

# **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 Deta                    | ails            |                   |
|--|---------------------------------|-----------------|-------------------|
| Program Name                                       | Program Number                  |                 | Program Type      |
| CLINTON - MASSIE PRIME TIME                        | 000000207628                    |                 | Child Care Center |
| Address<br>2556 LEBANON RD CLARKSVILLE<br>OH 45113 |                                 |                 | County<br>CLINTON |
| Building Approval Date                             | Use Group/Code                  | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 08/15/2023           | Food Service Risk L<br>Level II | evel            | ,                 |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 11/20/2023 | Begin Time 9                   | :20 AM           | End Time 11:15 AM |              |
| Reviewer:<br>SULYN ROMER   |                                |                  |                   |              |
| 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   |                  | 32         | 0         | 32    |
| School Age  |                  | 82         | 0         | 82    |
| Total Capacity/Enrollment                                 | 162              | 114        | 0         | 114   |

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

| Preschool 2  | 3 years to < 4 years     | 2 to 8  |  |
|--------------|--------------------------|---------|--|
| School Age 1 |                          | 1 to 10 |  |
| School Age 2 | School-Age to < 11 years | 1 to 18 |  |
| School Age 2 | School-Age to < 11 years | 2 to 8  |  |
| Preschool 1  | 3 years to < 4 years     | 2 to 10 |  |

## **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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|   |             |
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|   |             |
|   |             |
|   |             |
| Moderate Risk Non-Compliances   | <del></del> |
| No Moderate Risk Non-Compliances were observed during this inspection |             |
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### Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 4 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The record did not include the name of at least one child.
- 4. The record did not include the birth date of at least one child.
- 5. The record did not include the assigned group.
- 6. The record did not include the child's weekly schedule.
- 7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
- 8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 12/21/2023

#### **Domain: 08 Staff Files**

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

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 5 & 6 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.

- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: [ ]

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

Corrective Action Plan Due: 12/21/2023

#### **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: 12/21/2023

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-02 License Posted         | Compliant | 2 2 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
|                                     | '         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information    | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection             | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department    | Compliant |   |
| Inspection                          |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service           | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator          | Compliant |   |
| Qualifications                      |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program        | Compliant |   |
| Policies and Procedures             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement      | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant |   |
| Whistle Blower Protection           |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training        | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-12-11 Indoor Space            | Compliant | 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3  |
| Requirements                         | ·         |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space           | Compliant |  |
| Requirements                         |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant |  |
|                                      | <u> </u>  | <u> </u>   |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | U V // 11  |
| ,                                    | ·         |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment          | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment        | Compliant | bocamenting statement(s), it applicable  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and  | Compliant |  |
| Environment                          |           |  |
| 2.1                                  | l s       | S (1) (5 1   |
| Rule 5101:2-12-13 Handwashing        | Status    | Documenting Statement(s), If applicable  |
| Requirements                         | Compliant |  |
| Requirements                         |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free              | Compliant | - comment of the control of the cont |
| Environment                          | ·         |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Child Medical and       | Compliant |  |
| Enrollment Records                   |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care   | Compliant |  |
| Plans                                |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and    | Compliant | bocumenting statement(s), if applicable  |
| General Emergency Plan               | Compilant |  |
|                                      | I         | 1  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|                                      |           |  |

| 5101:2-12-16 Emergency Drills                   | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard Precautions     | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury<br>Reporting       | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan              | Compliant           | Boomening statement(s), it approaches   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule                     | Compliant           | Documenting Statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and Equipment            | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play                 | Compliant           | 5 (" 11                                 |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity                   | Compliant           |   |
|   | I c                 |   |
| Rule 5101:2-12-18 Ratio                         | Status<br>Compliant | Documenting Statement(s), If applicable |
|   | 1                   |   |
| Rule 5101:2-12-18 Group Size                    | Status<br>Compliant | Documenting Statement(s), If applicable |
| 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 |   |
|                                      | <u> </u>  |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant |   |
| Administration                       | <u> </u>  |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant |   |
| Educational Requirements             | 1         |   |