

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 http://jfs.ohio.gov/CDC/childcare.stm. 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 | ails | |
|---|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| LITTLE MISS & MISTER INC | 000000501792 | | Child Care Center |
| Address 5776 HARVEST LANE TOLEDO OH 43623 | | | County LUCAS |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 05/24/2023 | Food Service Risk L | evel | |

| | Inspection Information | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 12/08/2023 | Begin Time 9 | 0:00 AM | End Time 1:30 PM | |
| Reviewer: | Reviewer: | | | |
| Maribeth Tercha | | | | |
| | Summary of Findings | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 3 | 0 | 1 | 2 |

| 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) | | 2 | 0 | 2 | |
| Young Toddler | | 10 | 0 | 10 | |
| Total Under 2 ½ Years | 55 | 12 | 0 | 12 | |
| Older Toddler | | 18 | 0 | 18 | |
| Preschool | | 13 | 0 | 13 | |
| School Age | | 14 | 0 | 14 | |
| Total Capacity/Enrollment | 117 | 45 | 0 | 57 | |

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

| Infant I | 12 months to < 18 months | 1 to 6 | |
|--------------|--------------------------|---------|-----------------|
| Toddler I | 18 months to < 30 months | 1 to 4 | |
| Toddler II | 18 months to < 30 months | 2 to 10 | |
| Preschool II | 3 years to < 4 years | 1 to 11 | Preschool rooms |
| | | | combined during |
| | | | the inspection |

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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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Moderate Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in numbers 7, 14, 18 below:

1. No plan was on file.

(Page 1)

2. Child's name was missing.

- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.

- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/13/2024

Low Risk Non-Compliances

Domain: 08 Staff Files

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

Code: 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: 01/13/2024

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child

Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number 8 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other []

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 |
|---|-----------------------------------|-----------|---|
| l | Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | | in a location visible to parents as |
| | | | required. |

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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 Current | Compliant | Documenting Statement: The program |
| Information | | had current information entered in the |
| | | Ohio Child Licensing and Quality System |
| | | (OCLQS). |
| | | (, , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | Compilant | |
| Requirements | | |
| Dula | Chahua | Desume outing Chatamagnt(a) If a mulicable |
| 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 | 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 5/24/24 |
| | | new me inspection by 3/24/24 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | Compliant | license was observed posted. Following is |
| Requirements | | , |
| | | the audit number and date of expiration: |
| | | JTUK CC4UM5 and 3/1/24 |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| | | |
| 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. |
| | | 1011011 0001001 |
| | l | <u> </u> |
| 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 |
| | | meet with parents were posted in a |
| | | noticeable location. |

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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | Compliant | have been made to the written policies |
| Tolleres and Procedures | | and procedures since it was last approved |
| | | by this Department. |
| | | by this bepartment. |
| | 1 | |
| 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 |
| Rule: 5101:2-12-08 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | | the inspection, all child care staff |
| | | members had met orientation training |
| | | requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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. |
| | | , , |
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| 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 | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: At the time of |
| Development Requirements | Compilant | the inspection, all child care staff |
| Development Requirements | | members had completed the required |
| | | amount of professional development |
| | | training. |
| | | u anning. |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Indoor Space | Compliant | Documenting Statement: The restrooms |
| Requirements | | are used exclusively by the program. |
| <u>. </u> | • | |

| Beginning! | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | · | playground inspections were completed |
| · | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 12/6/23. |
| | | , _, _, _, |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: All equipment in |
| Equipment | | the outdoor play space was observed to |
| _qa.pe | | be anchored and stable. |
| | | be unioned and stable. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | Compilant | material used under outdoor equipment |
| 251163 | | was mulch. |
| | | was materi. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| naic. 3101.2 12 12 3aic Equipment | Compilant | observed to be in good condition. |
| | | observed to be in good condition. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| Naic. 5101.2 12 12 5aic Liviloimicit | Compliant | supplies were viewed stored out of the |
| | | reach of children. |
| | | reaction children. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | Compilant | inspection, the equipment was observed |
| Equipment and Environment | | clean and in good repair. |
| | | clean and in good repair. |
| | | L |
| Pulo | Ctatus | Documenting Statement/s) If applicable |
| Rule F101-2-12-12 Handwashing | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as |
| | | required by the rule. |
| | | |
| | | |

| Beginning! | | |
|---------------------------------------|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: No smoking was |
| Environment | | allowed on the premises, and the notice |
| | | stating that smoking is prohibited was |
| | | observed posted in a conspicuous place. |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The form(s) |
| Field Trip Procedures | ' | used by the program for routine and/or |
| | | field trips were verified to meet the |
| | | requirements of the rule. |
| | | requirements of the rule. |
| | <u>I</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | the inspection, the complete prescribed |
| and General Emergency Fran | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | posted in the program as required. |
| | L | |
| 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. |
| | | 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. |
| | | mst did kits available as required. |
| | ı | |
| 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. |
| | | and parents. |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The program |
| Communicable Disease | | staff stated parents were informed when |
| Communicable Disease | | their child had any exposure to a |
| | | · · |
| | | contagious illness by number 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 []. |
|--|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury Reporting | 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. |
| | | D :: C: |
| Rule: 5101:2-12-17 Daily Schedule | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Daily schedules were observed posted. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. |
| Rule | Status | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding daily outdoor play were discussed. |
| Pods | Chahara | Decomposition Chales and all If any limited |
| Rule: 5101:2-12-18 License Capacity | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program was operating within their license capacity limits. |
| D. I. | Chatana | |
| Rule: 5101:2-12-18 Ratio | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, enough Child Care Staff Members were employed to meet the staff/child ratios. |
| 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 | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| Nuic. 3101.2 12 13 Group 3/20 | | observed on the day of the inspection |
| | | were in compliance. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance Records | 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. |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: During the |
| | | inspection, child care staff were observed |
| | | meeting the basic needs of all children |
| | | assigned to the group. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate |
| | | child guidance techniques and practices |
| | | were observed being used during the |
| | | inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were |
| Naic. 3101.2 12 20 Cots and Napping | Compliant | placed appropriately and safely during |
| | | nap time. |
| | | Tiop time. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were |
| | | separated from the play space by a safe |
| | | and sturdy and physical barrier. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| Compliant | Documenting Statement: The menu was posted kitchen. |
|-----------|--|
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding fluid milk were discussed. |
| Ctatus | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: Food was stored in a safe and sanitary manner. |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: Appropriate daily written records for all infants were viewed. |
| 1.0. | |
| Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding infant bottle and food preparation were discussed. |
| 1. | |
| Compliant | Documenting Statement(s), If applicable Documenting Statement: Appropriate diaper changing procedures were observed during the inspection in the toddler room. |
| | |
| Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding administering medication, food supplements and medical foods were discussed. |
| | Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant |