

## **Center Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

	Program Deta	ils	
Program Name	Program Number		Program Type
WESTMINSTER PRESCHOOL	000000401753		Child Care Center
Address	Ne.		County
2 W HUNTER ST LOGAN			HOCKING
ОН			
43138			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
05/16/1988	E	46	5
Fire Inspection Approval Date	Food Service Risk Level		
08/02/2016	Exempt		

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date	Begin Time		End Time	
10/23/2024	9:00 AM		12:10 PM	
Reviewer:				
BEVERLY JAMES				
Summary of Findings				
	Jui	illiary of Findings		
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
58	3	0	0	3

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	17	17
School Age		0	0	0
Total Capacity/Enrollment	27	0	17	17

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



Preschool	3 years to < 4 years	2 to 15	snack
Preschool	3 years to < 4 years	2 to 14	arrival

## **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
Woderate Mak Non Compilances
No Moderate Risk Non-Compliances were observed during this inspection
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) 7 below:

- 1. Written parental permission was not secured for field trips and/or routine trips 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: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to maintain a current JFS 01176 "Program Notification of Background Check Review for Child Care" on file for each staff.

<u>Finding</u>: In review of the staff records, it was determined that background check requirements had not been followed, for the individual(s) listed on the Employee Record Chart, as noted in number(s) 1 below:

- 1. The JFS 01177 "Individual Notification of Background Check Review for Child Care" was on file instead of the JFS 01176. (Contacted Background check unit.)
- 2. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/22/2024



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) 1,2,8 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: 11/22/2024



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	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Compliant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Department	Compliant	
Inspection		
D.J.	Chatan	Decree with City of the Line of the City o
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 8/26/24.
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Pulo	Status	Documenting Statement(s) If applicable
Rule: 5101:2-12-04 Food Service	Status	Documenting Statement: The program
Rule: 5101:2-12-04 Food Service	Status Compliant	Documenting Statement: The program
		Documenting Statement: The program has obtained a food service exemption
Rule: 5101:2-12-04 Food Service		Documenting Statement: The program has obtained a food service exemption status from the local health department.
Rule: 5101:2-12-04 Food Service		Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982
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Rule: 5101:2-12-04 Food Service Requirements  Rule	Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982
Rule: 5101:2-12-04 Food Service Requirements  Rule 5101:2-12-05 Denial, Revocation and	Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.
Rule: 5101:2-12-04 Food Service Requirements  Rule	Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.
Rule: 5101:2-12-04 Food Service Requirements  Rule 5101:2-12-05 Denial, Revocation and	Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.
Rule: 5101:2-12-04 Food Service Requirements  Rule 5101:2-12-05 Denial, Revocation and Suspension	Status Compliant Status Status	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.  Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food Service Requirements  Rule 5101:2-12-05 Denial, Revocation and Suspension  Rule	Status Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.  Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food Service Requirements  Rule 5101:2-12-05 Denial, Revocation and Suspension  Rule 5101:2-12-07 Administrator	Status Compliant Status Status	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.  Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food Service Requirements  Rule 5101:2-12-05 Denial, Revocation and Suspension  Rule 5101:2-12-07 Administrator	Status Compliant Status Status	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
Rule Rule S101:2-12-04 Food Service Requirements  Rule S101:2-12-05 Denial, Revocation and Suspension  Rule S101:2-12-07 Administrator Qualifications	Status Compliant Status Compliant Status Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.  Documenting Statement(s), If applicable
Rule S101:2-12-04 Food Service Requirements  Rule 5101:2-12-05 Denial, Revocation and Suspension  Rule 5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Administrator	Status Compliant Status Compliant Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
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Rule S101:2-12-04 Food Service Requirements  Rule S101:2-12-05 Denial, Revocation and Suspension  Rule S101:2-12-07 Administrator Qualifications  Rule S101:2-12-07 Administrator	Status Compliant Status Compliant Status Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
Rule 5101:2-12-04 Food Service Requirements  Rule 5101:2-12-05 Denial, Revocation and Suspension  Rule 5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Administrator Responsibilities/Requirements	Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department. 8/11/1982 Logan- Hocking County Food Department.  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 Orientation Training &	Compliant	
Whistle Blower Protection		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Compliant	boddinenting statement(s), it applicable
Requirements	Compilant	
Requirements		
- 1		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	
Requirements	,	
	1	
Rule	Status	Documenting Statement(s), If applicable
		bocumenting statement(s), if applicable
5101:2-12-12 Safe Equipment	Compliant	
	6.	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Compliant	
Environment		
100 100 100 100 100 100 100		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	
Requirements	Compilant	
Requirements		
Pole	Chahira	Decimando Character (1) If
Rule 5101 2 12 12 5 1 5	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Medical/Physical Care	Compliant	
Plans		
Secretary and a secretary and	I.	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and		bodulienting statement(s), if applicable
	Compliant	
General Emergency Plan	1	
	F	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	
Rule	Status	Documenting Statement(s), If applicable
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5101:2-12-16 First Aid/Standard	Compliant	
Precautions		
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Rule	Status	Decumenting Statement/s) If applicable
1990-00400-		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	- Compilation	
перогинд		
	-	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Compliant	1, 6, 11
Equipment		
Equipment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	
	*	A
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Ratio	Compliant	became in the state in the stat
3101.2 12 10 Natio	Compliant	
Dula	Chahua	Description Statement (a) If a muliciple
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	
		<u> </u>
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	Socialities of the content of the applicable
2101.2-12-13 20het Aisiott	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Compliant	
050	Compilant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage	39	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Compliant	
Administration	The second secon	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Compliant	
<b>Educational Requirements</b>		
	9	
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.
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
		on 1/25/24.