "Incident/Injury Report For Child Care" form was missing information as noted in number(s) 1, 6 below:

1. Program information (program name, number, address);
2. Child's name;
3. Child's birth date;
4. Name of person(s) responsible for the child at the time of the incident;
5. Number of children present in the group at the time of the incident;
6. Date and/or time of the incident;
7. Whether or not parents were contacted;
8. Complete summary of the incident;
9. Accurate summary of the incident;
10. Name and/or signature of the person completing the form;
11. 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.

**Domain: 08 Staff Files**

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

**Code:** The program staff medicals are required to include all information.

**Finding:** 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) 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: 11/12/2021

**Domain: 08 Staff Files**

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

**Code:** The program staff medicals are required to be completed and on file at the program.

**Finding:** In review of the staff records, it was determined that completed medical examination statement(s) 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: 11/12/2021

**Domain: 08 Staff Files**

**Rule:** 5101:2-12-10 Health Training Requirements

**Code:** The program is required to have staff complete the required one hour prescribed Child Abuse training.

**Finding:** In review of the staff records, it was determined that the requirement for the ODJFS one-hour prescribed Child Abuse Training was not met as noted in number(s) 2 below:

1. The training was not completed within sixty days of hire;
2. The training expired, as it is only valid for two years;
3. Not all administrators, Child Care Staff Members, and substitutes have completed the training.



Refer to the Employee Record Chart for the name(s) of the Child Care Staff Member(s) who must complete the ODJFS one-hour prescribed Child Abuse Training. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/12/2021

**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".

Finding: 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) 6, 9 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 |
|---|-----------|---|
| 5101:2-12-13 Handwashing Requirements                         | Compliant |   |
| 5101:2-12-04 Fire Approval                                    | Compliant |   |
| 5101:2-12-16 Management of Communicable Disease               | Compliant |   |
| 5101:2-12-13 Smoke Free Environment                           | Compliant |   |
| 5101:2-12-07 Administrator Qualifications                     | Compliant |   |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant |   |
| 5101:2-12-16 Written Disaster Plan                            | Compliant |   |
| 5101:2-12-04 Food License                                     | Compliant |   |
| 5101:2-12-13 Sanitary Equipment and Environment               | Compliant |   |
| 5101:2-12-19 Child Guidance                                   | Compliant |   |
| 5101:2-12-16 First Aid/Standard Precautions                   | Compliant |   |



| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-12-18 License Capacity                        | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program Policies and Procedures | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements               | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills                        | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and Equipment                 | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment                  | 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 |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space Requirements              | Compliant |   |
| 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 |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment                          | Compliant |   |





| Rule  | Status    | Documenting Statement(s), If applicable  |
|---|-----------|--|
| Rule: 5101:2-12-15 Medical/Physical Care Plans              | Compliant | Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions. |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation and Staff Records                  | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional Development Requirements          | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field Trip Procedures       | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan    | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records                             | Compliant |  |
| 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  |
| 5101:2-12-25 Medication Administration and Food Supplements | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check Requirements                  | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection Requirements                        | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |



|  |           |  |
|--|-----------|--|
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant |  |
|--|-----------|--|