

## **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                            | ils             |         |                   |
|-------------------------------|---|-----------------|---------|-------------------|
| Program Name                  | Program Number                          |                 | Progra  | am Type           |
| BROOKFIELD UNITED METHODIST   | 000000300080                            |                 | Child ( | Care Center       |
| PRESCHOOL                     |   |                 |         |                   |
| Address                       | 46                                      |                 | Count   | ty                |
| 6951 GROVE ST BROOKFIELD      |   |                 | TRUM    | 1BULL             |
| ОН                            |   |                 |         |                   |
| 44403                         |   |                 |         |                   |
|                               |   |                 |         |                   |
| Building Approval Date        | Use Group/Code                          | Occupancy Limit | M       | Naximum Under 2 ½ |
|                               | *************************************** | 147 64          |         |                   |
| Fire Inspection Approval Date | Food Service Risk Le                    | evel            |         |                   |
| 09/10/2024                    |   |                 |         |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/30/2025             | 9:10 AM                        | 9:10 AM 10:41 AM |                   |              |
| Reviewer:              |                                |                  |                   |              |
| SHELLY WILLIAMS        |                                |                  |                   |              |
|                        | C                              |                  |                   |              |
|                        | Summary of Findings            |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 2                              | 0                | 0                 | 2            |

| 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    |

| S     | taff-Child Ratios at the Time of I | nspection      |         |
|-------|------------------------------------|----------------|---------|
| Group | Age Group/Range                    | Ratio Observed | Comment |



| 109 DAP AM/PM | 4 years to < 5 years | 2 to 6  |  |
|---------------|----------------------|---------|--|
| 109 DAP AM/PM | 4 years to < 5 years | 2 to 6  |  |
| 106 AM/PM     | 3 years to < 4 years | 2 to 10 |  |
| 106 AM/PM     | 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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| Moderate Risk Non-Compliances   |
|   |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances  |



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 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: 03/01/2025

## **Domain: 08 Staff Files**

Rule: 5180:2-12-10 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(s) 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development from 7/1/23-6/30/24.
- 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.



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|   | Corrective Action Plan Due: 03/01/2025 |    |
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## Rules In-Compliance/Not Verified

| Rule  | Status              | Documenting Statement(s), If applicable  |
|---|---------------------|--|
| Rule: 5180:2-12-16 Written Disaster<br>Plan       | Compliant           | Documenting Statement: Annual training of the written disaster plan was completed by staff.  |
| Rule: 5180:2-12-16 Written Disaster<br>Plan       | Compliant           | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements.  |
| Rule  | Status              | Decumenting Statement(s) If applicable   |
| 5180:2-12-02 License Posted                       | Compliant           | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Building Department Inspection | Compliant           | Documenting Statement: A copy of the certificate of occupancy was available onsite for review.   |
| Rule  | Chahara             | Decimal white Chateman (the lateral la |
| 5180:2-12-02 Current Information                  | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-03 Inspection<br>Requirements           | Compliant           |  |
| Pula  | Status              | Declineating Statement(s) If as all a late   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Fire Inspection                | Compliant           | Documenting Statement: Please Note:  |
|   |                     | Documentation of a fire inspection   |
|   |                     | without any uncorrected violations must  |



|  |           | be secured for the program. Secure a new fire inspection by 9/10/25.   |
|--|-----------|--|
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Food Service<br>Requirements                  | Compliant | Documenting Statement: The food service license was observed posted.   |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator<br>Qualifications                     | Compliant | boomening statement(e)) it approase  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-05 Denial, Revocation and Suspension                   | Compliant | , , , , , , , , , , , , , , , , , , ,  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator Responsibilities/Requirements         | Compliant | Bodinenting Statement(3), it applicable  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-07 Written Program Policies and Procedures       | Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Medical Statement                                   | Compliant | Bootimenting Statement(5), it approasie  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Child Care Staff Member<br>Educational Requirements | Compliant | Bodinenting Statement(5), it applicable  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection    | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-09 Background Check<br>Requirements                    | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Indoor Space<br>Requirements                        | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |



| E190.2 12 12 Cafe Favinment           | Commisset  |  |
|---------------------------------------|--|--|
| 5180:2-12-12 Safe Equipment           | Compliant  |  |
|                                       | <u></u>  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-12 Safe Environment         | Compliant  | bootimenting statement(s), it applicable |
| 3100.2 12 12 said Environment         | Compliant  |  |
|                                       | <u> </u>   |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Sanitary Equipment and   | Compliant  |  |
| Environment                           |  |  |
|                                       | le .   |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Handwashing              | Compliant  | 3  |
| Requirements                          | '  |  |
|                                       |  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Smoke Free               | Compliant  |  |
| Environment                           |  |  |
|                                       | ŀ  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-14 Transportation and | Compliant  | Documenting Statement: The program       |
| Field Trip Procedures                 | and the second s | uses the ODJFS sample trip permission    |
|                                       |  | form for routine/field trips to secure   |
|                                       |  | written permission from parents or       |
|                                       |  | guardians.                               |
|                                       |  | ľ  |
|                                       |  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-15 Child Medical and        | Compliant  |  |
| Enrollment Records                    | 3  |  |
|                                       | *  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-15 Medical/Physical   | Compliant  | Documenting Statement: The program       |
| Care Plans                            |  | had current information on the medical   |
|                                       |  | status and the required treatment plan   |
|                                       |  | for the children with health conditions. |
|                                       |  |  |
|                                       |  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Medical, Dental, and     | Compliant  |  |
| General Emergency Plan                |  |  |
|                                       | 20.  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 Emergency Drills   | Compliant  | Documenting Statement: Documentation     |
|                                       |  | for completed fire, weather, and         |
|                                       |  | emergency/lockdown drills was verified   |
|                                       |  | during this inspection.                  |
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|                                       |  |  |



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|--|----------------------------|---|
| Rule   | Status                     | Documenting Statement(s), If applicable   |
| 5180:2-12-16 First Aid/Standard                      | Compliant                  |   |
| Precautions  | 1                          |   |
| Trecadions   |                            |   |
| Rule   | Status                     | Documenting Statement(s), If applicable   |
|  | 00                         |   |
| Rule: 5180:2-12-16 Management of                     | Compliant                  | Documenting Statement: The JFS 08087      |
| Communicable Disease                                 |                            | "Communicable Disease Chart" was          |
|  |                            | posted and was readily available to staff |
|  |                            | and parents.                              |
|  |                            |   |
|  |                            |   |
| Rule   | Status                     | Documenting Statement(s), If applicable   |
| 5180:2-12-16 Incident/Injury                         | Compliant                  |   |
| Reporting  |                            |   |
|  |                            |   |
| Rule   | Status                     | Documenting Statement(s), If applicable   |
| 5180:2-12-17 Materials and                           | Compliant                  |   |
| Equipment  |                            |   |
| 20-20-1 TO 12-000-00-00-00-00-00-00-00-00-00-00-00-0 | <u> </u>                   |   |
| Rule   | Status                     | Documenting Statement(s), If applicable   |
| 5180:2-12-17 Daily Schedule                          | Compliant                  | bocumenting statement(s), it applicable   |
| 5180.2-12-17 Daily Schedule                          | Compilant                  |   |
|  |                            |   |
| Rule   | Status                     | Documenting Statement(s), If applicable   |
| 1000000  |                            | Documenting Statement(s), if applicable   |
| 5180:2-12-18 Attendance Records                      | Compliant                  |   |
|  |                            |   |
| Dolla  | Chahara                    | D   |
| Rule 5100 2 12 10 C                                  | Status                     | Documenting Statement(s), If applicable   |
| 5180:2-12-18 Group Size                              | Compliant                  |   |
|  |                            |   |
| D. I.  |                            | D C                                       |
| Rule   | Status                     | Documenting Statement(s), If applicable   |
| 5180:2-12-18 License Capacity                        | Compliant                  |   |
|  |                            |   |
| B  |                            | D C                                       |
| Rule   | Status                     | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-18 Ratio                             | Compliant                  | Documenting Statement: Staff/child        |
|  |                            | ratios observed during the inspection     |
|  |                            | were in compliance.                       |
|  |                            |   |
|  |                            |   |
| 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                  | 1.00                                      |
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| Rule   | Status                     | Documenting Statement(s), If applicable   |
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| 5180:2-12-19 Child Guidance                       | Compliant           |  |
|---|---------------------|--|
| D.I.  |                     |  |
| Rule: 5180:2-12-22 Meal and Snack<br>Requirements | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Snacks served at the program included foods from two of the four food groups and provided nutritional value in addition to calories. |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-25 Medication<br>Administration   | Compliant           | Documenting Statement: The program had complete written documentation for administering medication or food supplements.  |