

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 | ails | | |
|---|---------------------|-------------------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| The Child Garden Oberlin | 000000300546 | | Child Care Center | |
| Address 14910 STATE ROUTE 58 OBERLIN OH 44074 | | | County LORAIN | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 07/10/2012 | E | 20 | | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | | |
| 09/27/2022 | Level III | | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date 06/23/2023 | Begin Time 9 | :00 AM | End Time 12:00 PM | |
| Reviewer: | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 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) | | 16 | 4 | 20 |
| Young Toddler | | 5 | 2 | 7 |
| Total Under 2 ½ Years | 38 | 21 | 6 | 27 |
| Older Toddler | | 4 | 4 | 8 |
| Preschool | | 23 | 2 | 25 |
| School Age | | 20 | 8 | 28 |
| Total Capacity/Enrollment | 110 | 47 | 14 | 88 |

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

| Preschool 2 | 3 years to < 4 years | 1 to 9 | At Arrival |
|-------------|--------------------------|---------|-------------------|
| Preschool 2 | 3 years to < 4 years | 1 to 12 | During Outdoor |
| | | | Play |
| Infant 1 | 0 to < 12 months | 2 to 5 | At Arrival |
| Infant 1 | 0 to < 12 months | 2 to 6 | 2nd |
| Infant 2 | 12 months to < 18 months | 2 to 5 | At Arrival |
| Infant 2 | 12 months to < 18 months | 1 to 6 | During Lunch/Nap |
| | | | Prep |
| Toddlers | 18 months to < 30 months | 2 to 5 | At Arrival |
| Toddlers | 18 months to < 30 months | 1 to 6 | At Lunch |
| Preschool 1 | 3 years to < 4 years | 1 to 6 | At Arrival |
| Preschool 1 | 3 years to < 4 years | 1 to 8 | During Activities |
| School-Age | School-Age to < 11 years | 1 to 11 | At Arrival |
| School-Age | School-Age to < 11 years | 2 to 11 | Departing for |
| | | | Field Trip |

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

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) 16 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. 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: 07/23/2023

Low Risk Non-Compliances

Domain: 05 Health & Safety

Rule: 5101:2-12-16 First Aid/Standard Precautions

<u>Code</u>: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) 12 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.
- 9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).
- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.
- 13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- 14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
- 15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.
- 16. Soap or waterless sanitizer (field trip or transporting away from the program only).
- 17. Bottled water (field trip or transporting away from the program only).

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.



Rules In-Compliance/Not Verified

| Dula | Chahua | Decree onting Chater and the Life and the Life |
|------------------------------------|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| | | |
| 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 |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| Naic. 5101.2 12 04 Fire inspection | Compliant | Documentation of a fire inspection |
| | | · |
| | | without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by 9/27/23. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | CKNL-CPGTXV and 3/1/24. |
| | | |
| | | |
| 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 Administrator | Compliant | Bocamenting statement(3), if applicable |
| | Compliant | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-07 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 |
| 5101:2-12-08 Medical Statement | Compliant | Total and a second a second and |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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. |
| D. J. | Ctatura | Decomposition Chateron and a life and balls |
| Rule 5101:2-12-08 Orientation Training & | Status Compliant | Documenting Statement(s), If applicable |
| Whistle Blower Protection | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | Compliant | inspection, the required documentation regarding background checks was on file for all employees listed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training Requirements | Compliant | Documenting Statement: The program had at least one Child Care Staff Member 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 |
| 5101:2-12-10 Professional Development Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | bocumenting statement(s), it applicable |
| Dula | Chahua | Design ordin - Chatagorat / A 15 |
| Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years | Status Compliant | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|--|
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 5/3/23. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was wood chips. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | | |
| Rule | Chatus | Desumenting Statement(s) If applicable |
| 5101:2-12-12 Safe Environment | Status | Documenting Statement(s), If applicable |
| 3101.2-12-12 Sale Elivironment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | , , , , , , , , , , , , , , , , , , , |
| Environment Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | (4) A P P |
| Requirements | | |
| • | ı | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: Children leaving |
| Field Trip Procedures | | on a field trip were observed to be seated |
| | | and restrained according to the |
| | | requirements of the Ohio Revised Code, |
| | | as required. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| Rule: 5101:2-12-14 Transportation - Driver Requirements | Compliant | Documenting Statement: The driver(s) had completed the required ODJFS driver training. |
|---|---------------------|---|
| | | D C |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - Vehicle Requirements | Compliant | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, was verified for the Ford NexBus VIN 8551 and dated 6/9/23. |
| Dulo | Ctatus | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-15 Child Medical and | Status | Documenting Statement(s), If applicable Documenting Statement: In review of |
| Enrollment Records | Compliant | 25% of the records, at the time of the inspection, children's medical statements were complete and on file, as required by the rule. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | bocumenting statement(s), if applicable |
| 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. |
| | 1. | |
| 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 Reporting | Compliant | |
| | 1. | |
| Rule 5101:2-12-16 Written Disaster Plan | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-12-17 Daily Schedule | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-12-17 Materials and | Compliant | 0 |
| Equipment | · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
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| D. J. | Chahara | Decree while Chaterer which If an alicable |
| Rule 5101:2-12-18 License Capacity | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-18 License Capacity | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| | T - | |
| 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 |
| | | at all times. |
| | | |
| Pulo | Status | Decumenting Statement(s) If applicable |
| Rule 5101:2-12-19 Supervision | Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-13 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | | |
| Rule: F101:2-12-20 Cots and Nanning | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during |
| | | nap time. |
| | | nap time. |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were |
| | · | labeled with the assigned infant's name. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|--|
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals served at |
| Requirements | | the program included foods from the four |
| | | food groups in sufficient amounts. |
| | | |
| | | |
| 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 | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were |
| Food Preparation | | labeled as required. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |
| | | |
| | | |