

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 | ils | |
|------------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Trumpet Behavioral Health | 2170016286 | | Child Care Center |
| | | | |
| Address | | | County |
| 1750 Commerce Center Blvd Fairbron | | | GREENE |
| ОН | | | |
| 45324 | | | |
| | | * | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | E | 200 | 0 |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 02/21/2024 | Exempt | | |

| | Insp | ection Information | | |
|---------------------------------------|--------------------------------|--------------------|----------------------------------|--------------|
| Inspection Type Annual | Inspection Se Full | cope | Inspection Notice Unannounced | |
| Inspection Date 02/13/2025 | Begin Time 1:45 PM | | End Time 3:00 PM | |
| Inspection Date 02/13/2025 Reviewer: | Begin Time 1:45 PM | | End Time 3:00 PM | |
| Ashley Chiles Reviewer: MARGARET CONF | RAD | | | |
| | Su | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|-----------|-----------|----------|
| Age Group | License Capacity | | Enr | rollment |
| | 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 | | 5 | 0 | 5 |
| School Age | | 13 | 0 | 13 |
| Total Capacity/Enrollment | 154 | 18 | 0 | 18 |



| | Staff-Child Ratios at the Time of Inspection | | |
|--------------|--|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Purple/Green | Mixed Age Group | 2 to 4 | |
| Purple/Green | Mixed Age Group | 2 to 4 | |
| Pink/orange | School-Age to < 11 years | 2 to 4 | |
| Pink/orange | School-Age to < 11 years | 2 to 4 | |
| Blue Room | School-Age to < 11 years | 2 to 1 | |
| Blue Room | Mixed Age Group | 2 to 1 | |
| Violet | School-Age to < 11 years | 2 to 3 | |
| Violet | School-Age to < 11 years | 2 to 3 | |
| ELP | Mixed Age Group | 5 to 5 | |
| ELP | Mixed Age Group | 5 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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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Moderate Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5180:2-12-09 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 4 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: 03/16/2025

Domain: 09 Children's Files

Rule: 5180:2-12-15 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 number 1 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: 03/16/2025



Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5180:2-12-02 Current Information

Code: The rule requires the program to keep their information current in OCLQS.

<u>Finding</u>: During the inspection, it was determined the information in number 7 below was not up to date in the Ohio Child Licensing and Quality System (OCLQS):

- 1. Mailing address
- 2. Telephone number
- 3. Email address
- 4. Days and hours of operation
- 5. Services offered
- 6. Name of program
- 7. Private pay rates

Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

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 5 b & c 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: 03/16/2025

Domain: 08 Staff Files

Rule: 5180:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

- 1. The child care staff members had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [].

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

Corrective Action Plan Due: 03/16/2025

Domain: 10 Written Policies & Procedures

Rule: 5180:2-12-16 Written Disaster Plan



<u>Code</u>: The program is required to train child care staff members and employees on the written disaster plan annually and keep written documentation of the training on-site.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in number 1 below:

- 1. Child care staff members and employees were not trained annually.
- 2. Written documentation of the training was not kept on file.

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

Corrective Action Plan Due: 03/16/2025

Rules In-Compliance/Not Verified

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|----------------------------------|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department | Compliant | |
| Inspection | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection | Compliant | |
| * | 39 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service | Compliant | |
| Requirements | ** | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Qualifications | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and | Compliant | bocamenting statement(s), if applicable |
| ■ | Compliant | |
| Suspension | | |
| | , | , |
| 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 | Compliant | g control (c), it approach |
| Policies and Procedures | Compliant | |
| Folicies and Procedures | 1 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & | Compliant | э э э э э э э э э э э э э э э э э э э |
| Whistle Blower Protection | Compilant | |
| Whistie Blower Protection | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | 8 |
| Requirements | Compilant | |
| Requirements | | |
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| 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 | Compliant | 0 (1) |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Control Contro | 0 - January |



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| Rule: 5180:2-12-11 Outdoor Play Fall | Not Verified | Documenting Statement: The protective |
| Zones | | surfaces under the outdoor equipment |
| | | were not viewed during this inspection |
| | | due to rain; muddy conditions however, |
| | | |
| | | the requirements were discussed. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| The Control of the Co | | 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 | , , , |
| | Somphant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | L. | |
| D. L. | [C | D |
| 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 | Bootamenting Statement(5), it approaches |
| | Compliant | |
| General Emergency Plan | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | 1 | for completed fire, weather, and |
| | | 10 and 10 |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | Somphanic | |
| 1 recautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of | Compliant | |
| Communicable Disease | s and a company • manufacture 2000 to a | |
| | | |
| 2.1 | | |
| 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 |
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| 5180:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | |
| | | |
| Pule | Ctatus | Decumenting Statement/s) If applicable |
| Rule 5180:2-12-18 Attendance Records | Status Compliant | Documenting Statement(s), If applicable |
| 3180.2-12-18 Attendance Records | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
| · | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | bocumenting statement(s), ii applicable |
| 3100.2 12 10 Electrise cupacity | Compilant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | 3 (2 1) |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Compliant | bookinenting statement(3), it applicable |
| Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | <i>5</i> |
| Handling/Storage | 3 | |
| <u> </u> | | ' |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
|--------------------------------------|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |