

# **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        | ils             |                   |
|-------------------------------|---------------------|-----------------|-------------------|
| Program Name                  | Program Number      |                 | Program Type      |
| OXFORD PARKS & RECREATION     | 000000200704        |                 | Child Care Center |
| DEPARTMENT PRESCHOOL          |                     |                 |                   |
| Address                       |                     |                 | County            |
| 6025 FAIRFIELD RD OXFORD      |                     |                 | BUTLER            |
| OH 45056                      |                     |                 |                   |
|                               |                     |                 |                   |
|                               |                     |                 |                   |
| Building Approval Date        | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 10/24/2013                    | A-3                 | 25              | 0                 |
| Fire Inspection Approval Date | Food Service Risk L | evel            |                   |
| 08/18/2022                    | Exempt              |                 |                   |

|                            | Insp                           | ection Information |                   |              |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope               | Inspection Notice |              |
| Follow-up                  | Full                           |                    | Unannounced       |              |
| Inspection Date 05/03/2023 | Begin Time 1                   | 0:30 AM            | End Time 3:19 PM  |              |
| Reviewer:                  |                                |                    | ·                 |              |
| BRENDA MEYER               |                                |                    |                   |              |
|                            | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                         | 12                             | 0                  | 1                 | 11           |

| 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   |                  | 14         | 0         | 14    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 29               | 14         | 0         | 14    |

| S     | taff-Child Ratios at the Time of Insp | ection         |         |
|-------|---------------------------------------|----------------|---------|
| Group | Age Group/Range                       | Ratio Observed | Comment |



| Preschool | 2 to 13 |  |
|-----------|---------|--|
| Preschool | 2 to 13 |  |

# **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   |
|--|
| No Serious Risk Non-Compliances were observed during this inspection |
|  |
|  |
|  |
|  |
|  |

## **Moderate Risk Non-Compliances**

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or has written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication or medical food that is not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" or a prescription topical product to a child as noted in numbers 13, 15 and 16 below:

- 1. No JFS 01217 "Request for Administration of Medication for Child Care" was on file.
- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
- 4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217.

- 7. The time to administer was missing on the JFS 01217.
- 8. The time period to administer was missing on the JFS 01217.
- 9. The medication's expiration date was missing on the JFS 01217.
- 10. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 11. Physician instructions were missing on the JFS 01217.
- 12. Possible side effects were missing on the JFS 01217.
- 13. Physician's dated signature was missing on the JFS 01217.
- 14. Physician's phone number was missing on the JFS 01217.
- 15. Date medication was administered was missing on the JFS 01217.
- 16. Time medication was administered was missing on the JFS 01217.
- 17. Dosage administered was missing on the JFS 01217.
- 18. Staff member's signature was missing on the JFS 01217.
- 19. A prescription label was not attached to the prescription medication.
- 20. The medication or product, [ ], was not brought to the program in its original container.
- 21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2023

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

## **Domain: 00 License & Approvals**

Rule: 5101:2-12-04 Building Department Inspection

Code: The program is required to maintain a copy of the certificate of occupancy on file at the center for review.

<u>Finding</u>: During the inspection, it was determined the program did not have a copy of the certificate of occupancy available on-site for review. Submit the program's corrective action plan, which includes a copy of the certificate of occupancy, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2023

**Domain: 00 License & Approvals** 

Rule: 5101:2-12-03 Inspection Requirements

Code: The program is required to respond to noncompliances by the date noted in the inspection report.

<u>Finding</u>: During the inspection, it was determined the program had not responded to all of the non-compliances addressed in the inspection report dated 9/23/22. The rule requires the program to complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2023

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency

Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number 1 below:

- 1. The plan was not posted in the classroom.
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. The plan was not implemented when necessary in that [ ].

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

Corrective Action Plan Due: 06/02/2023

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

Code: The program is required to complete fire drills, weather drills, and emergency/lockdown drills

appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number 2 and 3 below:

1. Monthly fire drills.

- 2. Monthly weather emergency drills (March through September)- missing April 2023
- 3. Emergency/lockdown drills in each quarter of the calendar year- missing first Q 2023

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

Corrective Action Plan Due: 06/02/2023

## Domain: 05 Health & Safety

Rule: 5101:2-12-16 Management of Communicable Disease

<u>Code</u>: The program is required to post the JFS 08087 "Ohio Communicable Disease Chart".

<u>Finding</u>: During the inspection, it was determined that the JFS 08087 "Ohio Communicable Disease Chart" was not posted as required, as indicated in number 3 below:

- 1. The chart was not posted.
- 2. In a location readily available to program staff and parents.
- 3. The posted chart was not the current version, and the Child Care Manual Procedural Letter No. 159 was not attached.
- 4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

Technical assistance was provided at the time of 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 Child Care Staff Member Educational Requirements

Code: The program staff is required to have educational verification on file at the program or in the Ohio

Professional Registry.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file nor verified in the Ohio Professional Registry for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2023

**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.

<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: 06/02/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: 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 numbers 3 and 5 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 Due: 06/02/2023

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

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

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety 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 required health and safety training as noted in number 4 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2023

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 numbers 6 and 10 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 not required at this time.

#### **Domain: 09 Children's Files**

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

Code: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 1 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.

- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of

conscience, including religious convictions

11. Other [ ]

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

Corrective Action Plan Due: 06/02/2023

## **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     |
| Rule: 5101:2-12-02 Current   | Compliant | Documenting Statement: The program          |
| Information                  |           | had current information entered in the      |
|                              |           | Ohio Child Licensing and Quality System     |
|                              |           | (OCLQS). Administrator just left. Assistant |
|                              |           | administrator and lead teacher are          |
|                              |           | gaining access to the OCLQS and OCCRRA.     |
|                              |           |   |
|                              |           |   |
| 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: During the        |
| Requirements                        | '         | inspection, the requirements of the rule |
|                                     |           | regarding food service license or        |
|                                     |           | exemption were discussed. Children pack  |
|                                     |           | snack and lunch.                         |
|                                     |           | Shack and functi.                        |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-05 Denial, Revocation and | Compliant | -  |
| Suspension                          | ·         |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-07 Administrator    | Compliant | Documenting Statement: During the        |
| Qualifications                      |           | inspection, documentation required by    |
|                                     |           | rule and strategies to maintain          |
|                                     |           | compliance were discussed with program   |
|                                     |           | staff. The following resources were      |
|                                     |           | provided: job aid on how to do an        |
|                                     |           | administrator amendment in the OCLQS.    |
|                                     |           | \ \tag{\tag{\tag{\tag{\tag{\tag{\tag{    |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program        | Compliant |  |
| Policies and Procedures             |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check       | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space           | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children | Compliant |  |
| Under 2 1/2 Years                   |           |  |
|                                     | I a       |  |
| 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  |
|                                     |           | 4/3/23.                                  |
|                                     |           |  |
| 0.1                                 |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |

| 5101:2-12-11 Outdoor Play Equipment    | Compliant           |  |
|--|---------------------|--|
| Rule                                   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-11 Outdoor Play Fall Zones   | Compliant           | Documenting Statement(s), if applicable                                    |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-12 Safe Equipment            | Compliant           |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-12 Safe Environment          | Compliant           |  |
| Rule                                   | Chatus              | Decumenting Statements of applicable                                       |
| Rule: 5101:2-12-13 Sanitary            | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the |
| Equipment and Environment              | Compliant           | inspection, the equipment was observed                                     |
| Equipment and Environment              |                     | clean and in good repair.  |
|  |                     | Great and in Secondary   |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-13 Handwashing Requirements  | Compliant           |  |
|  |                     | ·  |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-13 Smoke Free<br>Environment | Compliant           |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-15 Medical/Physical Care     | Compliant           | bocumenting statement(s), it applicable                                    |
| Plans                                  |                     |  |
| 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 Incident/Injury           | Compliant           | bocumenting statement(s), if applicable                                    |
| Reporting                              | Complaint           |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-16 Written Disaster Plan     | Compliant           |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-17 Daily Schedule            | Compliant           |  |

| Rule                                  | Status      | Decumenting Statement(c) If applicable   |
|---------------------------------------|-------------|--|
| Rule: 5101:2-12-17 Materials and      | Compliant   | Documenting Statement(s), If applicable  Documenting Statement: Sufficient   |
|                                       | Compliant   | equipment was observed in all categories.  |
| Equipment                             |             | equipment was observed in all categories.  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant   | Documenting Statement: Outdoor play  |
| Ruic. 3101.2 12 17 Buily Odtabol Flay | Compilation | was observed for the preschool group.  |
|                                       |             | was observed for the presences group.  |
|                                       | 1           |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity         | Compliant   | 3 (7, 11   |
| • ,                                   | •           |  |
|                                       |             |  |
| 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   |  |
|                                       |             |  |
|                                       | C           | D " C 1 1/ ) If I 1 1  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records       | Compliant   |  |
|                                       |             | I  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision              | Compliant   | bootinenting statement(s), it approase   |
| STOTIL IL IS SUPERVISION              |             |  |
|                                       |             |  |
| 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   |  |
| Requirements                          |             |  |
| D. I.                                 | Chahara     | Description of the state of the |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements  | Compliant   |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| Ruic                                  | Jiaius      | Documenting Statement(5), If applicable  |



| Compliant |   |
|-----------|---|
| Status    | Documenting Statement(s), If applicable |
| Compliant |   |
|           | Status                                  |