

# **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      |  |
| NEWTON EARLY LEARNING CENTER  | 000000410347            |                 | Child Care Center |  |
|                               |                         |                 |                   |  |
| Address                       |                         |                 | County            |  |
| 201 N. LONG ST. PLEASANT HILL |                         |                 | MIAMI             |  |
| OH 45359                      |                         |                 |                   |  |
|                               |                         |                 |                   |  |
|                               |                         |                 |                   |  |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 08/17/2007                    | E                       |                 | 0                 |  |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |  |
| 08/11/2023                    | Level IV                |                 |                   |  |

|                            | Inspection Information         |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection S                   | соре             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 11/01/2023 | Begin Time 8                   | 3:50 AM          | End Time 10:10 AM |              |
| Reviewer:<br>KEYAUNA BABER |                                |                  |                   |              |
| 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                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   | ]                | 18         | 0         | 18    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 18               | 18         | 0         | 18    |

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



| PS | 3 years to < 4 years | 3 to 14 |  |
|----|----------------------|---------|--|
| PS | 3 years to < 4 years | 3 to 14 |  |

### **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(s) 5 b,c, 6 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: 12/02/2023

### 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) 2, 3 below:

Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
 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: 12/02/2023

Domain: 08 Staff Files

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to document the number of days substitute child care staff members work.

<u>Finding</u>: During the inspection, it was determined the program was not documenting the number of days substitute child care staff member(s) worked for a period of eighteen months. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/02/2023

# Domain: 09 Children's Files

<u>Rule</u>: 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 children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 8 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: 12/02/2023

# **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                     |           |   |
|                                  |           | i                                       |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant |   |
| Inspection                       |           |   |
| · · ·                            |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection     | Compliant |   |



| Rule                                 | Status              | Documenting Statement(s), If applicable |
|--------------------------------------|---------------------|---|
| 5101:2-12-04 Food Service            | Compliant           |   |
| Requirements                         |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 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              | r                   |   |
|                                      | 1                   | 1                                       |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training &  | Compliant           |   |
| Whistle Blower Protection            | compliant           |   |
| Whistle Blower Hoteetion             |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check        | Compliant           | Documenting statement(s), if applicable |
| Requirements                         | compliant           |   |
| Requirements                         |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Compliant           | Documenting statement(s), if applicable |
| Requirements                         | compliant           |   |
| Requirements                         |                     |   |
| Dula                                 | Chatura             | Desumenting Statement(s) If emplicable  |
| 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  |
|                                      | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant           |   |
|                                      |                     | l                                       |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment          | Compliant           | bocumenting statement(s), if applicable |
|                                      |                     |   |
| L                                    | 1                   | 1                                       |
| 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 | bocumenting statement(s), if applicable |
| Environment                         |           |   |
| Livionnen                           | <u> </u>  |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing            | Compliant |   |
| Requirements                        |           |   |
| · ·                                 | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free             | Compliant |   |
| Environment                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care  | Compliant |   |
| Plans                               |           |   |
|                                     | -         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and   | Compliant |   |
| General Emergency Plan              |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills       | Compliant |   |
| 5101.2-12-10 Enlergency 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 |
| 5101:2-12-16 Management of          | Compliant |   |
| Communicable Disease                |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury        | Compliant |   |
| Reporting                           |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan  | Compliant |   |
|                                     |           |   |
|                                     | •         |   |
| 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                           |           |   |
|                                     |           |   |



Department of Education Department of Job and Family Services

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|--------------------------------------|-----------|---|
| 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 |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records      | Compliant |   |
|                                      |           |   |
|                                      |           | <u> </u>                                |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision             | Compliant |   |
|                                      |           |   |
|                                      |           | I                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          |           | bocumenting statement(s), if applicable |
|                                      | Compliant |   |
| <u> </u>                             |           |   |
| Rule                                 | Status    | Documenting Statement(a) If applicable  |
|                                      |           | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping        | Compliant |   |
|                                      |           |   |
| Dula                                 | Status    | Desumenting Statement(s) If smilled in  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
|                                      | •         | · · · · · · · · · · · · · · · · · · ·   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant |   |
| Administration                       |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |



| ſ | 5101:2-12-08 Child Care Staff Member | Compliant |  |
|---|--------------------------------------|-----------|--|
|   | Educational Requirements             |           |  |
|   |                                      |           |  |
|   |                                      |           |  |