

# **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        | ails            |                   |
|--|---------------------|-----------------|-------------------|
| Program Name                             | Program Number      |                 | Program Type      |
| REYNOLDSBURG UNITED METHODIST            | 000000401391        |                 | Child Care Center |
| PRESCHOOL                                |                     |                 |                   |
| Address                                  |                     |                 | County            |
| 1636 GRAHAM RD REYNOLDSBURG              |                     |                 | FRANKLIN          |
| OH 43068                                 |                     |                 |                   |
|  |                     |                 |                   |
| Building Approval Date                   | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 08/15/2022 | Food Service Risk L | evel            | ,                 |

|                            | Inspection Information         |                  |                   |              |  |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Annual                     | Full                           |                  | Unannounced       |              |  |
| Inspection Date 10/28/2022 | Begin Time 7                   | :30 AM           | End Time 8:30 AM  |              |  |
| Inspection Date 10/28/2022 | Begin Time 1                   | 0:30 AM          | End Time 12:00 PM |              |  |
| Inspection Date 10/31/2022 | Begin Time 1                   | :00 PM           | End Time 1:46 PM  |              |  |
| Reviewer:                  | •                              |                  |                   |              |  |
| HEATHER WARES              | HEATHER WARES                  |                  |                   |              |  |
| Reviewer:                  |                                |                  |                   |              |  |
| HEATHER WARES              |                                |                  |                   |              |  |
| Reviewer:                  |                                |                  |                   |              |  |
| HEATHER WARES              |                                |                  |                   |              |  |
| 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 | 62 | 62 |
| School Age                |    | 0 | 0  | 0  |
| Total Capacity/Enrollment | 50 | 0 | 62 | 62 |

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| 106/108                                      | 4 years to < 5 years | 3 to 20        |         |

### **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 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

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

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 3 below:

- 1. Open pull cords that are not closed loop.
- 2. Telephone cords.
- 3. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 4. Stacked chairs.
- 5. Employee(s) purse(s).
- 6. Diaper bags.
- 7. Television not securely anchored.
- 8. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 9. Smoke detector needing batteries replaced.
- 10. Staff member stepped over a barrier/gate while holding a child.
- 11. Emergency exits were blocked by the following classroom furniture: [ ].
- 12. Other [ ].

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: 11/30/2022

#### **Domain: 10 Written Policies & Procedures**

Rule: 5101:2-12-07 Written Program Policies and Procedures

Code: The program's policies and procedures are required to include all topics outlined in rule.

<u>Finding</u>: During the inspection, it was determined the program's written policies and procedures provided to the parents/guardians and employees was missing item number(s) 14, 15 below:

**General Information** 

- 1. Program name, address, email address and telephone number.
- 2. Description of the program's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in program activities.
- 6. Opportunities for parents to meet with teachers regarding their child.
- 7. Payment schedule, overtime charges and registration fees as applicable.
- 8. Supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

#### **Program Policies and Procedures**

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Compliance with the Americans with Disabilities Act (ADA), including administering medication to children with disabilities and administering care procedures to children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice.)
- 17. Food and dietary policy, including, information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals and snacks, and a policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return and notification of parent of ill child.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products including medical foods, modified diets and whether school age children are permitted to carry their own medication and ointments.
- 21. Transportation for fieldtrips, routine trips (if applicable) and emergencies, including if the center will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks and information about daily activities.
- 24. Sleeping, Napping and Resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation including closing due to weather, school delays or closings and any other factors.
- 27. Situations that may require disenrollment of a child, if applicable.
- 28. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the child care program.
- 29. Formal screenings and assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

Revise the program's written policies and procedures to include the missing information. Submit the program's corrective action plan, which includes the revised written policies and procedures, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/30/2022

## **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  |
| 5101:2-12-02 Current Information | Compliant |  |
|                                  |           |  |
| 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  |
| 5101:2-12-04 Fire Inspection     | Compliant |  |
|                                  |           |  |
| 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                   |           |  |

| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
|--------------------------------------|-----------|---|
| 5101:2-12-07 Administrator           | Compliant |   |
| Responsibilities/Requirements        |           |   |
|                                      | •         | <u>.</u>  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees  |
|                                      |           | had current medical statements on file.                                     |
|                                      |           |   |
|                                      |           |   |
| 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.  |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-08 Orientation Training &  | Compliant |   |
| Whistle Blower Protection            |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-09 Background Check  | Compliant | Documenting Statement: During the   |
| Requirements                         |           | inspection, the required documentation                                      |
|                                      |           | regarding background checks was on file                                     |
|                                      |           | for all employees listed.   |
|                                      |           |   |
| Rule                                 | Ctatus    | Decumenting Statement/s) If applicable                                      |
|                                      | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-10 Health Training   | Compliant | Documenting Statement: The program 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.  |
|                                      | <u> </u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-10 Professional      | Compliant | Documenting Statement: At the time of                                       |
| Development Requirements             | Joniphane | the inspection, all child care staff  |
|                                      |           | members had completed the required  |
|                                      |           | amount of professional development  |
|                                      |           | training.   |
|                                      |           | duning.   |
|                                      | l         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-11 Indoor Space            | Compliant |   |
| Requirements                         |           |   |
| 1                                    | 1         |   |

| 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.            |
|                                      |           |   |
|                                      | Lau       |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play      | Compliant | Documenting Statement: Outdoor          |
| Equipment                            |           | equipment was viewed to be safe and     |
|                                      |           | free of rust, sharp points, and other   |
|                                      |           | hazards.                                |
|                                      |           |   |
| 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 mats.                        |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment    | Compliant | Documenting Statement: Equipment was    |
| Nuie. 5101.2-12-12 3aie Equipment    | Compliant | observed to be in good condition.       |
|                                      |           | observed to be in good condition.       |
|                                      | 1         |   |
| 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. |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing             | Compliant | 5 (-),                                  |
| Requirements                         | '         |   |
| -                                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free        | Compliant | Documenting Statement: A notice was     |
| Environment                          |           | observed posted stating that smoking is |
|                                      |           | prohibited at the program.              |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of   |
| Enrollment Records                   | Compilant | the inspection, 25% of the children's   |
| Em omnerie records                   |           | records were reviewed, and the records  |
|                                      |           | were complete, as required by the rule. |
|                                      |           | were complete, as required by the rule. |
|                                      | 1         | 1                                       |

| 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.  |
|                                       |           | Tot the dimeren with health conditions.   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant | Documenting Statement: On the day of      |
| and General Emergency Plan            |           | the inspection, the complete prescribed   |
| and concrar intergency than           |           | JFS 01242 "Medical, Dental, and General   |
|                                       |           | Emergency Plan For Child Care" were       |
|                                       |           | posted in the program as required.        |
|                                       |           | posted in the program do required.        |
|                                       |           |   |
| 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.                   |
|                                       |           | and the map and                           |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the         |
| Precautions                           | ·         | inspection, the program had complete      |
|                                       |           | first aid kits available as required.     |
|                                       |           | ·   |
|                                       |           |   |
| 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: The program's      |
| Plan                                  |           | written disaster plan was reviewed during |
|                                       |           | the inspection and met the requirements.  |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule     | Compliant | Documenting Statement: Daily schedules    |
|                                       |           | were observed posted.                     |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|                                       |           |   |

| Rule: 5101:2-12-17 Materials and     | Compliant | Documenting Statement: Sufficient         |
|--------------------------------------|-----------|---|
|                                      | Compliant | _   |
| Equipment                            |           | equipment was observed in all categories. |
|                                      |           |   |
| - 1                                  | 1         |   |
| 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 | , , , , , , , , , , , , , , , , , , ,     |
| 310112 12 10 01 0 0 p 0 120          | Compilant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Attendance        | Compliant | Documenting Statement: Child Care Staff   |
|                                      | Compliant | _   |
| Records                              |           | Members were observed recording the       |
|                                      |           | attendance for each child upon arrival    |
|                                      |           | and documenting each child's departure.   |
|                                      |           |   |
|                                      |           |   |
| 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.     |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Child Guidance    | Compliant | Documenting Statement: Appropriate        |
|                                      |           | child guidance techniques and practices   |
|                                      |           | were observed being used during the       |
|                                      |           |   |
|                                      |           | inspection.                               |
|                                      |           |   |
|                                      | 1 -       |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Meal and Snack          | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
|                                      | - 2 2     |   |
|                                      |           | <u> </u>                                  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| nuic                                 | Julia     | bocamenting statement(s), it applicable   |



| 5101:2-12-22 Safe Food<br>Handling/Storage   | Compliant |   |
|--|-----------|---|
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-25 Medication Administration | Compliant | Documenting Statement: There were no children on medication at the time of the inspection; however, the method of storage and practices for the administration were reviewed. |