

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 <u>http://jfs.ohio.gov/CDC/childcare.stm</u>. 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 | | Pro | ogram Type |
| CARE-A-LOT LEARNING CENTER | 000000501657 | | Chi | ild Care Center |
| Address 108 E SOUTH ST BOTKINS OH 45306 | | | | unty ELBY |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | | Maximum Under 2 ½ |
| Fire Inspection Approval Date 10/02/2018 | Food Service Risk L | evel | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection S | соре | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time 2 | L0:30 AM | End Time 12:00 PM | | |
| 01/31/2024 | | | | | |
| Reviewer: | | | | | |
| SARA DIERKSHEID | E | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 1 | 0 | 0 | 1 | |

| 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 | | 0 | 78 | 78 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 35 | 0 | 78 | 78 |

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



| MW am PreK | 4 years to < 5 years | 1 to 11 | |
|-----------------|----------------------|---------|--|
| M-R am Pre-K | 4 years to < 5 years | 1 to 11 | |
| MW am preschool | 3 years to < 4 years | 1 to 9 | |

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: 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(s) 3 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: 03/01/2024

Rules In-Compliance/Not Verified

| Status | Documenting Statement(s), If applicable |
|-----------|--|
| Compliant | Documenting Statement: The license was in a location visible to parents as required. |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | Compliant Status Compliant Status Status |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | 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 2/15/24. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Qualifications | | administrator has completed the rules |
| | | review course. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | Compilant | had current medical statements on file. |
| | | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | Documenting Statement: On the day of |
| Rule: 5101:2-12-08 Orientation | | |
| | | the inspection, all child care staff |
| Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection | | the inspection, all child care staff members had met orientation training |
| | | the inspection, all child care staff members had met orientation training requirements. |
| | | members had met orientation training |
| | Status | members had met orientation training |



| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
|-------------------------------------|-----------|---|
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |

| 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 Member |
| | | 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 |
|---|-----------|--|
| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------|-----------|---|
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 10/9/23. |

| Rule Rule: 5101:2-12-11 Outdoor Play Equipment | Status Compliant | Documenting Statement(s), If applicableDocumenting Statement: Outdoorequipment was viewed to be safe andfree of rust, sharp points, and otherhazards. |
|--|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement: The protective material used under outdoor equipment was shredded rubber. |
|--|---------------------|---|
| 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. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe environment was observed during the inspection. Children were protected from items and conditions which threaten their health, safety and well-being. |
| Dula | Status | |
| Rule Rule: 5101:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement(s), If applicableDocumenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. |
| Dula | Status | Documenting Statement(c) If applicable |
| Rule Rule: 5101:2-12-13 Smoke Free Environment | Status Compliant | Documenting Statement(s), If applicableDocumenting Statement: No smoking was allowed on the premises, and the notice stating that smoking is prohibited was observed posted in a conspicuous place. |
| Dula | Chatura | |
| Rule Rule: 5101:2-12-15 Child Medical and Enrollment Records | Status Compliant | Documenting Statement(s), If applicableDocumenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records were complete, as required by the rule. |
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: In review of 25% of the records, at the time of the inspection, children's medical statements |



| | | were complete and on file, as required the rule. | by |
|--|--|--|----|
|--|--|--|----|

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | | had current information on the medical status and the required treatment plan |
| | | for the children with health conditions. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were 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 |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The program |
| Communicable Disease | | staff stated parents were informed when |
| | | their child had any exposure to a |
| | | contagious illness by number(s) 1 below: |
| | | 1. A posted notice; |
| | | 2. Verbal communication; |
| | | 3. A written notice sent home; |
| | | 4. A note posted on the classroom door; |
| | | 5. Other []. |
| | | |



| Status | Documenting Statement(s), If applicable |
|-----------|---|
| Compliant | Documenting Statement: The |
| | requirements for completing JFS 01299 |
| | "Incident/Injury Report For Child Care" |
| | reports were discussed during the |
| | inspection. |
| | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: The program's written disaster plan was reviewed during 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. |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the inspection, developmentally-appropriate practices were observed in the classroom(s). |

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | | equipment was observed in all categories. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program was operating within their license capacity limits. |

| 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. |



| Status Compliant | Documenting Statement(s), If applicable |
|---------------------|--|
| | |
| Compliant | |
| | Documenting Statement: The group sizes observed on the day of the inspection |
| | were in compliance. |
| Chatara | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: During the inspection, attendance records were |
| | reviewed. Child Care Staff Members were |
| | 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. |
| Status | Documenting Statement(s), If applicable |
| | Documenting Statement: Child Care Staff |
| | Members were supervising the children |
| | and were able to intervene as needed. |
| Charles | |
| | Documenting Statement(s), If applicable Documenting Statement: Appropriate |
| Compliant | child guidance techniques and practices |
| | were observed being used during the |
| | inspection. |
| | |
| | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: All Child Care |
| | Staff Members had verification of |
| | educational requirements on file at the program. |
| | |
| | Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant |