

## **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      |
| HAPPY CHILD'S COMMUNITY PRESCHOOL                 | 000000401879        |                 | Child Care Center |
| Address<br>47 E FRANKLIN ST BELLBROOK<br>OH 45305 |                     |                 | County<br>GREENE  |
| Building Approval Date                            | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 08/21/2012  | E                   | 47              |                   |
| Fire Inspection Approval Date                     | Food Service Risk L | evel            |                   |
| 06/05/2019  | Exempt              |                 |                   |

| Inspection Information     |                                |                  |                   |              |  |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Annual                     | Full                           |                  | Unannounced       |              |  |
| Inspection Date 11/17/2022 | Begin Time 1                   | 0:00 AM          | End Time 11:00 AM |              |  |
| Reviewer: MARGARET CONRAD  |                                |                  |                   |              |  |
| Summary of Findings        |                                |                  |                   |              |  |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                         | 0                              | 0                | 0                 | 0            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |         |
|---|------------------|------------|-----------|---------|
| Age Group   | License Capacity | Enrollment |           | ollment |
|   | 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          | 51        | 51      |
| School Age  |                  | 0          | 0         | 0       |
| Total Capacity/Enrollment                                 | 29               | 0          | 51        | 51      |

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

| Mrs. Snyder PS   | 4 years to < 5 years      | 1 to 8 |  |
|------------------|---------------------------|--------|--|
| Mrs. Snyder PS   | 4 years to < 5 years      | 1 to 8 |  |
| Mrs. Brock PS    | 3 years to < 4 years      | 1 to 9 |  |
| Mrs. Brock PS    | 3 years to < 4 years      | 1 to 9 |  |
| Mrs. Petric PreK | 5 years to < Kindergarten | 1 to 8 |  |
| Mrs. Petric PreK | 5 years to < Kindergarten | 1 to 8 |  |

## **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 |

| Low Risk Non-Compliances   |
|--|
| 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 |
|----------------------------------|-----------|---|
| 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 |
| 5101:2-12-04 Food Service        | Compliant |   |
| Requirements                     |           |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|---|
| 5101:2-12-05 Denial, Revocation and  | Compliant | 1000                                      |
| Suspension                           |           |   |
|                                      |           |   |
| 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        |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program         | Compliant | 0 (" 11                                   |
| Policies and Procedures              |           |   |
|                                      | ı         |   |
| 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 Child Care Staff Member | Compliant | -   |
| Educational Requirements             |           |   |
| ·                                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Orientation Training &  | Compliant | -   |
| Whistle Blower Protection            |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-09 Background Check        | Compliant |   |
| Requirements                         |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Health Training         | Compliant |   |
| Requirements                         |           |   |
| <u> </u>                             | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Professional            | Compliant | ( ), -1                                   |
| Development Requirements             | ·         |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space            | Compliant | 0 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -    |
| Requirements                         | - 5       |   |
|                                      | <u> </u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children  | Compliant | 2 desired the section (19), it applicable |
| Under 2 1/2 Years                    |           |   |
| Officer 2 1/2 rears                  |           |   |

| Rule                                     | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| 5101:2-12-11 Outdoor Space               | Compliant |  |
| Requirements                             |           |  |
| педанения                                |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment              | Compliant | bootinenting statement(s), in approasie  |
| 3101.2 12 12 3dre Equipment              | Compilant |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment            | Compliant |  |
|  |           |  |
|  | 1         |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and      | Compliant |  |
| Environment                              |           |  |
|  | 1         |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Handwashing           | Compliant | Documenting Statement: Staff and         |
| Requirements                             |           | children were observed washing hands as  |
| Requirements                             |           | required by the rule.                    |
|  |           | required by the rule.                    |
|  | 1         |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free                  | Compliant | Documenting Statement(s), if applicable  |
| Environment                              | Compliant |  |
| Livironinient                            |           |  |
| 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    |
| Enrollment Records                       |           | records were reviewed, and the records   |
|  |           | · 1                                      |
|  |           | were complete, as required by the rule.  |
|  |           |  |
| Distr                                    | Chahara   | December 1 Chatana anti-) If a call-all- |
| Rule  F101:2.12.15 Modical/Physical Caro | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care       | Compliant |  |
| Plans                                    |           |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and        | Compliant |  |
| General Emergency Plan                   |           |  |
|  |           |  |
| 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.                  |
|  |           |  |
|  |           |  |

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|------------------------------------|-----------|---|
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard    | Compliant |   |
| Precautions                        |           |   |
| Dul                                | Chahara   | December 61 1 1/2 15 11 11              |
| 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 |
| 5101:2-12-16 Written Disaster Plan | Compliant |   |
|                                    |           |   |
| Pulo                               | Ctatus    | Decumenting Statemental of anyther lie  |
| 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 | bocumenting statement(s), if applicable |
| Equipment                          | Compilant |   |
| Ечинент                            |           |   |
| Rule                               | Status    | Documenting Statement(s) If applicable  |
|                                    |           | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play    | Compliant |   |
| L                                  |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity      | Compliant | 2 common of the control of the approach |
|                                    |           |   |
|                                    | •         |   |
| 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 |   |
|                                    |           |   |
| D. J.                              | Chahara   | Decomposition Chats 1/ \ 15   11   1    |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance        | Compliant |   |

|                                      | I         | <u>_</u>                                  |
|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cots and Napping        | Compliant |   |
|                                      |           |   |
| 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 |   |
| ·                                    |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-25 Medication        | Compliant | Documenting Statement: There were no      |
| Administration                       |           | children on medication at the time of the |
|                                      |           | inspection; however, the method of        |
|                                      |           | storage and practices for the             |
|                                      | 1         | ,   |
|                                      |           | administration were reviewed.             |