

# **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            | ils             |                   |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name                  | Program Number          |                 | Program Type      |
| MAIN STREET PRESCHOOL         | 000000409628            |                 | Child Care Center |
|                               |                         |                 |                   |
| Address                       | NE                      |                 | County            |
| 8 WEST MAIN STREET TIPP CITY  |                         |                 | MIAMI             |
| ОН                            |                         |                 |                   |
| 45371                         |                         |                 |                   |
|                               |                         |                 |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 03/17/2005                    | E                       | 4.4             |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 08/21/2024                    | Exempt                  |                 |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | cope             | Inspection Notice |              |  |
| Annual              | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 09/25/2024          | 9:00 AM                        | 9:00 AM 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                  | 4                              | 0                | 0                 | 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                                     | 5                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 35        | 35    |
| School Age  |                  | 0          | 42        | 42    |
| Total Capacity/Enrollment                                 | 64               | 0          | 77        | 77    |

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



| Adventures | 5 years to < Kindergarten | 2 to 19 |  |
|------------|---------------------------|---------|--|
| Adventures | 5 years to < Kindergarten | 2 to 19 |  |
| Rangers    | Mixed Age Group           | 2 to 17 |  |
| Rangers    | Mixed Age Group           | 2 to 17 |  |
| Hikers     | Mixed Age Group           | 2 to 7  |  |
| Hikers     | Mixed Age Group           | 2 to 7  |  |
| Explorers  | Mixed Age Group           | 2 to 16 |  |
| Explorers  | Mixed Age Group           | 2 to 16 |  |

## **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 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number 1 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 10/25/2024

### **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 1 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: 10/25/2024

#### **Domain: 08 Staff Files**

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

<u>Code</u>: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

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

Corrective Action Plan Due: 10/25/2024

#### 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 2 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: 10/25/2024

# 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 |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service           | Compliant | bocumenting statement(s), it applicable |
| Requirements                        | Compilant |   |
| Requirements                        |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant |   |
| Suspension                          | ·         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |



|                                      | -                                       | -  |
|--------------------------------------|---|--|
| 5101:2-12-07 Administrator           | Compliant                               |  |
| Qualifications                       | 3                                       |  |
|                                      |   | -  |
| Rule                                 | Status                                  | Documenting Statement(s), If applicable  |
|                                      |   | 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              | Compilation                             |  |
| Tolicles and Frocedures              |   |  |
|                                      | T                                       |  |
| Rule                                 | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Medical Statement       | Compliant                               |  |
|                                      |   |  |
|                                      |   |  |
| Rule                                 | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check        | Compliant                               | S = ==================================   |
|                                      | Compilant                               |  |
| Requirements                         | <u> </u>                                |  |
|                                      |   |  |
| Rule                                 | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional            | Compliant                               |  |
| Development Requirements             | CONSTRUCTION OF THE PROPERTY OF THE     |  |
| Bevelopment requirements             |   |  |
| Dula                                 | Chahara                                 | D  |
| 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 Separation of Children  | Compliant                               | 0 (7)  |
| Under 2 1/2 Years                    | Compilant                               |  |
| Officer 2 1/2 rears                  |   |  |
|                                      |   | The second secon |
| Rule                                 | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space           | Compliant                               |  |
| Requirements                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| •                                    | b                                       |  |
| Rule                                 | Status                                  | Documenting Statement(s), If applicable  |
|                                      |   | bocamenting 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                               |  |
| 3101.2-12-12 Sale Equipment          | Compliant                               |  |
| L                                    | -                                       |  |
|                                      |   |  |
| Rule                                 | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment        | Compliant                               |  |
| <del>-</del>                         |   |  |



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| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and  | Compliant  |   |
| Environment  |  |   |
|  | I  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Handwashing   | Compliant  | Bootimenting state ment(5), it approaches |
| Requirements   | Compilant  |   |
| requirements   |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free  |  | Documenting Statement(S), if applicable   |
| MANUAL NEW AND   | Compliant  |   |
| Environment  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation and Field  | Compliant  |   |
| Trip Procedures  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Child Medical and   | 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.   |
|  |  |   |
|  | 1  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-15 Medical/Physical Care   | Compliant  |   |
| Plans  | Compilant  |   |
| T Idilo  | Ī  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Medical, Dental, and  | Second Address Control of the Contro | bocumenting statement(s), if applicable   |
| SECOLOGICAL CONTROL CO | Compliant  |   |
| General Emergency Plan   |  |   |
| P. I.  | I c  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills  | Compliant  | Documenting Statement: Documentation      |
|  |  | for completed fire, weather, and          |
|  |  | emergency/lockdown drills was verified    |
|  |  | during this inspection.                   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard  | Compliant  |   |
| Precautions  |  |   |
| -  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of   | Compliant  |   |
| Communicable Disease   |  |   |
|  | 1  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| Nuie   | Status   | Documenting Statement(s), it applicable   |



| 5101:2-12-16 Incident/Injury    | Compliant   |  |
|---------------------------------|-------------|--|
| Reporting                       |             |  |
| Rule                            | Status      | Documenting Statement(s), If applicable                                    |
| 5101:2-12-17 Daily Schedule     | Compliant   | Documenting Statement(3), if applicable                                    |
|                                 |             |  |
|                                 |             |  |
| 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   | becamenting statement(s), it approase                                      |
| ,                               | ,           |  |
| 2.1                             | S           |  |
| Rule                            | Status      | Documenting Statement(s), If applicable                                    |
| 5101:2-12-18 License Capacity   | Compliant   |  |
|                                 | I           | 1  |
| 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   | Documenting Statement(s), if applicable                                    |
| 310112 12 10 010ap 0120         | Compilation |  |
|                                 | T           |  |
| Rule                            | Status      | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-18 Attendance   | Compliant   | Documenting Statement: Child Care Staff                                    |
| Records                         |             | Members were observed recording the attendance for each child upon arrival |
|                                 |             | and documenting each child's departure.                                    |
|                                 |             | and documenting each child's departure.                                    |
|                                 |             |  |
| 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   | (-1)   |
|                                 |             |  |
|                                 |             | () (5  |
| Rule                            | Status      | Documenting Statement(s), If applicable                                    |
| 5101:2-12-20 Cots and Napping   | Compliant   |  |
|                                 |             | l l  |
| Rule                            | Status      | Documenting Statement(s), If applicable                                    |
| 5101:2-12-22 Meal and Snack     | Compliant   |  |
| Requirements                    |             |  |



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|--------------------------------------|-----------|---|
| 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 |
| 5101:2-12-16 Written Disaster Plan   | Compliant |   |
|                                      |           |   |
|                                      |           |   |