

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 Deta | ils | | |
|----------------------------------|-------------------------|-----------------|-------------------|-----|
| Program Name | Program Number | | Program Type | |
| Seton Parish Preschool | 000000404718 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 600 HILL ROAD NORTH PICKERINGTON | | | FAIRFIELD | |
| OH 43147 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under | 2 ½ |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 04/04/2023 | Exempt | | | |

| Inspection Information | | | | |
|-------------------------------|--------------------------------|------------------|----------------------------------|--------------|
| Inspection Type Annual | Inspection So Full | cope | Inspection Notice Unannounced | |
| Inspection Date 01/18/2024 | Begin Time S | 9:30 AM | End Time 11:30 AM | |
| Reviewer: Barbara Smith | | | | |
| 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 | | 1 | 0 | 1 |
| Total Under 2 ½ Years | 5 | 1 | 0 | 1 |
| Older Toddler | | 11 | 0 | 11 |
| Preschool | | 69 | 0 | 69 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 91 | 80 | 0 | 81 |

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



Department of Education Department of Job and Family Services

| Bumblebees Th | 3 years to < 4 years | 1 to 2 | Arrival |
|-----------------|--------------------------|---------|---------|
| Caterpillars Th | 18 months to < 30 months | 2 to 7 | Arrival |
| Ladybugs | 3 years to < 4 years | 2 to 10 | Arrival |
| Butterflies | 4 years to < 5 years | 3 to 16 | Arrival |
| Dragonflies | 4 years to < 5 years | 3 to 16 | 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

No Moderate Risk Non-Compliances were observed during this inspection



Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number 6a below.

1. A medical statement was not on file for at least one employee;

2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;

3. Date of examination was missing;

4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;

5. A statement was missing that verifies 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);

6. Tuberculosis (TB) screening/test information was missing:

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 6a.

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: 02/17/2024

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.



<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in number 3 below:

1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.

2. The medication, medical food, or topical product had expired and had not been removed from the program.

3. The prescription label had expired.

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

Corrective Action Plan Due: 02/17/2024

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | in a location visible to parents as |
| | | required. |
| | | |
| | | |
| 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 |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-04 Fire InspectionCompliantDocumenting Statement: Please Note: Documentation of a fire inspection without any uncorrected violations mus be secured for the program. Secure a new fire inspection by 04/04/2024.RuleStatusDocumenting Statement(s), If applicable Rule: 5101:2-12-04 Food Service RequirementsRuleStatusDocumenting Statement: The program has obtained a food service exemption status from the local health department |
|--|
| RuleStatusDocumenting Statement(s), If applicableRule: 5101:2-12-04 Food Service RequirementsCompliantDocumenting Statement: The program has obtained a food service exemption |
| RuleStatusDocumenting Statement(s), If applicableRule: 5101:2-12-04 Food Service RequirementsCompliantDocumenting Statement: The program has obtained a food service exemption |
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| 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 |
| Rule: 5101:2-12-07 AdministratorCompliantDocumenting Statement: The |
| Responsibilities/Requirements administrator's hours of availability to |
| meet with parents were posted in a |
| noticeable location. |
| |
| Dula Ctatus Desumenting Statement(s) If employed |
| Rule Status Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program Compliant Documenting Statement: The written |
| Policies and Procedures policies and procedures reviewed on the |
| day of the inspection were verified as |
| complete. |
| |
| Rule Status Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & Compliant |
| Whistle Blower Protection |
| Dulo Ctotus Desurentias Statement(s) (for state |
| Rule Status Documenting Statement(s), If applicable Pulor 5101r2 12 00 Packground Chack Compliant Documenting Statement During the |
| 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: During the |
| Development Requirements inspection, the requirements of the rule |



| | | regarding professional development |
|--|-----------|--|
| | | training for administrators and child care staff members were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | compliant | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated 10/16/2023. |
| | | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
| 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 required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable |
|---|---------------------|---|
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records were complete, as required by the rule. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. |
| Dula | Ctatura | Decumenting Statement(a) If emplicable |
| Rule: 5101:2-12-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicableDocumenting Statement: Documentationfor completed fire, weather, andemergency/lockdown drills was verifiedduring this inspection. |
| | | |
| Rule Rule: 5101:2-12-16 First Aid/Standard Precautions | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement(s), if applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. |
| 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: 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| · | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: During the |
| Equipment | | inspection, the requirements of the rule |
| | | regarding materials and equipment were |
| | | discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement(c) If applicable |
| 5101:2-12-18 License Capacity | Compliant | Documenting Statement(s), If applicable |
| SIDI.2-12-18 LICENSE Capacity | Compliant | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | 2011/2100 | |
| | | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The food served at meal time to the toddlers was developmentally appropriate and did not pose a choking hazard. |
| 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 Handling/Storage | Compliant | |
| Rule | Status | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-23 Diapering and Toilet Training | Status Compliant | Documenting Statement(s), If applicableDocumenting Statement: During the inspection, there was discussion concerning diapering routines. Child-care staff indicated diapers were changed at appropriate intervals throughout the day. |
| Rule 5101:2-12-08 Child Care Staff Member | Status Compliant | Documenting Statement(s), If applicable |
| Educational Requirements | | |