

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
BROOKFIELD UNITED METHODIST	000000300080		Child Care Center
PRESCHOOL			
Address			County
6951 GROVE ST BROOKFIELD			TRUMBULL
OH 44403			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
11/17/2017	E	50	0
Fire Inspection Approval Date	Food Service Risk Level		
09/21/2022	Level II		

Inspection Information				
Inspection Type	Inspection Sc	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date 12/20/2022	Begin Time 9	:00 AM	End Time 10:38 AM	
Reviewer: REBECCA KOTEWICZ				
Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	ith Non-compliances No. Serious Risk No. Moderate Risk No. Low Risk		No. Low Risk
58	2	0	1	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	40	40
School Age		0	0	0
Total Capacity/Enrollment	60	0	40	40

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

TWTh AM 3's	3 years to < 4 years	2 to 6	Arrival
TWTh AM 3's	3 years to < 4 years	2 to 6	
MTWTH AM	4 years to < 5 years	1 to 12	
MTWTH AM	4 years to < 5 years	2 to 12	

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 Contract Dial Non Compiler and a second desired this instruction
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. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 1, 27 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.

- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. 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.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

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: 01/19/2023

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 number(s) 3 b, c.

- 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: 01/19/2023

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
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5101:2-12-02 Current Information	Compliant	
5101:2-12-02 Current Information	Compliant	



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5101:2-12-03 Inspection	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Building	Compliant	Documenting Statement: The building
Department Inspection		approval listed the following
· ·		stipulation(s)/limitation(s): max 50, all
		over 2.5 years.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Fire Inspection	Compliant	Documenting Statement: Please Note:
Maie. 3101.2 12 011 he hispection	Compliant	Documentation of a fire inspection
		without any uncorrected violations must
		· · · · · · · · · · · · · · · · · · ·
		be secured for the program. Secure a
		new fire inspection by 9/21/23.
D 1 5404 2 42 04 5	Constitute	Box wells for a different
Rule: 5101:2-12-04 Fire Inspection	Compliant	Documenting Statement: Although the
		program had documentation of a current
		fire inspection without any uncorrected
		violations at the time of the licensing
		inspection, the program did not have the
		fire inspection completed within 12
		months from the date of the last fire
		inspection without any uncorrected
		violations. Please ensure that fire
		inspections are completed in accordance
		with the rule requirements.
		with the rule requirements.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food Service		Documenting Statement: The food service
	Compliant	
Requirements		license was observed posted. Following is
		the audit number and date of expiration:
		9936245, March 1, 2023.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-07 Administrator	Compliant	Documenting Statement: The
Responsibilities/Requirements		administrator's posted hours of
		availability reflected an appropriate
		schedule meeting rule compliance.
		Solication infecting rate compliance.
Rule	Status	Documenting Statement(s) If applicable
Nuie	Status	Documenting Statement(s), If applicable

Rule: 5101:2-12-07 Written Program Policies and Procedures	Compliant	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
	Compliant	Boodinenting statement(s)) if applicable
Educational Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training & Whistle Blower Protection	Compliant	3
Dula	Chahua	Decree entire Ctatananta (forminal)
Rule: 5101:2-12-09 Background Check	Status Compliant	Documenting Statement(s), If applicable Documenting Statement: During the
Requirements	Compilant	inspection, the required documentation regarding background checks was on file for all employees listed.
Rule	Status	Decumenting Statement/s) If applicable
	Compliant	Documenting Statement(s), If applicable Documenting Statement: The program
Requirements	Compilant	had at least one Child Care Staff Member
Requirements		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
	Compliant	Documenting Statement: At the time of
Development Requirements		the inspection, all child care staff
		members had completed the required
		amount of professional development
		training.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
	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.

Beginning!		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-13 Sanitary	Compliant	Documenting Statement: On the day of
Equipment and Environment	·	the inspection, the program provided a
		clean environment in accordance with
		Appendix A of this rule, which included
		the furniture, materials and equipment.
		the furniture, materials and equipment.
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.
	1.	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
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.
		more completely as required by the rule.
Rule: 5101:2-12-15 Child Medical and	Compliant	Documenting Statement: In review of
Enrollment Records		25% of the records, at the time of the
Lin oliment records		inspection, children's medical statements
		were complete and on file, as required by
		the rule.
		the rule.
D. J.	Chahara	D
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
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.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	2 station and state of the depricable
Precautions	Compilant	
Trecautions		
Dula	Chatura	Decimanting Chataman May 15
Rule	Status	Documenting Statement(s), If applicable

Beginning!	1	
5101:2-12-16 Management of	Compliant	
Communicable Disease		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Incident/Injury	Compliant	Documenting Statement: The JFS 01299
Reporting		"Incident/Injury Report For Child Care"
		forms reviewed during this inspection
		were complete as required.
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
5101:2-12-17 Daily Schedule	Compliant	Documenting Statement(s), it applicable
3101.2-12-17 Daily Schedule	Compliant	
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
5101:2-12-18 License Capacity	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 Ratio	Compliant	Documenting Statement: Staff/child
Naie: 5101.2-12-16 Natio	Compliant	ratios observed during the inspection
		surpassed those required by the rule.
		surpassed those required by the rule.
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 Attendance	Compliant	Documenting Statement: During the
Records		inspection, attendance records were
		reviewed. Child Care Staff Members were
		viewed recording the attendance for each
		child upon arrival and departure. All
		attendance records met the requirements
		of the rule and were kept with the group
	į.	1 0 - 1
		at all times.

Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-19 Supervision	Compliant	Documenting Statement: Child Care Staff
		Members were supervising the children
		and were able to intervene as needed.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
2	Chatage	Described Chaters out (a) If a multiple
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-22 Meal and Snack	Compliant	Documenting Statement: Snacks served at
Requirements		the program included foods from two of
		the four food groups and provided
		nutritional value in addition to calories.
		ting Chatanana (a) If a mulicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	bootinenting statement(s)) i. application
Handling/Storage	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Compliant	
Administration	,	