

# **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      |     |
| The Preschool at Allentown    | 000000500150        |                 | Child Care Center |     |
|                               |                     |                 |                   |     |
| Address                       |                     |                 | County            |     |
| 4900 ALLENTOWN RD LIMA        |                     |                 | ALLEN             |     |
| OH 45807                      |                     |                 |                   |     |
|                               |                     |                 |                   |     |
|                               |                     |                 |                   |     |
| Building Approval Date        | Use Group/Code      | Occupancy Limit | Maximum Under     | 2 ½ |
| 10/12/2012                    | E                   | none            | none              |     |
| Fire Inspection Approval Date | Food Service Risk L | evel            |                   |     |
| 07/23/2018                    | Exempt              |                 |                   |     |

|                               | Insp                           | pection Information |                   |              |
|-------------------------------|--------------------------------|---------------------|-------------------|--------------|
| Inspection Type               | Inspection S                   | соре                | Inspection Notice |              |
| Annual                        | Full                           |                     | Unannounced       |              |
| Inspection Date 10/19/2023    | Begin Time 9                   | 9:40 AM             | End Time 11:30 AM |              |
| Reviewer:<br>SARA DIERKSHEIDE |                                |                     |                   |              |
| Summary of Findings           |                                |                     |                   |              |
| No. Rules Verified            | No. Rules with Non-compliances | No. Serious Risk    | No. Moderate Risk | No. Low Risk |
| 58                            | 2                              | 0                   | 1                 | 1            |

| Li                        | cense Capacity ar | nd Enrollme | ent at the Time of In | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group                 | License Capacity  |             | Enr                   | ollment  |
|                           | 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                 | ]                 | 0           | 54                    | 54       |
| School Age                |                   | 0           | 0                     | 0        |
| Total Capacity/Enrollment | 82                | 0           | 54                    | 54       |

| S     | taff-Child Ratios at the Time of Insp | pection        |         |
|-------|---------------------------------------|----------------|---------|
| Group | Age Group/Range                       | Ratio Observed | Comment |



| T/R 3's 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**

| o Serious Risk Non-Com | • | Ľ | • |  |
|------------------------|---|---|---|--|
|                        |   |   |   |  |
|                        |   |   |   |  |
|                        |   |   |   |  |
|                        |   |   |   |  |
|                        |   |   |   |  |

### Moderate Risk Non-Compliances

#### Domain: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) 1 below:

1. The request for a background check for child care was not submitted in the OPR.

2. The fingerprints were not submitted electronically according to the process established by BCI.

3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.

4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/18/2023



## Low Risk Non-Compliances

### Domain: 05 Health & Safety

<u>Rule</u>: 5101:2-12-16 First Aid/Standard Precautions <u>Code</u>: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) 12 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.

9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).

- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.

13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.

14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.

15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.

- 16. Soap or waterless sanitizer (field trip or transporting away from the program only).
- 17. Bottled water (field trip or transporting away from the program only).

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.



# Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable    |
|------------------------------------|-----------|--|
|                                    |           |  |
| Rule: 5101:2-12-02 License Posted  | Compliant | Documenting Statement: The license was     |
|                                    |           | in a location visible to parents as        |
|                                    |           | required.                                  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-02 Current Information   | Compliant |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-03 Inspection            | Compliant |  |
| Requirements                       | Compliant |  |
| Requirements                       |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Building        | Compliant | Documenting Statement: A copy of the       |
| Department Inspection              | compliant | certificate of occupancy was available on- |
| Department inspection              |           | site for review.                           |
|                                    |           | site for review.                           |
| Rule: 5101:2-12-04 Building        | Compliant | Documenting Statement: On the day of       |
| Department Inspection              | '         | the inspection, the program was            |
|                                    |           | operating in compliance with the current   |
|                                    |           | building approval(s).                      |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note:        |
|                                    |           | Documentation of a fire inspection         |
|                                    |           | without any uncorrected violations must    |
|                                    |           | be secured for the program. Secure a       |
|                                    |           | new fire inspection by $10/16/24$ .        |
|                                    |           |  |
|                                    | 1         |  |
| Dulo                               | Status    | Documenting Statement(s) If applicable     |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|---|
| 5101:2-12-07 Administrator | Compliant |   |
| Qualifications             |           |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable     |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-07 Administrator     | Compliant | Documenting Statement: The                  |
| Responsibilities/Requirements        |           | administrator's hours of availability to    |
| Responsibilities, Requirements       |           | meet with parents were posted in a          |
|                                      |           | noticeable location.                        |
|                                      |           |   |
| Rule: 5101:2-12-07 Administrator     | Compliant | Documenting Statement: The                  |
| Responsibilities/Requirements        |           | administrator's posted hours of             |
|                                      |           | availability reflected an appropriate       |
|                                      |           | schedule meeting rule compliance.           |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(c) If applicable      |
|                                      |           | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-07 Written Program   | Compliant | Documenting Statement: The written          |
| Policies and Procedures              |           | policies and procedures reviewed on the     |
|                                      |           | day of the inspection were verified as      |
|                                      |           | complete.                                   |
|                                      | <u>I</u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees        |
|                                      |           | had current medical statements on file.     |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Orientation Training &  | Compliant |   |
| Whistle Blower Protection            |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Health Training   | Compliant | Documenting Statement: The program          |
| Requirements                         |           | had at least one Child Care Staff Membe     |
|                                      |           | with currently valid training in First Aid, |
|                                      |           | Management of Communicable Disease,         |
|                                      |           | CPR, and Child Abuse Prevention present     |
|                                      |           | and readily accessible during all hours of  |
|                                      |           | operation.                                  |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-10 Professional            | Compliant |   |
| Development Requirements             |           |   |
| spinierre den errende                | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space            | Compliant |   |
| Requirements                         |           |   |
| 1                                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|---|
|      |        |   |



| Rule: 5101:2-12-12 Safe Equipment                           | Compliant           | Documenting Statement: Equipment was observed to be in good condition.   |
|---|---------------------|--|
| Dula  | Chabus              | Decumenting Statement(a) If employed   |
| Rule: 5101:2-12-12 Safe Environment                         | Status<br>Compliant | Documenting Statement(s), If applicableDocumenting Statement: Cleaningsupplies were viewed stored out of thereach of children.                                 |
| Rule: 5101:2-12-12 Safe Environment                         | Compliant           | Documenting Statement: All electrical outlets were covered with safety receptacles.  |
| Rule: 5101:2-12-12 Safe Environment                         | Compliant           | Documenting Statement: All area rugs had nonskid backing.  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment    | Compliant           | Documenting Statement: During the<br>inspection, the equipment was observed<br>clean and in good repair.   |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Handwashing<br>Requirements              | Compliant           | Documenting Statement: Children were viewed washing their hands, as required by the rule.  |
|   | -                   |  |
| Rule<br>Rule: 5101:2-12-13 Smoke Free                       | Status              | Documenting Statement(s), If applicable<br>Documenting Statement: No smoking was   |
| Environment   | Compliant           | allowed on the premises, and the notice<br>stating that smoking is prohibited was<br>observed posted in a conspicuous place.                                   |
| Dul   | Chabura             |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant           | Documenting Statement: Requirements<br>regarding routine and/or field trips were<br>discussed during the inspection. Parents<br>provided transportation.       |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant           | Documenting Statement: The program<br>uses the ODJFS sample trip permission<br>form for field trips to secure written<br>permission from parents or guardians. |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Nule  | Status              |  |



| Rule: 5101:2-12-15 Child Medical and Enrollment Records    | Compliant | Documenting Statement: At the time of<br>the inspection, 25% of the children's<br>records were reviewed, and the records<br>were complete, as required by the rule.                  |
|--|-----------|--|
| Rule: 5101:2-12-15 Child Medical and<br>Enrollment Records | Compliant | Documenting Statement: In review of<br>25% of the records, at the time of the<br>inspection, children's medical statements<br>were complete and on file, as required by<br>the rule. |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Medical/Physical                        | Compliant | Documenting Statement: At the time of  |
| Care Plans   |           | the inspection, there were no children<br>currently enrolled who had health<br>conditions.   |

| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan | Compliant | Documenting Statement: On the day of<br>the inspection, the complete prescribed<br>JFS 01242 "Medical, Dental, and General<br>Emergency Plan For Child Care" were<br>posted in the program as required. |

| 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 Management of | Compliant |   |
| Communicable Disease       |           |   |

| Rule                               | Status    | Documenting Statement(s), If applicable    |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: During the          |
| Reporting                          |           | inspection, the requirements of the rule   |
|                                    |           | regarding reporting incidents and injuries |
|                                    |           | were discussed.                            |
|                                    |           |  |

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training  |
| Plan                                |           | of the written disaster plan was        |
|                                     |           | completed by staff.                     |



| Rule: 5101:2-12-16 Written Disaster<br>Plan | Compliant           | Documenting Statement: The program's<br>written disaster plan was reviewed during<br>the inspection and met the requirements. |
|---|---------------------|---|
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule           | Compliant           | Documenting Statement: Daily schedules were observed posted.  |
| Dula  | Status              | Desumenting Statement(s) If applicable  |
| Rule<br>Rule: 5101:2-12-17 Materials and    | Status              | Documenting Statement(s), If applicable   |
| Equipment                                   | Compliant           | Documenting Statement: Sufficient<br>equipment was observed in all categories.  |
| Rule  | Status              | Documenting Statement(c) If applicable  |
|   | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 License Capacity         | Compliant           | Documenting Statement: During the   |
|   |                     | inspection, it was determined that the  |
|   |                     | program had requested a change in the   |
|   |                     | program's license capacity. Please be   |
|   |                     | reminded the license capacity change  |
|   |                     | shall not be in effect until Departmental   |
|   |                     | approval is received in writing by the program.   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio                    | Compliant           | Documenting Statement: The Appendix A   |
|   |                     | "Staff/Child Ratios, Age Grouping and   |
|   |                     | Maximum Group Size" was posted in a   |
|   |                     | noticeable area at the program as   |
|   |                     | required.   |
| Rule: 5101:2-12-18 Ratio                    | Compliant           | Documenting Statement: Staff/child  |
|   |                     | ratios observed during the inspection   |
|   |                     | were in compliance.   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Group Size               | Compliant           | Documenting Statement: The group sizes  |
|   |                     | observed on the day of the inspection   |

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|---|
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: During the       |
| Records                       |           | inspection, attendance records were     |
|                               |           | reviewed. Child Care Staff Members were |

were in compliance.



viewed recording the attendance for each child upon arrival and departure. All attendance records met the requirements of the rule and were kept with the group at all times.

| Rule                           | Status    | Documenting Statement(s), If applicable   |
|--------------------------------|-----------|---|
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff<br>Members were supervising the children<br>and were able to intervene as needed. |

| Status    | Documenting Statement(s), If applicable   |
|-----------|---|
| Compliant | Documenting Statement: Appropriate<br>child guidance techniques and practices<br>were observed being used during the<br>inspection. |
|           |   |

| Status    | Documenting Statement(s), If applicable   |
|-----------|---|
| Compliant | Documenting Statement: There were no      |
|           | children on medication at the time of the |
|           | inspection; however, the method of        |
|           | storage and practices for the             |
|           | administration were reviewed.             |
|           |   |

| Rule   | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements | Compliant | Documenting Statement: All Child Care<br>Staff Members had verification of<br>educational requirements on file at the<br>program. |
|  |           |   |