

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 | | Pro | ogram Type |
| QUALITY TIME CHILD CARE INC. | 000000502640 | | Chi | ild Care Center |
| Address 2315 DORR STREET TOLEDO OH 43607 | | | | unty CAS |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | | Maximum Under 2 ½ |
| Fire Inspection Approval Date 07/19/2023 | Food Service Risk L | evel | | |

| | Inspection Information | | | |
|-------------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 09/28/2023 | Begin Time S | 0:00 AM | End Time 12:15 PM | |
| Reviewer: | | | | |
| Maribeth Tercha | | | | |
| 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 |

| 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 | 81 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 37 | 0 | 37 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 81 | 37 | 0 | 37 |

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



| Preschool 3-4 Year Olds | 3 years to < 4 years | 1 to 7 | |
|-------------------------|----------------------|--------|--|
| Preschool 4 year olds | 4 years to < 5 years | 1 to 6 | |
| Preschool 3 year olds | 3 years to < 4 years | 1 to 6 | |
| Preschool (Hope) | 4 years to < 5 years | 1 to 7 | |

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: 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 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 | i. |
|--|----|
| of this rule. | |

Corrective Action Plan Due: 10/28/2023

Low Risk Non-Compliances

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 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 numbers 4, 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 |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | Compliant | in a location visible to parents as |
| | | |
| | | required. |
| | | |
| 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). |
| | | (00203). |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| 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 7/19/24 |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |



| | | the audit number and date of expiration: NFRY 9LXN4E and 3/1/24 |
|---|--|--|
| 1 | | |

| 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. Sent information about |
| | | refresher course. |

| 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. |

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | | have been made to the written policies and procedures since it was last approved by this Department. |

| 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: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding staff medical statements were discussed. |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | Documenting Statement: On the day of the inspection, all child care staff members had met orientation training requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| | Rule | Status | Documenting Statement(s), If applicable |
|---|------------------------------------|-----------|--|
| | Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| l | 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 | Compliant | Documenting Statement: At the time of |
| Development Requirements | | the inspection, all child care staff |
| | | members had completed the required |
| | | amount of professional development |
| | | training. |
| | | |

| Documenting Statement(s), If applicable |
|---|
| Documenting Statement: The restrooms |
| are used exclusively by the program. |
| |

| 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: Outdoor play |
| Requirements | | was not observed due to weather |
| | | conditions however, the quarterly |
| | | playground inspections were discussed |
| | | and documentation was on file, as |
| | | required. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------|-----------|--|
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: The outdoor |
| Equipment | | play space and equipment were not |
| | | viewed during this inspection due to rain; |
| | | however, the requirements were |
| | | discussed. |
| | | |

| 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 mulch. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Status Compliant | |
|---------------------|--|
| Compliant | Documenting Statement(s), If applicable |
| compliant | Documenting Statement: Cleaning supplies were viewed stored out of the reach of children. |
| Status | Documenting Statement(s), If applicable |
| | Documenting Statement: During the |
| | inspection, the equipment was observed clean and in good repair. |
| Status | Decumenting Statement(c) If applicable |
| | Documenting Statement(s), If applicable Documenting Statement: Children were |
| Compliant | viewed washing their hands, as required by the rule. |
| Status | Documenting Statement(s), If applicable |
| | Documenting Statement: A notice was |
| | observed posted stating that smoking is prohibited at the program. |
| Status | Documenting Statement(s), If applicable |
| | Documenting Statement: The program |
| | had current information on the medical status and the required treatment plan for the children with health conditions. |
| Status | Documenting Statement(s), If applicable |
| 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. |
| | |
| Status | Documenting Statement(s), If applicable |
| 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 | 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 | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
| | | |
| 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: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding daily outdoor play were |
| | | discussed. |
| | | |
| | Chatura | Documenting Statement(s), If applicable |
| Rulo | | Documenting statement(s), if applicable |
| Rule Rule: 5101:2-12-18 License Capacity | Status Compliant | |
| Rule Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: 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 were in compliance. |
| Dula | Chabus | Decumenting Statement(s) If englishing |
| Rule: 5101:2-12-18 Attendance Records | Status Compliant | Documenting Statement(s), If applicableDocumenting 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. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement(s), in applicable 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(s), in applicable Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection. |
| | | |
| Rule: 5101:2-12-20 Cots and Napping | Status Compliant | Documenting Statement(s), If applicableDocumenting Statement: Cots wereplaced appropriately and safely duringnap time. |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu was |
| Requirements | | posted in kitchen. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Fluid Milk | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the requirements of the rule |
| | | regarding fluid milk were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food | Compliant | Documenting Statement: Food was stored |
| Handling/Storage | | in a safe and sanitary manner. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration | | had complete written documentation for |
| | | administering medication or food |
| | | supplements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
| | - | |
| | | |