

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 | nils | |
|---------------------------------------|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| WEE THREE KINGS PRESCHOOL | 00000205632 | | Child Care Center |
| | | | |
| Address | | | County |
| 6635 LOVELAND-MIAMIVILLE ROAD LOVELAN | ND | | CLERMONT |
| OH 45140 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 08/21/2002 | E with I-2 | 186 | |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 06/06/2023 | Level II | | |

| Inspection Information | | | | |
|-------------------------------|--------------------------------|------------------|----------------------------------|--------------|
| Inspection Type Annual | Inspection So Full | cope | Inspection Notice Unannounced | |
| Inspection Date 11/02/2023 | Begin Time 8 | :45 AM | End Time 10:15 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 | 3 | 0 | 1 | 2 |

| 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 | 16 | 16 | |
| Total Under 2 ½ Years | 19 | 0 | 16 | 16 | |
| Older Toddler | | 0 | 8 | 8 | |
| Preschool | | 0 | 106 | 106 | |
| School Age | | 0 | 0 | 0 | |
| Total Capacity/Enrollment | 86 | 0 | 114 | 130 | |

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



Department of Education Department of Job and Family Services

| Nursery 2 | 18 months to < 30 months | 1 to 5 | #1 & #2 |
|-----------|--------------------------|---------|---------|
| 1 | 4 years to < 5 years | 2 to 12 | #1 & #2 |
| Nursery 3 | 18 months to < 30 months | 2 to 8 | #1 & #2 |
| Nursery 4 | 30 months to < 36 months | 2 to 8 | #1 & #2 |
| 4 | 3 years to < 4 years | 2 to 12 | #1 & #2 |
| 5 | 4 years to < 5 years | 2 to 15 | #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

Moderate Risk Non-Compliances

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 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 and 45 below:

No plan was on file.
 (Page 1)
 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. Two conditions were listed on one plan.

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: 12/02/2023

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-10 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: 12/02/2023



Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 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 8 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: 12/02/2023

Rules In-Compliance/Not Verified



| Status | Documenting Statement(s), If applicable |
|-----------|--|
| Compliant | Documenting Statement: The license was |
| | in a location visible to parents as |
| | required. |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: During the |
| | inspection, the requirements of the rule |
| | regarding maintaining current |
| | information in the Ohio Child Licensing |
| | and Quality System were discussed. |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
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| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | <u>.</u> |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: The food service |
| | license was observed posted. |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: The |
| | administrator has completed the rules |
| | review course. |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: During the |
| | inspection, the requirements of the rule |
| | regarding administrator responsibilities |
| | and requirements were discussed. |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | · · · · |
| Status | Documenting Statement(s), If applicable |
| | Compliant Status Compliant Compliant Status Compliant |



| 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 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | compliant | the inspection, all child care staff |
| | | members had met orientation training |
| | | requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | I | |
| 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 |
| 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 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | compliant | playground inspections were completed |
| heightentente | | and documented, as required. |
| | | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s). If applicable |
| | | becamenting statement(s), if applicable |
| | | |
| Rule 5101:2-12-11 Outdoor Play Fall Zones | Status 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 |
| 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 |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | | observed posted stating that smoking is |
| | | prohibited at the program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| | | |
| 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. |
| | 1 | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | and parents. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | | of the written disaster plan was |
| | | completed by staff. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| , | | |
| Dula | Status | Decumenting Statement(c) If emplicable |
| Rule | | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and Equipment | 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 | |
| S101.2-12-18 License capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | surpassed those required by the rule. |
| 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 | Status | Documenting Statement(s), If applicable |

| 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 Attendance Records | Compliant | Documenting statement(s), it applicable |
| S101.2-12-18 Attendance Records | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: During the |
| Administration | | inspection, the requirements of the rule |
| | | regarding administering medication, food |
| | | supplements and medical foods were |
| | | discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | compliant | Staff Members had verification of |
| | | educational requirements on file at the |
| Weinber Educational Requirements | | |
| Weinber Educational Requirements | | program. |