

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 Deta | ils | |
|-------------------------------------|----------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| MIDDLETOWN CHRISTIAN EARLY LEARNING | 000000205202 | | Child Care Center |
| CENTER | | | |
| Address | 95 | | County |
| 3015 N. UNION ROAD MIDDLETOWN | | | WARREN |
| ОН | | | |
| 45042 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 10/26/2012 | 10000 | 154 | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | |
| 10/01/2024 | Level III | | |

| | Insp | ection Information | | | |
|---------------------|--------------------------------|--------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 01/08/2025 | 8:45 AM | 8:45 AM | | 11:30 AM | |
| Reviewer: | | | | | |
| Nicole Vadnais | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 6 | 0 | 1 | 6 | |

| 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) | | 10 | 0 | 10 |
| Young Toddler | | 12 | 0 | 12 |
| Total Under 2 ½ Years | 36 | 22 | 0 | 22 |
| Older Toddler | | 10 | 0 | 10 |
| Preschool | | 64 | 0 | 64 |
| School Age | | 38 | 0 | 38 |
| Total Capacity/Enrollment | 154 | 112 | 0 | 134 |

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



| Ladybug | 18 months to < 30 months | 1 to 5 | #1 |
|---------|---------------------------|---------|---------|
| Ladybug | 18 months to < 30 months | 2 to 7 | #2 |
| Infant | 0 to < 12 months | 3 to 8 | #2 |
| Infant | 0 to < 12 months | 2 to 7 | #1 |
| Owl | 3 years to < 4 years | 1 to 5 | #1 |
| Owl | 3 years to < 4 years | 2 to 7 | #2 |
| Fox | 3 years to < 4 years | 1 to 8 | #2 |
| Fox | 3 years to < 4 years | 2 to 7 | #1 |
| Bear | 4 years to < 5 years | 1 to 6 | #1 |
| Bear | 4 years to < 5 years | 1 to 7 | #2 |
| Raccoon | 4 years to < 5 years | 1 to 5 | #1 |
| Raccoon | 4 years to < 5 years | 1 to 6 | #2 |
| Tiger | 5 years to < Kindergarten | 1 to 10 | #1 |
| Tiger | 5 years to < Kindergarten | 1 to 11 | #2 |
| Frog | 30 months to < 36 months | 2 to 6 | #2 |
| Frog | 30 months to < 36 months | 1 to 6 | #1 |
| PK | 4 years to < 5 years | 1 to 9 | #1 & #2 |

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 |
| No Serious Risk Non-Compilances were observed during this hispection |
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Moderate Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5180:2-12-15 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 and must implement and/or follow instructions on



the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in numbers 7, 13, 21, 23, 27-29, 30-31, 44, and 45 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.



- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. 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.
- 45. The JFS 01236 had not been updated as needed and at least annually.

Provide staff training. 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: 02/15/2025

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5180:2-12-08 Medical Statement

<u>Code</u>: 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 numbers 1 and 4 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: 02/15/2025

Domain: 08 Staff Files

Rule: 5180:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number 1 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 02/15/2025

Domain: 08 Staff Files

Rule: 5180:2-12-10 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 numbers 2, 3, 4, 5, and 6 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: 02/15/2025

Domain: 08 Staff Files

Rule: 5180:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [].

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

Corrective Action Plan Due: 02/15/2025



Domain: 09 Children's Files

Rule: 5180:2-12-15 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 4, 5, 6, 10, and 12 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: 5180:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: 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 2 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: 02/15/2025

Rules In-Compliance/Not Verified

| Rule 5180:2-12-16 Written Disaster Plan | Status Compliant | Documenting Statement(s), If applicable |
|--|---------------------|---|
| Rule: 5180:2-12-02 License Posted | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The license was in a location visible to parents as required. |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-04 Building Department Inspection | Compliant | |
|--|-----------|--|
| | 8 | , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | Compilant | license was observed posted. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | Documenting statement(s), it applicable |
| Qualifications | Compilant | |
| D.J. | Chatana | Decree d'a Chahaman (1) If an al'arbia |
| Rule: 5180:2-12-07 Administrator | Status | Documenting Statement(s), If applicable Documenting Statement: During the |
| Responsibilities/Requirements | Compliant | inspection, the requirements of the rule |
| nesponsibilities/nequirements | | regarding administrator responsibilities |
| | | and requirements were discussed. |
| Dula | Chahua | Described Statement (a) If a multiple |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program Policies and Procedures | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | Compilant | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file for all employees listed. |
| | | |



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|--|--|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| and the control of th | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | bocamenting statement(s), it applicable |
| N | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. |
| | | 2 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | became many or a position of the process of the pro |
| 3100.2-12-12 Sale Equipment | Compilant | |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 2000000 | | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play | Compliant | Documenting Statement: The outdoor |
| Equipment | | play space and equipment were not |
| | | viewed during this inspection due to snow |
| | | covering; however, the requirements |
| | | were discussed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | Compliant | surfaces under the outdoor equipment |
| Zories | | 1. (1.) |
| | | were not viewed during this inspection |
| | | due to snow covering; however, the |
| | | requirements were discussed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | 96 - March 196 - 1962 - 1972 - |
| | | health, safety and well-being. |
| | | |
| Rule: 5180:2-12-12 Safe Environment | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding safe environment were |
| | | discussed. |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Language Control of the Control of t | Julius | Documenting Statement(s), if applicable |



| Rule: 5180:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: During the inspection, the equipment was observed clean and in good repair. |
|--|------------------|--|
| Pula | Chatus | Decumenting Statement(s) If applicable |
| Rule 5180:2-12-13 Handwashing | Status Compliant | Documenting Statement(s), If applicable |
| Requirements | Compliant | |
| inequirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| Pole | Chahara | Designation Challenge (1) If you live live live live live live live live |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | during this inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease | Compliant | |
| Communicable Disease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury | Compliant | Documenting Statement(s), it applicable |
| Reporting | Compilant | |
| [p.s.s | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | Destination of the control of the co |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-18 Group Size | Compliant | |
|---|-----------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Compliant | |
| | Į. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were |
| | | separated from the play space by a safe |
| | | and sturdy and physical barrier. |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements | Compliant | |
| Nequirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | Documenting Statement(s), if applicable |
| | | |
| Rule | Status | Documenting Statement (s) If applicable |
| 5180:2-12-23 Infant Daily Care | Compliant | Documenting Statement(s), If applicable |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| Rule: 5180:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: All bottles were labeled as required. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet Training | Compliant | |
| | * | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |