

## **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 Details				
Program Name	Program Number		Program Type	
LITTLE LAMBS PRESCHOOL	000000207191		Child Care Center	
Address 6388 CINCINNATI-DAYTON RD LIBERTY TWP OH 45044			County BUTLER	
Building Approval Date 03/04/2010	Use Group/Code	Occupancy Limit	Maximum Under 2 ½	
Fire Inspection Approval Date	Food Service Risk Level			
05/19/2021	Exempt			

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date 10/26/2021	Begin Time 9	:10 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
57	1	0	0	1

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		0	46	46
School Age		0	5	5
Total Capacity/Enrollment	30	0	51	51

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

Preschool/School Age	3 years to < 4 years	1 to 5	Room 103 TTH
			AM group
Preschool/School Age	4 years to < 5 years	1 to 8	Room 104 T
			group
Preschool/School Age	3 years to < 4 years	1 to 6	Room 105 TTH
			group

## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

Serious Risk Non-Compliances	
No Serious Risk Non-Compliances were observed during this inspection	
Mandagata Biole Non Consultances	
Moderate Risk Non-Compliances  No Moderate Risk Non-Compliances were observed during this inspection	

## **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in numbers 3 (b), 3 (c) & 4 (a).

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test
- 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 4a;
- 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: 11/25/2021

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

Rule	Status	Documenting Statement(s), If applicable
		0 (7)

Rule: 5101:2-12-22 Meal and Snack	Compliant	Documenting Statement: The program
Requirements		served the following: parent provided
		prepackaged snacks.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	bocumenting statement(s), it applicable
Requirements	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Fire Approval	Compliant	
0.1		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of Communicable Disease	Compliant	
Communicable Disease		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	bounding statement(s), ii applicable
Environment		
	<b>I</b>	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-08 Child Care Staff	Status Compliant	Documenting Statement: All Child Care
		Documenting Statement: All Child Care Staff Members had verification of
Rule: 5101:2-12-08 Child Care Staff		Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the
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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.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	
Precautions		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 License Capacity	Compliant	Documenting Statement: The program
Rule. 3101.2-12-18 License Capacity	Compliant	
		was operating within their license
		capacity limits. Part time sessions vary
		daily.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage	'	
		I
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program		bocumenting statement(s), if applicable
_	Compliant	
Policies and Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Emergency Drills	Compliant	Documenting Statement: Documentation
Naic. 3101.2 12 10 Emergency Dinis	Compilant	for completed fire, weather, and
		· · · · · · · · · · · · · · · · · · ·
		emergency/lockdown drills was verified
		during this inspection.
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	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Approval	Compliant	2 osts.iiig otatement(3), ii applicable
3101.2-12-04 building Approval	Compilant	
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Pulo	Status	Documenting Statementic) If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	

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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 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
5101:2-12-18 Attendance Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	Documenting Statement(s), if applicable
3101.2 12 10 Group 3/20	Compilant	
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	Status	Documenting Statement(s), If applicable
5101:2-12-23 Diapering and Toilet	Compliant	
Training		
	Γ -	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-25 Medication	Compliant	Documenting Statement: The program
Administration and Food Supplements		had complete written documentation for
		administering medication or food
		supplements.
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.
		,
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable



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