

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 |
| CHILDTIME LEARNING CENTER | 000000207218 | | Child Care Center |
| | | | |
| Address | | | County |
| 6375 CLYO RD CENTERVILLE | | | MONTGOMERY |
| ОН | | | |
| 45459 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 07/28/2003 | E | 527 104 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 07/26/2019 | Level III | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 01/07/2025 | 10:30 AM | | 1:00 PM | |
| Reviewer: | | | | |
| Yolonda McIntosh | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 6 | 0 | 0 | 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) | | 18 | 0 | 18 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 46 | 18 | 0 | 18 |
| Older Toddler | | 26 | 0 | 26 |
| Preschool | | 43 | 0 | 43 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 134 | 69 | 0 | 87 |

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



| | T |
|-------------|---------|
| Infant 2 | 1 to 6 |
| Infant 2 | 1 to 6 |
| Pre K | 2 to 14 |
| Pre K | 2 to 14 |
| Infant 1 | 2 to 8 |
| Infant 1 | 2 to 8 |
| Two's & EPS | 2 to 7 |
| Two's & EPS | 2 to 7 |
| Preschool | 1 to 11 |
| Preschool | 1 to 11 |

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 |
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Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide a clean restroom with the appropriate materials available.

<u>Finding</u>: During the inspection, it was determined that unsanitary conditions, as noted in number(s) 4 below, were in the Two's restroom:

- 1. There was no liquid soap.
- 2. There was no toilet paper.
- 3. There were no paper towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet(s) were not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other

The restroom(s) must be kept sanitary at all times. 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: 04 Indoor/Outdoor Space

Rule: 5180:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to conduct and document quarterly inspections of their outdoor play space.

<u>Finding</u>: During the inspection, it was determined that quarterly inspections of one or more outdoor play area(s) and equipment had not been completed and documented as required, using the JFS 01281 "Child Care Playground Inspection Report" form. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/06/2025



Domain: 08 Staff Files

Rule: 5180:2-12-08 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) 1, 4, and 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: 02/06/2025

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(s) 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: 02/06/2025

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 number(s) 4,5, 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: 02/06/2025

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(s) 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: 02/06/2025

5180:2-12-02 License Posted

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5180:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| l Rule | Status | Documenting Statement(s) If applicable |

Compliant



| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5180:2-12-04 Building Department | Compliant | |
| Inspection | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection | Compliant | |
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| Rule | Ctatus | Decumenting Statement/s\ If smalleship |
| 5180:2-12-04 Food Service | Status Compliant | Documenting Statement(s), If applicable |
| PROCESS AND STATES AND | Compilant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | Documenting Statement(s), if applicable |
| Qualifications | Compilant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and | Compliant | Bocamerang statement(s), it applicable |
| Suspension | Compilant | |
| Caspension | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | (-i) |
| Responsibilities/Requirements | | |
| The second secon | l. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | 20 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Compliant | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| nequirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
| Significant and an analysis of the significant | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 3MA-OSCOPA | | bocumenting statement(s), if applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | 0 (// 11 |
| 310012 12 12 odre Environment | Compilant | |
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| Rule | Status | Desumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | |
| Environment | · · · · · · · · · · · · · · · · · · · | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | 300 T-300/F | |
| Constant Entergency Frant | I | |
| D. Ja | C+-+ | Description Chat are and A life in the |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| Sandy-and P. St. 11 St. 11 St. 12 | I. | |
| Dule | Chabina | Desumenting Statement/-\ If!: - - |
| Rule | Status | Documenting Statement(s), If applicable |



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| 5180:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|--|
| 5180:2-12-22 Meal and Snack | Compliant | |
| Requirements | * | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food | Compliant | Boodinericing Statement (5), it applicable |
| Preparation | Compilant | |
| п портиненти | <u>I</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |