

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 | nils | |
|-----------------------------------|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| HEAVEN SENT CHILDREN'S ACADEMY II | 000000400523 | | Child Care Center |
| | | | |
| Address | | | County |
| 5624 GENDER RD CANAL WINCHESTE | | | FRANKLIN |
| ОН | | | |
| 43110 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L | l evel | I |
| 06/12/2018 | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|-----------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 04/24/2024 | 11:45 AM | | 12:40 PM | |
| Reviewer: | | | | |
| BEVERLY JAMES | | | | |
| | C | mmary of Findings | | |
| | Jui | illiary of Fillulings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 7 | 2 | 0 | 2 | 0 |

| 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) | | 21 | 0 | 21 |
| Young Toddler | | 14 | 0 | 14 |
| Total Under 2 ½ Years | 40 | 35 | 0 | 35 |
| Older Toddler | | 15 | 0 | 15 |
| Preschool | | 30 | 0 | 30 |
| School Age | | 0 | 37 | 37 |
| Total Capacity/Enrollment | 105 | 45 | 37 | 117 |

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

| Infant 1 | 0 to < 12 months | 2 to 9 | |
|------------|--------------------------|---------|--|
| School Age | School-Age to < 11 years | 2 to 5 | |
| PreK | 4 years to < 5 years | 1 to 12 | |
| Preschool | 3 years to < 4 years | 2 to 10 | |
| Toddler 1 | 18 months to < 30 months | 2 to 11 | |
| Toddler 2 | 30 months to < 36 months | 2 to 13 | |
| Infant 2 | 12 months to < 18 months | 2 to 6 | |

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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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Moderate Risk Non-Compliances

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program staff is required to remove any items listed in rule that are a potential suffocation risk from

cribs.

<u>Finding</u>: During the inspection, it was determined that a child had been placed in a crib with an object that created a potential strangulation or suffocation risk, as indicated in number(s) 1,4,6 below: (Infant 1 room)

- 1. Bib
- 2. Pacifier clip/ribbon
- 3. Teething jewelry
- 4. Blanket for infant under twelve months old
- 5. Pillow
- 6. Boppie

- 7. Bumper pad
- 8. Clothing stored in the crib
- 9. Diaper bag
- 10. Object or toy strung over the crib in which a child can pull himself up
- 11. Stuffed animal that is large/soft enough to conform to the shape of the child's face
- 12. Other []

The rule prohibits any item which obstructs child-care staff's visibility or poses a risk of strangulation or suffocation from being placed on or in a crib. Remove the item(s) immediately. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2024

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 and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 7,11,12,13,14,15,16,17,32,33,44 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- Specific instructions to administer the medication/medical food were missing or not attached.

- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. 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.

Provide staff training. 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: 05/24/2024

| Low Risk Non-Compliances | |
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| No Low Risk Non-Compliances were observed during this inspection | |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-02 License Posted | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | |
| Inspection | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-04 Food Service Requirements | Not Verified | |
|---|--------------|--|
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | 3 3 3 3 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Suspension | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | bocumenting statement(3), if applicable |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified | |
| Willstie Blower Protection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | boodinenting statement(s), it applicable |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | Documenting Statement(s), If applicable |
| Requirements | Not verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Under 2 1/2 Years | | |
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| 5101:2-12-11 Outdoor Space | Not Verified | |
|---|------------------------|---|
| Requirements | | |
| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | Documenting Statement(s), If applicable |
| 3101.2 12 11 Outdoor Flay Equipment | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | bocumenting statement(s), ii applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and Environment | Not Verified | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | |
| Requirements | | |
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| Rule 5101:2-12-13 Smoke Free | Status Not Verified | Documenting Statement(s), If applicable |
| Environment | Not verified | |
| Liviloiment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
| Pulo | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-14 Transportation and Field | Status Not Verified | Documenting statement(s), if applicable |
| Trip Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | bocumenting statement(s), if applicable |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-15 Child Medical and Enrollment Records | Not Verified | |
|---|--------------|---|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | bocumenting statement(s), it applicable |
| Precautions | Troc vermed | |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | |
| Communicable Disease | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not Verified | Documenting Statement(s), if applicable |
| Jioi.2 12 17 bully seriedale | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Not Verified | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
| | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| 3101.2-12-13 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | Bocamenting statement(5), it applicable |
| 5101:2-12-20 Cots and Napping | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
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| Dula | Chatus | Decrees white = Chatana and (2) If It It |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | bocumenting statement(s), if applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not verified | |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
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| D. I. | Chahara | December 20 Chatana anti-) If a malicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Status Not Verified | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation | Not Verified | |
| 5101:2-12-23 Infant Bottle and Food Preparation | Not Verified Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation | Not Verified | |
| 5101:2-12-23 Infant Bottle and Food Preparation Rule 5101:2-12-23 Diapering and Toilet | Not Verified Status | |
| 5101:2-12-23 Infant Bottle and Food Preparation | Not Verified Status | |
| 5101:2-12-23 Infant Bottle and Food Preparation Rule 5101:2-12-23 Diapering and Toilet Training | Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation Rule 5101:2-12-23 Diapering and Toilet Training Rule | Not Verified Status Not Verified Status | |
| 5101:2-12-23 Infant Bottle and Food Preparation Rule 5101:2-12-23 Diapering and Toilet Training | Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation Rule 5101:2-12-23 Diapering and Toilet Training Rule | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation Rule 5101:2-12-23 Diapering and Toilet Training Rule 5101:2-12-24 Swimming and Water | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable |
| S101:2-12-23 Infant Bottle and Food Preparation Rule 5101:2-12-23 Diapering and Toilet Training Rule 5101:2-12-24 Swimming and Water Safety Requirements | Status Not Verified Status Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-12-23 Infant Bottle and Food Preparation Rule 5101:2-12-23 Diapering and Toilet Training Rule 5101:2-12-24 Swimming and Water Safety Requirements Rule | Status Not Verified Status Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| S101:2-12-23 Infant Bottle and Food Preparation Rule 5101:2-12-23 Diapering and Toilet Training Rule 5101:2-12-24 Swimming and Water Safety Requirements | Status Not Verified Status Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |



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|--------------------------------------|--------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|--------------|---|
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
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