



## 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 Details                                     |                                      |                                   |                   |
|---|--------------------------------------|-----------------------------------|-------------------|
| Program Name<br>LIBERTY COMMUNITY CHILDREN'S CENTER | Program Number<br>000000401781       | Program Type<br>Child Care Center |                   |
| Address<br>207 LONDON RD DELAWARE<br>OH 43015       |                                      | County<br>DELAWARE                |                   |
|   |                                      |                                   |                   |
| Building Approval Date                              | Use Group/Code<br>E                  | Occupancy Limit                   | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>03/20/2023         | Food Service Risk Level<br>Level III |                                   |                   |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Follow-up  | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>05/31/2023 | Begin Time 10:00 AM      | End Time 12:11 PM                |
| Reviewer:<br>AMY HILLARD      |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>3 | No. Serious Risk<br>0 | No. Moderate Risk<br>1 | No. Low Risk<br>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)                                 |                  | 22         | 0         | 22    |
| Young Toddler   |                  | 10         | 0         | 10    |
| <b>Total Under 2 ½ Years</b>                              | 53               | 32         | 0         | 32    |
| Older Toddler   |                  | 14         | 0         | 14    |
| Preschool   |                  | 54         | 0         | 54    |
| School Age  |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 105              | 68         | 0         | 100   |

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



|              |                           |         |                         |
|--------------|---------------------------|---------|-------------------------|
| Honeybees    | 30 months to < 36 months  | 2 to 10 | Combined with Ladybugs  |
| Honeybees    | 30 months to < 36 months  | 2 to 10 | Combined with Ladybugs  |
| Ladybugs     | 30 months to < 36 months  | 2 to 10 | Combined with honeybees |
| Ladybugs     | 30 months to < 36 months  | 2 to 10 | Combined with Honeybees |
| Infants      | 0 to < 12 months          | 2 to 12 |                         |
| Infants      | 0 to < 12 months          | 2 to 12 |                         |
| Little Roo   | 12 months to < 18 months  | 2 to 5  |                         |
| Little Roo   | 12 months to < 18 months  | 2 to 5  |                         |
| Cuddle bugs  | 18 months to < 30 months  | 2 to 8  |                         |
| Cuddle bugs  | 18 months to < 30 months  | 2 to 8  |                         |
| Lions        | 3 years to < 4 years      | 1 to 12 |                         |
| Lions        | 3 years to < 4 years      | 1 to 12 |                         |
| Butterflies  | 3 years to < 4 years      | 1 to 11 |                         |
| Butterflies  | 3 years to < 4 years      | 1 to 11 |                         |
| Caterpillars | 4 years to < 5 years      | 1 to 11 |                         |
| Caterpillars | 4 years to < 5 years      | 1 to 11 |                         |
| Bridge K     | 4 years to < 5 years      | 2 to 13 |                         |
| Bridge K     | 5 years to < Kindergarten | 2 to 13 |                         |

### 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



**Domain: 09 Children's Files**

Rule: 5101:2-12-15 Medical/Physical Care Plans

Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

Finding: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 9. 10. 11 (Missing part 2 Medication type, dosage, Time, and Questions Ab, B, C) below:

1. No plan was on file.
2. Child's name was missing.
3. Child's date of birth was missing.
4. Name of the condition was missing.
5. Indication if medication is required was missing.
6. Symptoms to watch for were missing.
7. Directions for when should the medication or medical food be administered were missing.
8. Instructions for administration were missing.
9. Conditions that trigger the need for medication or medical foods were missing.
10. Expected results of the medication or medical food were missing.
11. Actions to be taken if the symptoms do not subside were missing.
12. Activities, foods, environmental conditions to avoid were missing.
13. Training instructions were missing.
14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
15. Instructions regarding emergency evacuation, if applicable, were missing.
16. Dated signature of parent was missing.
17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
19. Dated signature(s) of administrator was missing.
20. Name of any applicable medication was missing.
21. Date medication was administered was missing.
22. Time medication was administered was missing.
23. Dosage administered was missing.
24. Signature of staff member who administered the medication was missing.
25. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
26. The plan was not implemented.
27. The plan was not able to be implemented due to conflicting information.
28. The plan was not followed.



Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/30/2023

### Low Risk Non-Compliances

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

Code: The program is required to store chemicals in a place that is inaccessible to children.

Finding: During the inspection, a potentially hazardous substance, which was determined to not present a serious risk to a child, was accessible to children as noted in number(s) 10 below:

1. Cosmetics;
2. Disinfecting wipes;
3. Fish food;
4. Hand lotion;
5. Hand sanitizer (for children under 24 months);
6. Laundry detergent;
7. Powder dish washing soap;
8. Paint cans;
9. White out;
10. Potting Soil; (bridge K Classroom in closet/storage area on floor)
11. Other potentially hazardous substance [ ].

The potentially hazardous substance was determined to be accessible to children in the following area: bridge K Classroom in closet/storage area on floor.

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance is no longer accessible to children and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/30/2023



**Domain: 08 Staff Files**

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

Finding: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 1.

1. Date of examination;
2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
3. A statement that verifies that the employee is:
  - a. Physically fit for employment in a program caring for children;
  - b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
  - c. Immunized against Measles, Mumps, and Rubella (MMR);
4. Tuberculosis (TB) screening/test
  - a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
  - b. Results of a TB test for employees meeting both criteria in 4a;
  - c. Results of additional testing for employees with a positive TB test;
  - d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/30/2023

**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     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-03 Inspection Requirements                          | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-04 Building Department Inspection                   | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 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 3/20/24. |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| Rule: 5101:2-12-04 Food Service Requirements                  | Compliant     | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: SDGO-AKBLYN; 3/1/24.                                     |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-07 Administrator Qualifications                     | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-07 Administrator Responsibilities/Requirements      | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-07 Written Program Policies and Procedures          | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant     |   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |



|   |               |  |
|---|---------------|--|
| 5101:2-12-09 Background Check Requirements            | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-10 Health Training Requirements             | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-11 Indoor Space Requirements                | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5101:2-12-11 Outdoor Space Requirements         | Compliant     | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 5/2/23. |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-11 Outdoor Play Equipment                   | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-11 Outdoor Play Fall Zones                  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-12 Safe Equipment                           | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-13 Sanitary Equipment and Environment       | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5101:2-12-13 Handwashing Requirements           | Compliant     | Documenting Statement: Staff were viewed washing their hands, as required by the rule.   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5101:2-12-13 Smoke Free Environment             | Compliant     | Documenting Statement: No smoking was allowed on the premises, and the notice  |



|  |           | stating that smoking is prohibited was observed posted in a conspicuous place.   |
|--|-----------|--|
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Child Medical and Enrollment Records        | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |  |
| 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. |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard Precautions              | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of Communicable Disease          | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury Reporting                   | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Written Disaster Plan                       | Compliant |  |
| 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  |
| 5101:2-12-17 Materials and Equipment                     | Compliant |  |
| 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     |   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-18 Ratio                             | Compliant     |   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-18 Group Size                        | Compliant     |   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-18 Attendance Records                | Compliant     |   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| Rule: 5101:2-12-19 Supervision                 | Compliant     | Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-19 Child Guidance                    | Compliant     |   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-20 Cots and Napping                  | Compliant     |   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-20 Cribs                             | Compliant     |   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant     | Documenting Statement: The menu was posted on the parent board.   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-22 Fluid Milk Requirements           | Compliant     |   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-22 Safe Food Handling/Storage        | Compliant     |   |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5101:2-12-23 Infant Daily Care                 | Compliant     |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-23 Infant Bottle and Food Preparation | Compliant |   |
| 5101:2-12-23 Diapering and Toilet Training      | Compliant |   |
| 5101:2-12-25 Medication Administration          | Compliant |   |