

# **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	2
WILLOW BEE CHILD CARE & LEARNING	000000411005		Child Care Ce	nter
Address	9 <del>7</del>		County	
28 LACKEY OLD STATE ROAD DELAWARE			DELAWARE	
ОН				
43015				
Building Approval Date	Use Group/Code	Occupancy Limit	Maximun	n Under 2 ½
Fire Inspection Approval Date	Food Service Risk Le	evel		
07/22/2024				

	Insp	ection Information		
Inspection Type	Inspection S	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date	Begin Time		End Time	
01/17/2025	8:55 AM		3:08 PM	
Reviewer:				
JO ELLEN MORTO	N-CONRAD			
	Su	mmary of Findings		
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
58	6	0	1	6

Li	cense Capacity ar	nd Enrollme	ent at the Time of Ir	spection
Age Group	License Capacity		Enr	ollment
	Totals	Full Time	Part Time	Total
Infant ( Birth to < 18 m)		14	0	14
Young Toddler		2	0	2
Total Under 2 ½ Years	34	16	0	16
Older Toddler		5	0	5
Preschool		21	0	21
School Age		0	14	14
Total Capacity/Enrollment	96	26	14	56

S	taff-Child Ratios at the Time of I	nspection	
Group	Age Group/Range	Ratio Observed	Comment



2's	18 months to < 30 months	1 to 7	
pre-k	4 years to < 5 years	1 to 6	one school ager
			present
PS	3 years to < 4 years	1 to 7	
inf	0 to < 12 months	2 to 6	
older inf	12 months to < 18 months	1 to 5	

### **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**

Domain: 09 Children's Files

Rule: 5180:2-12-25 Medication Administration

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication or medical food or a prescription topical product to a child as noted in number(s) 1 below:

1. The JFS 01217 "Request for Administration of Medication for Child Care" was not on file for a medication, medical food, or prescription topical product that was not required by a JFS 1236 ""Child Medical/Physical Care Plan for Child Care"".



- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
- 4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217.
- 7. The time to administer was missing on the JFS 01217.
- 8. The time period to administer was missing on the JFS 01217.
- 9. The medication's expiration date was missing on the JFS 01217.
- 10. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 11. Physician instructions were missing on the JFS 01217.
- 12. Possible side effects were missing on the JFS 01217.
- 13. Physician's dated signature was missing on the JFS 01217.
- 14. Physician's phone number was missing on the JFS 01217.
- 15. Date medication was administered was missing on the JFS 01217.
- 16. Time medication was administered was missing on the JFS 01217.
- 17. Dosage administered was missing on the JFS 01217.
- 18. Staff member's signature was missing on the JFS 01217.
- 19. A prescription label was not attached to the prescription medication.
- 20. The medication or product, [ ], was not brought to the program in its original container.
- 21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/16/2025

#### Low Risk Non-Compliances

## Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program (walls in 2 yr old room) or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 02/16/2025

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

Rule: 5180:2-12-08 Medical Statement

Code: 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 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: 02/16/2025

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

Rule: 5180:2-12-08 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(s) 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: 02/16/2025

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

Rule: 5180:2-12-10 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, and 6 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: 02/16/2025



Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

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

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

<u>Finding</u>: In review of the children's records, it was determined that the JFS 01236 "Child Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number(s) 1 below:

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

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

Corrective Action Plan Due: 02/16/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-25 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(s) 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: 02/16/2025



# Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Written Disaster Plan	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 License Posted	Compliant	
JIGO.Z IZ OZ EIGENISE I OSICO	Compilation	
Rule	Status	Documenting Statement(s), If applicable
		Documenting Statement(s), if applicable
5180:2-12-04 Building Department	Compliant	
Inspection		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 Current Information	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-03 Inspection	Compliant	Bosamenting Statement(s)) if approach
25.0	Compilant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Fire Inspection	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Food Service	Compliant	
Requirements		
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Rule	Chatus	Decumenting Statement(s) If applicable
SATAN SALAN SALAN	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-05 Denial, Revocation and	Compliant	
Suspension		
	1	
Pula	Status	Documenting Statement(s), If applicable
Rule	Status	Documenting statement(s), if applicable
5180:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
Rule	Status	Documenting Statement(s), If applicable



5180:2-12-07 Written Program Policies and Procedures	Compliant	
Rule	Chatura	Decumenting Statement (a) If a militable
5180:2-12-08 Orientation Training &	Status Compliant	Documenting Statement(s), If applicable
Whistle Blower Protection	Compilant	
Willstie Blower i Totection		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-09 Background Check	Compliant	podamonana statement(s), ii approduse
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Professional	Compliant	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Indoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Separation of Children	Compliant	
Under 2 1/2 Years		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Outdoor Space Requirements	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Equipment	Compliant	bodinenting statement(s), ii approasie
	Simplicant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Outdoor Play Equipment	Compliant	
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Rule 5180:2-12-11 Outdoor Play Fall Zones	Status Compliant	Documenting Statement(s), If applicable
3180:2-12-11 Outdoor Play Fall Zories	Compilant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Sanitary Equipment and	Compliant	(-),
Environment		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Handwashing	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable



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5180:2-12-13 Smoke Free	Compliant	
Environment		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-14 Transportation and Field	Compliant	
Trip Procedures		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-14 Transportation - Driver	Compliant	(-1)
Requirements	Compilant	
requirements		
Rule	Chahua	Decumenting Statement (a) If applicable
	Status	Documenting Statement(s), If applicable
5180:2-12-14 Transportation - Vehicle	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-15 Child Medical and	Compliant	
Enrollment Records		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
General Emergency Flan	I .	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Emergency Drills		Bocumenting Statement(s), if applicable
3180.2-12-16 Efficiency Drills	Compliant	
	l.	
Rule	Chahua	Decumenting Statement/s) If applicable
10,000,000	Status	Documenting Statement(s), If applicable
5180:2-12-16 First Aid/Standard	Compliant	
Precautions		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Management of	Compliant	
Communicable Disease		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Incident/Injury	Compliant	
Reporting	•	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Materials and	Compliant	bootimenting statement(s), it applicable
	Compilant	
Equipment		
D. I	Charles	D
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Daily Schedule	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Attendance Records	Compliant	



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Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-18 Group Size	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Daily Outdoor Play	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 License Capacity	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Ratio	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
		Documenting Statement(s), if applicable
5180:2-12-20 Cots and Napping	Compliant	
Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-19 Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-19 Child Guidance	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-20 Cribs	Compliant	
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Rule	Status	Documenting Statement(s) If applicable
	- 110 Date (100	Documenting Statement(s), If applicable
5180:2-12-22 Meal and Snack	Compliant	
Requirements		
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Pulo	Status	Decumenting Statement/s) If a wall-sale
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Safe Food	Compliant	
Handling/Storage		
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Dula	Chatura	Description Chater
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Fluid Milk Requirements	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
	Compliant	I .
5180:2-12-23 Infant Daily Care	Compliant	
5180:2-12-23 Infant Daily Care	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5180:2-12-23 Infant Bottle and Food	Compliant	
Preparation		
Rule	Status	Documenting Statement(s), If applicable
Rule 5180:2-12-23 Diapering and Toilet	Status Compliant	Documenting Statement(s), If applicable