

# **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            | nils            |                    |
|---|-------------------------|-----------------|--------------------|
| Program Name                                  | Program Number          |                 | Program Type       |
| CLEAR FORK CHRISTIAN PRESCHOOL                | 000000400179            |                 | Child Care Center  |
| Address<br>115 MAIN STREET BUTLER<br>OH 44822 |                         |                 | County<br>RICHLAND |
|   | T .                     |                 |                    |
| Building Approval Date                        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½  |
| 07/30/2018                                    | E                       | 88              | 0                  |
| Fire Inspection Approval Date                 | Food Service Risk Level |                 |                    |
| 08/22/2023                                    | Exempt                  |                 |                    |

| Inspection Information                         |                                |                  |                   |              |  |
|--|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type                                | Inspection So                  | cope             | Inspection Notice |              |  |
| Annual   | Full                           |                  | Unannounced       |              |  |
| Inspection Date Begin Time 11:59 AM 12/07/2023 |                                | 1:59 AM          | End Time 3:01 PM  |              |  |
| Reviewer:<br>MARY WOODLAN                      | Reviewer: MARY WOODLAND        |                  |                   |              |  |
| Summary of Findings                            |                                |                  |                   |              |  |
| No. Rules Verified                             | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58   | 3                              | 0                | 0                 | 4            |  |

| 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   |                  | 17         | 30        | 47    |
| School Age  |                  | 2          | 30        | 32    |
| Total Capacity/Enrollment                                 | 52               | 19         | 60        | 79    |

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

| Missie M-R PM | 4 years to < 5 years     | 2 to 10 | At Arrival        |
|---------------|--------------------------|---------|-------------------|
| Missie M-R PM | 4 years to < 5 years     | 2 to 10 | During Activities |
| Missie M-R PM | 4 years to < 5 years     | 1 to 10 | During Snack      |
| Childcare     | 4 years to < 5 years     | 1 to 2  | At Nap            |
| Childcare     | 4 years to < 5 years     | 3 to 2  | During Activities |
| Latchkey      | School-Age to < 11 years | 1 to 11 | Upon Arrival from |
|               |                          |         | School            |
| Latchkey      | 4 years to < 5 years     | 3 to 15 | Latchkey &        |
|               |                          |         | Childcare         |
|               |                          |         | Combined          |

### **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.

| Sovieus Diek New Compliances   |  |  |
|--|--|--|
| Serious Risk Non-Compliances   |  |  |
| No Serious Risk Non-Compliances were observed during this inspection |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| Moderate Risk Non-Compliances   |  |  |
|---|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |
| No Woodcrate Mak Non-compliances were observed during this hispection |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

#### **Low Risk Non-Compliances**

### **Domain: 06 Program Information**

Rule: 5101:2-12-14 Transportation and Field Trip Procedures

<u>Code</u>: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.

<u>Finding</u>: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number(s) 1 below:

- 1. Written parental permission was not secured for routine trips (school-agers) off the premises.
- 2. The written permission was missing the child's name.
- 3. The written permission was missing the date(s) of the trip(s) (field trips only).
- 4. The written permission was missing the destination(s) of the trip(s).
- 5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).
- 6. The written permission was missing the signature of the parent.
- 7. The written permission was missing the date on which the permission was signed.
- 8. The written permission was missing a statement notifying parents how their child will be transported.
- 9. Permission forms for routine trips were not being updated annually.
- 10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.
- 11. Other: [ ].

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: 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(s) 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: 01/06/2024

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

Code: 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: 01/06/2024

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 6 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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**

| 2.1   |           |  |
|---|-----------|--|
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02 License Posted                 | Compliant |  |
|   |           |  |
| 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 | bocamenting statement(s), it applicable  |
| Requirements                                | Compilant |  |
| Dula  | Chahua    | Description (testamental of applicable   |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Building Department Inspection | Compliant |  |
| D. J.                                       | Chahara   |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 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 8/22/24.          |
| Rule: 5101:2-12-04 Fire Inspection          | Compliant | Documenting Statement: Although the      |
|   | P         | 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.              |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Food Service             | Compliant | Documenting Statement: The program       |
| Requirements                                |           | has obtained a food service exemption    |
|   |           | status from the local health department. |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator                  | Compliant |  |
| Qualifications                              |           |  |

| Pula                                | Ctatus    | Documenting Statement(s) If applicable      |
|-------------------------------------|-----------|---|
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator          | Compliant |   |
| Responsibilities/Requirements       |           |   |
|                                     | 1         |   |
| 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           | ,         |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the           |
| Requirements                        |           | inspection, the required documentation      |
| Requirements                        |           | regarding background checks was on file     |
|                                     |           |   |
|                                     |           | for all employees listed.                   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Health Training  | Compliant | Documenting Statement: The program          |
| Requirements                        |           | 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     |
| 5101:2-12-11 Indoor Space           | Compliant |   |
| Requirements                        |           |   |
| ·                                   | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-11 Outdoor Space    | Compliant | Documenting Statement: The quarterly        |
| Requirements                        | 30        | playground inspections were completed       |
| Requirements                        |           | and documented, as required. The most       |
|                                     |           | recent inspection report form was dated     |
|                                     |           | · ·   |
|                                     |           | 10/2/23.                                    |
|                                     |           |   |
|                                     |           |   |
| 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 rubber mulch.   |
|  |                     |   |
|  |                     |   |
| 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           | Documenting Statement(s), If applicable                                       |
| 3101.2-12-12 Sale Elivironinent        | Compliant           |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                       |
| 5101:2-12-13 Sanitary Equipment and    | Compliant           | (0)   |
| Environment                            |                     |   |
|  | 1                   | 1   |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                       |
| 5101:2-12-13 Handwashing               | Compliant           |   |
| Requirements                           |                     |   |
|  |                     | ·   |
| 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 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                                       |
| 5101:2-12-16 Medical, Dental, and      | Compliant           |   |
| General Emergency Plan                 |                     |   |
| Pulo                                   | Ctatus              | Documenting Statement (s) If a well-sale                                      |
| Rule: 5101:2-12-16 Emergency Drills    | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Documentation |
| Nuie. 5101.2-12-16 Efficigeficy Dfills | Compilant           | for completed fire, weather, and  |
|  |                     | emergency/lockdown drills was verified  |
|  |                     | during this inspection.   |
|  |                     | during this inspection.   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable                                       |
| 5101:2-12-16 First Aid/Standard        | Compliant           |   |
| Precautions                            | '                   |   |
|  | I                   | -   |

| Designating:                        |           |   |
|-------------------------------------|-----------|---|
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of          | Compliant |   |
| Communicable Disease                |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury        | Compliant |   |
| Reporting                           |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training  |
| Plan                                |           | of the written disaster plan was        |
|                                     |           | completed by staff.                     |
|                                     |           | completed by stant.                     |
|                                     |           |   |
| 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         | Compilant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and          | Compliant | Documenting Statement(s), it applicable |
|                                     | Compliant |   |
| Equipment                           |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| 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    |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: The rest area       |
|                                     |           | had adequate lighting, which allowed for   |
|                                     |           | the visual supervision of children.        |
|                                     |           |  |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were           |
|                                     |           | placed appropriately and safely during     |
|                                     |           | nap time.                                  |
|                                     |           |  |
|                                     |           |  |
| 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. |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Safe Food              | Compliant | Documenting Statement(s), it applicable    |
| Handling/Storage                    | Compilant |  |
| Haridilig/Storage                   |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-25 Medication             | Compliant | Bocumenting statement(3), if applicable    |
| Administration                      | Compilant |  |
| Administration                      |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care      |
| Member Educational Requirements     |           | Staff Members had verification of          |
| · ·                                 |           | educational requirements on file at the    |
|                                     |           | program.                                   |
|                                     |           |  |
|                                     |           |  |