

# **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 Details  |                     |                         |                     |  |
|--|---------------------|-------------------------|---------------------|--|
| Program Name   | Program Number      |                         | Program Type        |  |
| Creative Play Preschool                                | 000000404558        |                         | Child Care Center   |  |
| Address<br>465 W SIXTH AVENUE LANCASTER<br>OH<br>43130 |                     |                         | County<br>FAIRFIELD |  |
| Building Approval Date                                 | Use Group/Code      | Occupancy Limit         | Maximum Under 2 ½   |  |
| Fire Inspection Approval Date                          | Food Service Risk L | Food Service Risk Level |                     |  |
| 05/24/2023   | Level II            |                         |                     |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/31/2024             | 9:30 AM                        |                  | 1:00 PM           |              |
| Reviewer:              | Reviewer:                      |                  |                   |              |
| Darcie Schofield       |                                |                  |                   |              |
|                        | Summary of Findings            |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 3                              | 0                | 1                 | 4            |

| 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   |                  | 22         | 3         | 25    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 197              | 22         | 3         | 25    |

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

| Preschool   | 4 years to < 5 years | 2 to 12 |  |
|-------------|----------------------|---------|--|
| Preschool   | 4 years to < 5 years | 2 to 10 |  |
| Preschool 2 | 3 years to < 4 years | 1 to 9  |  |
| Preschool 2 | 3 years to < 4 years | 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 |
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## **Moderate Risk Non-Compliances**

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 numbers 7, 13, 14, 30, 33, 45 and 46 below:

1. No plan was on file.

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- 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.

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- 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.
- 16. 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.

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- 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.

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- 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.
- 45. Page 4 was not included and page 3 of the JFS 01217 was used in it's place.
- 46. Page 2 was not included.

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: 03/01/2024

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

**Domain: 03 Postings & Equipment** 

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan <u>Code</u>: The program is required to post the fire and weather plans.

<u>Finding</u>: During the inspection, it was determined that the following information was not posted for item number 2 below:

- 1. Fire alert plan, including a diagram indicating evacuation routes.
- 2. Weather alert plan was missing details for the weather safe space and evacuation on the diagram in the gym.
- 3. Weather alert plan was missing a diagram indicating evacuation routes.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/01/2024

## Domain: 09 Children's Files

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

<u>Code</u>: The program is required to maintain a complete JFS 01236 "Child Medical/Physical Care Plan for Child

Care" on file for any child having a health condition.



<u>Finding</u>: In review of the children's records, it was determined that the JFS 01236 "Child Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number 3 below:

- 1. The JFS 01236 had not been updated as needed and at least annually.
- 2. A separate JFS 01236 had not been used for each condition.
- 3. The program used an old version of the JFS 01236.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/01/2024

#### **Domain: 09 Children's Files**

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in numbers 4, 7, 9, and 10 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. 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: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: 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 child listed on the JFS Children's Record Review For Child Care as indicated in number 1 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: 03/01/2024

| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|---|
| 5101:2-12-02 License Posted          | Compliant |   |
| STOTIZ TZ OZ EICCIISC I OSICO        | Compilant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information     | Compliant |   |
| 310112 12 02 odirene miormation      | Compilant |   |
|                                      |           |   |
|                                      | _         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection              | Compliant |   |
| Requirements                         | '         |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department     | Compliant |   |
| <b>.</b>                             | Compliant |   |
| Inspection                           |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 7 7                                  |           |   |
| 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 food service   |
|                                      | Compilant | <u> </u>                                  |
| Requirements                         |           | license was observed posted. Following is |
|                                      |           | the audit number and date of expiration:  |
|                                      |           | MDAY-CNGQ2P, expiration 3/1/24.           |
|                                      |           | WIDAT CNGQ21, expiration 3/1/24.          |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator           | Compliant |   |
|                                      | Compilant |   |
| Qualifications                       |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-07 Administrator     | Compliant | Documenting Statement: The                |
|                                      | Compilant | _   |
| Responsibilities/Requirements        |           | administrator's hours of availability to  |
|                                      |           | meet with parents were posted in a        |
|                                      |           | noticeable location.                      |
|                                      |           | Hoticeable location.                      |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program         | Compliant |   |
| · ·                                  | Compliant |   |
| Policies and Procedures              |           |   |
|                                      |           |   |
| 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: 5101:2-12-08 Medical Statement  | Compliant | Documenting Statement: All employees had current medical statements on file. |
|---------------------------------------|-----------|--|
|                                       |           |  |
| 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                                  | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-10 Health Training          | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                      |
| Rule: 5101:2-12-10 Professional       | Compliant | Documenting Statement: At the time of  |
| Development Requirements              |           | the inspection, all child care staff   |
|                                       |           | members had completed the required   |
|                                       |           | amount of professional development   |
|                                       |           | training.  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-11 Indoor Space             | Compliant |  |
| Requirements                          |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-11 Outdoor Space            | Compliant | Documenting Statement(s), it applicable                                      |
| Requirements                          | Compliant |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-11 Outdoor Play Equipment   | Compliant |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement/s). If applicable                                      |
| 5101:2-12-11 Outdoor Play Fall Zones  | Compliant | Documenting Statement(s), If applicable                                      |
| STOT.2-12-11 Outdoor Flay Fall Zolles | Compliant |  |
|                                       | ,         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                      |
| Rule: 5101:2-12-12 Safe Equipment     | Compliant | Documenting Statement: Equipment was   |
|                                       |           | observed to be in good condition.  |
|                                       |           |  |
| Rulo                                  | Status    | Decumenting Statement(e) If applicable                                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                      |

| Rule: 5101:2-12-12 Safe Environment                         | Compliant           | Documenting Statement: Cleaning supplies were viewed stored out of the reach of children.   |
|---|---------------------|---|
| Rule: 5101:2-12-13 Sanitary Equipment and Environment       | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the equipment was observed clean and in good repair.   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Handwashing Requirements                       | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Smoke Free<br>Environment                | Compliant           | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program.  |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant           | Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR.  |
|   | l c                 |   |
| Rule: 5101:2-12-14 Transportation - Driver Requirements     | Compliant           | Documenting Statement(s), If applicable  Documenting Statement: The driver(s) had completed the required ODJFS driver training.   |
|   | I a                 |   |
| Rule: 5101:2-12-14 Transportation -<br>Vehicle Requirements | Compliant           | Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, was verified and dated 5/30/23, however the program only uses the vehicle in the summer. |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Emergency Drills                               | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |

| 5101:2-12-16 First Aid/Standard  | Compliant                      |   |
|--|--------------------------------|---|
| Precautions  |                                |   |
| Rule   | Status                         | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Management of<br>Communicable Disease                   | Compliant                      | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents.                              |
| DI-  | Chathan                        | December Statement (s) If and include   |
| Rule 5101:2-12-16 Incident/Injury Reporting                                | Status<br>Compliant            | Documenting Statement(s), If applicable   |
| Rule   | Status                         | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Written Disaster<br>Plan                                | Compliant                      | Documenting Statement: During the inspection, the requirements of the rule regarding annual training of the written disaster plan were discussed.         |
| Rule   | Status                         | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule  | Compliant                      | Documenting Statement: Daily schedules were observed posted.  |
| Rule   | Chatana                        | December Chatemant (s) If and include   |
| Rule: 5101:2-12-17 Materials and Equipment                                 | Status<br>Compliant            | Documenting Statement(s), If applicable  Documenting Statement: Sufficient equipment was observed in all categories.                                      |
|  |                                | <u> </u>  |
| Rule   | Status                         | Documenting Statement(s) If applicable  |
| Rule<br>5101:2-12-17 Daily Outdoor Play                                    | Status<br>Compliant            | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play  | Compliant                      |   |
|  |                                | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| S101:2-12-17 Daily Outdoor Play  Rule  5101:2-12-18 License Capacity       | Compliant  Status  Compliant   | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play Rule                                       | Compliant                      |   |
| S101:2-12-17 Daily Outdoor Play  Rule  5101:2-12-18 License Capacity  Rule | Status Compliant Status Status | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: Staff/child ratios observed during the inspection |

| Rule                                 | Status              | Documenting Statement(s), If applicable    |
|--------------------------------------|---------------------|--|
| Rule: 5101:2-12-18 Attendance        | Compliant           | Documenting Statement: During the          |
| Records                              |                     | inspection, attendance records were        |
|                                      |                     | reviewed. Child Care Staff Members were    |
|                                      |                     | viewed recording the attendance for each   |
|                                      |                     | child upon arrival and departure. All      |
|                                      |                     | attendance records met the requirements    |
|                                      |                     | of the rule and were kept with the group   |
|                                      |                     | at all times.                              |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Supervision             | Compliant           | bocumenting statement(s), if applicable    |
| 3101.2-12-13 Supervision             | Compilant           |  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Child Guidance          | Compliant           |  |
|                                      |                     | 1  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-20 Cots and Napping  | Compliant           | Documenting Statement: Cots were           |
|                                      |                     | placed appropriately and safely during     |
|                                      |                     | nap time.                                  |
|                                      |                     |  |
| Rule                                 | Ctatus              | Decumenting Statement/s) If applicable     |
| 5101:2-12-22 Meal and Snack          | Status<br>Compliant | Documenting Statement(s), If applicable    |
| Requirements                         | 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           | bocumenting statement(s), if applicable    |
| Handling/Storage                     | Compilation         |  |
| Transming/ Storage                   |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-24 Swimming and      | Compliant           | Documenting Statement: The program         |
| Water Safety Requirements            |                     | had inspection reports on file for on-site |
|                                      |                     | or private pools.                          |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-25 Medication        | Compliant           | Documenting Statement: Medication was      |
| Administration                       | Compliant           | stored in a locked cabinet in each         |
| Administration                       |                     | classroom.                                 |
|                                      |                     | Ciassi OOIII.                              |
|                                      |                     |  |
|                                      |                     |  |



|   | Rule                                 | Status    | Documenting Statement(s), If applicable |
|---|--------------------------------------|-----------|---|
|   | 5101:2-12-08 Child Care Staff Member | Compliant |   |
|   | Educational Requirements             |           |   |
| l |                                      |           |   |
| ı |                                      |           |   |