

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 | ails | |
|---|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| HELEN CENTERS EARLY LEARNING CENTER | 000000206104 | | Child Care Center |
| Address 101 WALNUT STREET FRANKLIN OH 45005 | | | County WARREN |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 09/09/2022 | Level III | | |

| | Inspection Information | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 12/01/2022 | Begin Time 8 | :45 AM | End Time 10:40 AM | |
| Reviewer: NANCY SCHMITT | | | | |
| 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 | | |
| | 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 | | 17 | 32 | 49 | |
| School Age | | 0 | 0 | 0 | |
| Total Capacity/Enrollment | 36 | 17 | 32 | 49 | |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| 1200 A AM | 3 years to < 4 years | 3 to 7 | |
|---------------|----------------------|--------|--|
| 1200 C 6 Hour | 4 years to < 5 years | 3 to 9 | |

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 |
| No Moderate Mak Non Compilances were observed during this inspection |
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| Low Risk Non-Compliances |
| 2011 Mark 11011 Compliances |

Domain: 05 Health & Safety

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

Code: The program is required to submit notification of a serious incident in OCLQS by the next business day.

<u>Finding</u>: During the inspection, it was determined that a Serious Incident was not reported in the Ohio Child Licensing and Quality System (OCLQS), as required, by the program administrator or designee for an incidents as listed in number 1 below:

- 1. An incident, injury or illness (COVID) that required professional medical consultation or treatment.
- 2. An unusual or unexpected incident which jeopardizes the safety of a child, child care staff member or employee of the program.
- 3. An incident defined as a serious risk non-compliance in appendix A to rule 5101:2-12-03 of the Administrative Code.
- 4. The program did not submit the report in OCLQS by the next business day as required by rule.

Submit the program's corrective action plan, which includes a statement that the program administrator or designee has completed the Serious Incident Report in OCLQS, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/31/2022

Domain: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to maintain a current JFS 01176 "Program Notification of Background Check Review for Child Care" on file for each staff.

<u>Finding</u>: In review of the staff records, it was determined that background check requirements had not been followed, for the individual listed on the Employee Record Chart, as noted in number 3 below:

- 1. The JFS 01176 Program Notification of Background Check Review for Child Care the program received from the Department was not on file and the individual was not left alone with children.
- 2. The JFS 01177 Individual Notification of Background Check Review for Child Care was on file instead of the JFS 01176.
- 3. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/31/2022

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: 12/31/2022

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 |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Status | Beginning: | | |
|--|--------------------------------------|-------------|--|
| Rule Status Documenting Statement(s), If applicable | 5101:2-12-03 Inspection | Compliant | |
| Status Documenting Statement(s), if applicable | Requirements | | |
| Status Documenting Statement(s), if applicable | | • | |
| Status Documenting Statement(s), if applicable | Rule | Status | Documenting Statement(s), If applicable |
| Rule | 5101:2-12-04 Building Department | Compliant | 5 (" 11 |
| Rule | · | ' | |
| Status Documenting Statement(s), If applicable | | 1 | |
| Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s) If applicable |
| Rule Status Documenting Statement(s), If applicable | | 0.00.00 | bocumenting statement(3), if applicable |
| Status Documenting Statement(s), If applicable | J101.2-12-04 The hispection | Compliant | |
| Status Documenting Statement(s), If applicable | | | |
| Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s) If applicable |
| Rule | | | bocamenting statement(s), it applicable |
| Rule Status Documenting Statement(s), If applicable S101:2-12-07 Administrator Compliant Qualifications Documenting Statement(s), If applicable S101:2-12-07 Administrator Compliant Responsibilities/Requirements Documenting Statement(s), If applicable Rule: 5101:2-12-07 Written Program Policies and Procedures Compliant Policies and Procedures Documenting Statement: The written policies and procedures reviewed on the day of the inspection were verified as complete. Rule Status Documenting Statement(s), If applicable Rule: 5101:2-12-08 Medical Statement Compliant Documenting Statement: All employees had current medical statements on file. Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements Compliant Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program. Rule Status Documenting Statement(s), If applicable Story: A complete of the program of the | | Compliant | |
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| Rule Status Documenting Statement(s), If applicable 5101:2-12-08 Orientation Training & Compliant Whistle Blower Protection | | | • |
| 5101:2-12-08 Orientation Training & Compliant Whistle Blower Protection | | | program. |
| 5101:2-12-08 Orientation Training & Compliant Whistle Blower Protection | | | |
| 5101:2-12-08 Orientation Training & Compliant Whistle Blower Protection | Pulo | Ctatus | Documenting Statement(s) If applicable |
| Whistle Blower Protection | | | Documenting Statement(s), if applicable |
| | | Compliant | |
| | wnistle Blower Protection | | |
| | | | |
| Rule Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |
|--|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | Service of the servic |
| Requirements | ' | |
| , | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: Outdoor play |
| Requirements | | was not observed due to weather |
| | | conditions however, the quarterly |
| | | playground inspections were discussed |
| | | and documentation was on file, as |
| | | required. |
| | 0 11 . | |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor |
| Requirements | | play area is separated from traffic and |
| | | other hazards by a fence. |
| | | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | Ŭ |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
| Dula, 5404,2 42 42 5afa Farina and 1 | Compliant | Decumenting Statement A sefe |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. |
| | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | U TOWN THE TOWN |

| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
|--------------------------------------|------------------|---|
| Equipment and Environment | | the inspection, the program provided a |
| | | clean environment. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | · | children were observed washing hands as |
| • | | required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | bocumenting statement(s), it applicable |
| Environment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | | |
| 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 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 | Ctatus | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Documentation |
| | Compliant | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | asimg and hispertion |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |

| 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. |
| | | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | Compilation | were observed posted. |
| | | were observed posted. |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | | equipment was observed in all categories. |
| | | |
| Rule | Ctatus | Decumenting Statement(s) If applicable |
| 5101:2-12-17 Daily Outdoor Play | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-17 Daily Outdoor Flay | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| Naic. 3101.2 12 10 Natio | Compliant | ratios observed during the inspection |
| | | were in compliance. |
| | | Were in compliance. |
| | 1 | , |
| 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 | bocumenting statement(s), if applicable |
| Jack 12 10 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 | |
| | | |
| | | |
| 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-12-22 Safe Food | | Documenting Statement(s), If applicable |
| | Compliant | |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | bocamenting statement(3), ii applicable |
| Training | | |
| 0 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: There were no |
| Administration | | children on medication at the time of the |
| | | inspection. |
| | | |
| | | |