

# **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                  | ails            |                                   |
|-----------------------------------------------------------|-------------------------------|-----------------|-----------------------------------|
| Program Name<br>SONSHINE SCHOOL                           | Program Number 000000405794   |                 | Program Type<br>Child Care Center |
| Address<br>1820 NEWARK-GRANVILLE RD GRANVILLE<br>OH 43023 |                               |                 | County<br>LICKING                 |
| Building Approval Date                                    | Use Group/Code                | Occupancy Limit | Maximum Under 2 ½                 |
| Fire Inspection Approval Date 08/14/2023                  | Food Service Risk L<br>Exempt | evel            |                                   |

| Inspection Information                        |                                |                   |                   |              |
|-----------------------------------------------|--------------------------------|-------------------|-------------------|--------------|
| Inspection Type                               | Inspection So                  | cope              | Inspection Notice |              |
| Annual                                        | Full                           |                   | Unannounced       |              |
| Inspection Date Begin Time 9:00 AM 12/13/2023 |                                | End Time 11:45 AM |                   |              |
| Reviewer: ANNE BLANKESTYN                     |                                |                   |                   |              |
| 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                                             |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 0                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 90         | 0         | 90    |
| School Age                                                |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 58               | 90         | 0         | 90    |

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

| Yellow - am | 3 years to < 4 years | 2 to 14 |
|-------------|----------------------|---------|
| Yellow - am | 3 years to < 4 years | 2 to 14 |
| Red - am    | 3 years to < 4 years | 2 to 14 |
| Red - am    | 3 years to < 4 years | 2 to 14 |
| Blue - am   | 3 years to < 4 years | 2 to 13 |
| Blue - am   | 3 years to < 4 years | 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                                         |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |

| wioderate Risk Non-Compliances                                        |  |  |
|-----------------------------------------------------------------------|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |
|                                                                       |  |  |
|                                                                       |  |  |
|                                                                       |  |  |
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|                                                                       |  |  |
|                                                                       |  |  |



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

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 4 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/12/2024

#### **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(s) 1, 5(b), and 5(c) 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: 01/12/2024

### **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 |                                         |
|                                  |           |                                         |
|                                  |           |                                         |



|                                      | Laur      | 2                                       |
|--------------------------------------|-----------|-----------------------------------------|
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service            | Compliant |                                         |
| Requirements                         |           |                                         |
|                                      |           |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 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 |                                         |
| Policies and Procedures              | ·         |                                         |
| \ <u>-</u>                           | 1         |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training &  | Compliant | 0                                       |
| Whistle Blower Protection            |           |                                         |
| Williams Blower Frotestion           |           |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check        | Compliant | bocumenting statement(s), it applicable |
| Requirements                         | Compilant |                                         |
| Кединение                            |           |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional            | Compliant | bocumenting statement(s), it applicable |
| Development Requirements             | Compliant |                                         |
| Development Requirements             |           |                                         |
| Pula                                 | Ctatus    | Decumenting Statement/s) If applicable  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Compliant |                                         |
| Requirements                         |           |                                         |
| D 1                                  |           |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space           | Compliant |                                         |
| Requirements                         |           |                                         |
|                                      |           |                                         |
| 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 |                                         |
|                                      |           |                                         |
|                                      |           | 5                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment          | Compliant |                                         |
|                                      |           |                                         |
| Dula                                 | Chahua    | Decrees onting Chatanage (A) (C)        |
| 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                                             |                     |                                                                              |
| Rule                                                    | Ctatus              | Decumenting Statements of applicable                                         |
| 5101:2-12-13 Handwashing                                | Status<br>Compliant | Documenting Statement(s), If applicable                                      |
| Requirements                                            | Compliant           |                                                                              |
| requirements                                            |                     |                                                                              |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                                      |
| 5101:2-12-13 Smoke Free                                 | Compliant           |                                                                              |
| Environment                                             |                     |                                                                              |
|                                                         |                     |                                                                              |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                                      |
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant           | Documenting Statement: At the time of                                        |
| Enrollment Records                                      |                     | the inspection, 25% of the children's records were reviewed, and the records |
|                                                         |                     | were complete, as required by the rule.                                      |
|                                                         |                     | were complete, as required by the rule.                                      |
| Rule: 5101:2-12-15 Child Medical and                    | Compliant           | Documenting Statement: In review of                                          |
| Enrollment Records                                      |                     | 25% of the records, at the time of the                                       |
|                                                         |                     | inspection, children's medical statements                                    |
|                                                         |                     | were complete and on file, as required by                                    |
|                                                         |                     | the rule.                                                                    |
|                                                         |                     |                                                                              |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                                      |
| Rule: 5101:2-12-15 Medical/Physical                     | Compliant           | Documenting Statement: The program                                           |
| Care Plans                                              |                     | 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                                      |
| 5101:2-12-16 Medical, Dental, and                       | Compliant           |                                                                              |
| General Emergency Plan                                  |                     |                                                                              |
| ·                                                       |                     | ·                                                                            |
| 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           | Documenting Statement(s), ii applicable                                      |
| Precautions                                             | Compilation         |                                                                              |
|                                                         | 1                   | I                                                                            |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                                      |

| - Online O                              | Τ          |                                            |
|-----------------------------------------|------------|--------------------------------------------|
| 5101:2-12-16 Management of              | Compliant  |                                            |
| Communicable Disease                    |            |                                            |
|                                         |            |                                            |
| Rule                                    | Status     | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Incident/Injury            | Compliant  |                                            |
| Reporting                               | ·          |                                            |
| The portung                             |            |                                            |
| Rule                                    | Status     | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Written Disaster Plan      |            | bocumenting statement(s), if applicable    |
| 5101:2-12-16 Written Disaster Plan      | Compliant  |                                            |
|                                         |            |                                            |
| D. J.                                   | Chahara    | De sous action (testament/a) If analisable |
| 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  |                                            |
| Equipment                               |            |                                            |
|                                         |            |                                            |
| 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  | 0                                          |
| STOTIL IL IS LISCIISC CAPACITY          | esp.ia.i.e |                                            |
|                                         | I          |                                            |
| Rule                                    | Status     | Documenting Statement(s), If applicable    |
| 5101:2-12-18 Ratio                      | Compliant  | Dogumental Betatement(e)) in applicable    |
| 3101.2 12 10 Natio                      | Compilant  |                                            |
|                                         |            |                                            |
| Rule                                    | Status     | Documenting Statement(s), If applicable    |
| 5101:2-12-18 Group Size                 | Compliant  | Bocamenting statement(s), it applicable    |
| 3101.2-12-18 Group Size                 | Compliant  |                                            |
|                                         |            |                                            |
| Rule                                    | Status     | Documenting Statement(s), If applicable    |
|                                         |            | Documenting statement(s), if applicable    |
| 5101:2-12-18 Attendance Records         | Compliant  |                                            |
|                                         |            |                                            |
| Pule                                    | Ctatus     | Decumenties Statemental If and its land    |
| Rule                                    | Status     | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Supervision                | Compliant  |                                            |
|                                         |            |                                            |
|                                         | 1 0        |                                            |
| 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  |                                            |
| Requirements                            |            |                                            |
| <b>—</b>                                | •          |                                            |

| 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<br>Handling/Storage                    | Compliant |                                                                                                                         |
|                                                               | I a       | 1                                                                                                                       |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                 |
| Rule: 5101:2-12-25 Medication Administration                  | Compliant | Documenting Statement: The program had complete written documentation for administering medication or food supplements. |
|                                                               | I         |                                                                                                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                 |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant |                                                                                                                         |
|                                                               |           |                                                                                                                         |