

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 |
| Right At School at Applewood Elementary | 2180018189 | | Child Care Center |
| Address 3891 Applewood Drive Brunswick OH 44212 | | | County MEDINA |
| Building Approval Date | Use Group/Code NA | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L Level III | evel | |

| Inspection Information | | | | |
|------------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Se | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 10/15/2021 | Begin Time 3 | 3:30 PM | End Time 4:45 PM | |
| Reviewer: PATRICIA REMINGTON | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 6 | 0 | 0 | 6 |

| 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 | 0 | 0 |
| School Age | | 0 | 13 | 13 |
| Total Capacity/Enrollment | 36 | 0 | 13 | 13 |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|--------------------------|---------|--|--|
| Group Age Group/Range Ratio Observed Comment | | | | |
| School age | School-Age to < 11 years | 2 to 12 | | |



| School age School-Age to < 2 | 1 years 2 to 9 |
|------------------------------|----------------|
|------------------------------|----------------|

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

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

Domain: 05 Health & Safety

Rule: 5101:2-12-16 First Aid/Standard Precautions

Code: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined the program was missing required items listed in appendix A of this rule, that are to be contained in a first aid kit, as noted in number(s) 9 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).
- 18. The program did not have a system to replace items as they were used, expired, damaged or sterile packages were opened.

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.

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 2.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test
- 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 4a;
- 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: 11/28/2021

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

Code: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 1,5,18 below:

- 1. First Aid child care staff members scheduled during the hours of 7-9am and 3:30-6 had expired training
- 2. First Aid child care staff members scheduled during the hours of [] and [] had not taken First Aid training
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. First Aid child care staff member scheduled during the hours of [] and [] did not have verification of completion of First Aid
- 5. CPR child care staff members scheduled during the hours of 7-9am and 3:30-6 had expired training
- 6. CPR child care staff scheduled during the hours of [] and [] had not taken CPR training
- 7. CPR trained child care staff member was not present in each building used by children
- 8. CPR child care staff member scheduled during the hours of [] and [] did not have verification of completion of CPR
- 9. CPR training taken by staff did not include all age groups the program serves
- 10. Communicable Disease child care staff members scheduled during the hours of [] and [] had expired training
- 11. Communicable Disease child care staff scheduled during the hours of [] and [] had not taken Communicable Disease training
- 12. Communicable Disease trained child care staff member was not present in each building used by the program
- 13. Communicable Disease child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full Communicable Disease training

- 14. Child Abuse child care staff members scheduled during the hours of [] and [] had expired training
- 15. Child Abuse trained child care staff was not in each building used by the program
- 16. Child Abuse child care staff scheduled during the hours of [] and [] had not taken Child Abuse training
- 17. Child Abuse child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full six-hour Child Abuse training
- 18. Child Abuse child care staff considered to be providing coverage had only the ODJFS prescribed Child Abuse training, which does not meet this rule compliance

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/28/2021

Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional

Registry.

<u>Finding</u>: During the inspection, it was determined employment records were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in number(s) 1 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created an employment record in the OPR for the program.
- 2. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard in the OPR.
- 3. At least one individual's schedule was not current.
- 4. At least one individual's position or role was not current.
- 5. At least one individual's employment had not been end dated.
- 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: 11/28/2021

Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Qualifications

<u>Code</u>: The program is required to maintain a qualified administrator.

<u>Finding</u>: During the inspection, it was determined the program did not have a qualified administrator as noted in number(s) 4 below:

- 1. There is no qualified administrator
- 2. The appointed administrator's CDA has expired
- 3. The appointed administrator's CPL no longer meets qualifications
- 4. Other, no qualified administrator in the OCLQS system

Submit additional documentation of education qualifications/experience as outlined in Appendix A of this rule, or a new individual must be appointed and documentation submitted. To name a new administrator, an administrator amendment must be submitted through the licensing system, OCLQS. Submit the program's corrective action plan, which includes documents to support qualifications for the newly requested administrator, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/28/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Orientation and Staff Records

<u>Code</u>: The program is required to have staff complete the online staff orientation training.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number(s) 1 below:

- 1. Within 30 days of starting employment at the program as a child care staff member.
- 2. No documentation of completing the training after December 31, 2016.

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

Corrective Action Plan Due: 11/28/2021

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack | Compliant | Booking statement(J), it applicable |
| | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | <u> </u> |
| Communicable Disease | | |
| Communicable Disease | | I |
| Dulo | Ctatus | Decumenting Statement/s) If applicable |
| Rule 5404 2 42 42 5 44 5 44 | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| · | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | bocumenting statement(s), it applicable |
| J101.2-12-10 Written Disaster Flan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-12-04 Food License | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| 3101.2 12 10 License capacity | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | Boodinenting statement(s), it approasts |
| Requirements | Compilant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | bocamenting statement(3), ii applicable |
| 3101.2 12 10 Emergency Dims | Compliant | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | , , , , , , , , , , , , , , , , , , , |
| Equipment | | |
| _40.6 | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | Boodinenting statement(s), it approasts |
| 3101.2 12 11 Odtagor Flay Equipment | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | 0 (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
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| Pulo | Status | Documenting Statement/s) If and itself |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-15 Child Medical and | Compliant | |
|--------------------------------------|-----------|---|
| | Compliant | |
| Enrollment Records | <u> </u> | |
| D. J. | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | Documenting Statement(s), it applicable |
| Plans | Compliant | |
| Fidits | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | Documenting Statement(s), it applicable |
| 5101:2-12-11 Separation of Children | Compilant | |
| Under 2 1/2 Years | | |
| Pula | Ctatus | Decumenting States and All forming his |
| Rule 5101:2-12-10 Professional | Status | Documenting Statement(s), If applicable |
| | Compliant | |
| Development Requirements | | |
| D. J. | Chahara | Danish a Chata and A Mills III and |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| Dulo | Ctatus | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| Dula | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | bocamenting statement(3), if applicable |
| 3101.2 12 10 Natio | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration and Food Supplements | Joniphane | |
| , animistration and rood supplements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | bocamenting statement(3), if applicable |
| Requirements | Compilant | |
| requirements | 1 | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
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