

## **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
MIAMI VALLEY CDC - MORAINE MEADOWS	000000201316		Child Care Center
Address 3050 KREITZER ROAD MORAINE OH 45439			County MONTGOMERY
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
04/20/2009		19	
Fire Inspection Approval Date	Food Service Risk L	evel	
09/06/2023	Level II		

	Insp	ection Information		
Inspection Type	Inspection Sc	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date	Begin Time		End Time	
01/10/2024	9:45 AM		10:51 AM	
Reviewer:				
Carlie Bennett				
	Summary of Findings			
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
58	3	0	0	3

License Capacity and Enrollment at the Time of Inspection				
Age Group	License Capacity	Enrollment		ollment
	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		16	0	16
School Age		0	0	0
Total Capacity/Enrollment	17	16	0	16

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



Preschool	3 to 13	At both ratio
		checks

## **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
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Moderate Risk Non-Compliances
No Moderate Risk Non-Compliances were observed during this inspection
Low Risk Non-Compliances



Domain: 00 License & Approvals

Rule: 5101:2-12-04 Food Service Requirements

<u>Code</u>: The program is required to maintain a copy of the current Ohio Department of Agriculture registration for any off-site food processing establishment they may utilize.

<u>Finding</u>: During the inspection, it was determined that a copy of the off-site food processing establishment's current Ohio Department of Agriculture registration was not on file at the program. Submit the program's corrective action plan, which includes a copy of the current registration, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/09/2024

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 5c below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies 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);
- 6. Tuberculosis (TB) screening/test information was missing:
- 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 6a.
- 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: 02/09/2024

## **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) 4 & 7 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: 02/09/2024

## **Rules In-Compliance/Not Verified**

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	

Beginning!		
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
5101:2-12-04 Building Department	Compliant	
Inspection	·	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Fire Inspection	Compliant	Documenting Statement: Although the
		program had documentation of a current
		fire inspection without any uncorrected
		violations at the time of the licensing
		inspection, the program did not have the
		fire inspection completed within 12
		· · · · · · · · · · · · · · · · · · ·
		months from the date of the last fire
		inspection without any uncorrected
		violations. Please ensure that fire
		inspections are completed in accordance
		with the rule requirements.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Compliant	
Policies and Procedures		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection	'	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check	Compliant	2 - Commonwell Control (2), it applicable
Requirements	Complaint	
печинения		
Pulo	Ctatus	Documenting Statement/s\ If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Compliant	
Requirements		



oeginning:		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	
Development Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	
Requirements	Compilant	
Requirements		
	1.	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Play	Compliant	Documenting Statement: The outdoor
Equipment	'	play space and equipment were not
-1 2-1		viewed during this inspection due to rain
		& muddy conditions; however, the
		•
		requirements were discussed.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-12 Safe Environment	Compliant	Documenting Statement: A safe
		environment was observed during the
		inspection. Children were protected from
		items and conditions which threaten their
		health, safety and well-being.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	,(-),
Requirements		
requirements	l	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
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5101:2-12-13 Toothbrushing Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Child Medical and Enrollment Records	Compliant	Documenting Statement: At the time of the inspection, a system to ensure children's records were updated annually was being utilized.
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Rule: 5101:2-12-15 Medical/Physical Care Plans	Status Compliant	Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.
Rulo	Status	Decumenting Statement(c) If applicable
Sample 5101:2-12-16 Medical, Dental, and General Emergency Plan	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard Precautions	Compliant	Documenting Statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Management of Communicable Disease	Compliant	Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents.
Pulo	Ctatus	Desumenting Statement(s) If applicable
Rule 5101:2-12-16 Incident/Injury Reporting	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	Documenting Statement(3), if applicable
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-17 Daily Schedule	Compliant	Documenting Statement: Daily schedules were observed posted.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Compliant	
Equipment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	3 (7 11
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Ratio	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	
	T <sub>a</sub> , .	
Rule: 5101:2-12-18 Attendance	Status	Documenting Statement(s), If applicable
Records	Compliant	Documenting Statement: During the inspection, attendance records were
Records		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
5101:2-12-19 Supervision	Compliant	
Rule	Status	Decumenting Statement/s) If applicable
5101:2-12-19 Child Guidance	Status Compliant	Documenting Statement(s), If applicable
5101.2 12 15 Clina Galdance	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	bocumenting statement(s), it applicable
Requirements	Compilant	
- 4 200 - 200	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Compliant	
Administration		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Compliant	
Educational Requirements		