

# **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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      |
| The Nest Schools State        | 2180018482           |                 | Child Care Center |
|                               |                      |                 |                   |
| Address                       |                      |                 | County            |
| 600 N. State St. Westerville  |                      |                 | FRANKLIN          |
| OH 43082                      |                      |                 |                   |
|                               |                      |                 |                   |
|                               |                      |                 |                   |
| Building Approval Date        | Use Group/Code       | Occupancy Limit | Maximum Under 2 ½ |
| 12/20/2007                    | Ē                    | Room            | Room              |
| Fire Inspection Approval Date | Food Service Risk Le | evel            |                   |
| 08/08/2018                    | Level III            |                 |                   |

|                            | Insp                           | ection Information |                   |              |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type            | Inspection S                   | cope               | Inspection Notice |              |
| Annual                     | Full                           |                    | Unannounced       |              |
| Inspection Date 09/28/2022 | Begin Time 8                   | 3:30 AM            | End Time 2:20 PM  |              |
| Reviewer:                  | ,                              |                    |                   |              |
| Bradie McAfee              |                                |                    |                   |              |
|                            | Su                             | mmary of Findings  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                         | 9                              | 0                  | 2                 | 8            |

| Li                        | cense Capacity ar | nd Enrollme | ent at the Time of In | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group                 | License Capacity  |             | Enr                   | ollment  |
|                           | Totals            | Full Time   | Part Time             | Total    |
| Infant ( Birth to < 18 m) |                   | 10          | 0                     | 10       |
| Young Toddler             |                   | 16          | 0                     | 16       |
| Total Under 2 ½ Years     | 100               | 26          | 0                     | 26       |
| Older Toddler             |                   | 8           | 2                     | 10       |
| Preschool                 |                   | 14          | 0                     | 14       |
| School Age                |                   | 9           | 0                     | 9        |
| Total Capacity/Enrollment | 166               | 31          | 2                     | 59       |

| S     | taff-Child Ratios at the Time of Ins | pection        |         |
|-------|--------------------------------------|----------------|---------|
| Group | Age Group/Range                      | Ratio Observed | Comment |

| Hummingbirds | 0 to < 12 months         | 1 to 2  |   |
|--------------|--------------------------|---------|---|
| Hummingbirds | 0 to < 12 months         | 1 to 4  |   |
| Ducklings 1  | 12 months to < 18 months | 1 to 4  |   |
| Ducklings 1  | 12 months to < 18 months | 1 to 5  |   |
| Ducklings 2  | 18 months to < 30 months | 1 to 4  |   |
| Ducklings 2  | 18 months to < 30 months | 2 to 10 | Combined w/Cardinals 1 and 2                    |
| Cardinals 1  | 18 months to < 30 months | 1 to 6  |   |
| Cardinals 1  | 18 months to < 30 months | 2 to 10 | Combined with<br>Ducklings 2 and<br>Cardinals 1 |
| Cardinals 2  | 30 months to < 36 months | 1 to 7  |   |
| Cardinals 2  | 18 months to < 30 months | 2 to 10 | Combined with<br>Ducklings and<br>Cardinals 1   |
| Penguins     | 3 years to < 4 years     | 2 to 11 | Combined with Robins                            |
| Penguins     | 3 years to < 4 years     | 1 to 10 | Combined with<br>Pelicans and<br>Robins         |
| Penguins     | 3 years to < 4 years     | 1 to 11 | Combined with Robins                            |
| Robins       | 3 years to < 4 years     | 2 to 11 |   |
| Robins       | 3 years to < 4 years     | 1 to 10 | Combined with<br>Penguins and<br>Pelicans       |
| Robins       | 3 years to < 4 years     | 1 to 11 | Combined with<br>Penguins                       |
| Pelicans     | School-Age to < 11 years | 1 to 3  |   |
| Pelicans     | 3 years to < 4 years     | 1 to 10 | Combined with<br>Robins and<br>Pelicans.        |

## **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

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## **Moderate Risk Non-Compliances**

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or has written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication or medical food that is not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" or a prescription topical product to a child as noted in number 19 below:

- 1. No JFS 01217 "Request for Administration of Medication for Child Care" was on file.
- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
- 4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217.
- 7. The time to administer was missing on the JFS 01217.
- 8. The time period to administer was missing on the JFS 01217.
- 9. The medication's expiration date was missing on the JFS 01217.
- 10. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 11. Physician instructions were missing on the JFS 01217.
- 12. Possible side effects were missing on the JFS 01217.
- 13. Physician's dated signature was missing on the JFS 01217.
- 14. Physician's phone number was missing on the JFS 01217.
- 15. Date medication was administered was missing on the JFS 01217.
- 16. Time medication was administered was missing on the JFS 01217.
- 17. Dosage administered was missing on the JFS 01217.
- 18. Staff member's signature was missing on the JFS 01217.
- 19. A prescription label was not attached to the prescription medication.
- 20. The medication or product, [ ], was not brought to the program in its original container.
- 21. Parent instructions conflict with either the manufacturer or physician instructions.



Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/28/2022

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. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in numbers 7, 10, 11 and 20 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.

- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. 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.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

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: 10/28/2022

#### Low Risk Non-Compliances

#### Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program staff is required to supervise children in their assigned group by sight and hearing. Supervision includes being near enough to respond and reach children immediately including responding to the child's basic needs and protecting them from harm.

<u>Finding</u>: During the inspection, it was determined that children were not being properly supervised as noted in number 4 below:

- 1. Child(ren) were not within both sight and hearing of a child care staff member during indoor play.
- 2. Child(ren) were not within both sight and hearing of a child care staff member during outdoor play.
- 3. Child(ren) were not within both sight and hearing of a child care staff member more than once.
- 4. Staff were not physically present in the space and near enough to respond and reach the child(ren) immediately.
- 5. Other: [ ].

Children must be supervised according to rule and within both sight and hearing of a child care staff member at all times. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/28/2022



#### Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 2 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The original attendance documentation was not kept at the program for a period of one year.

Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/28/2022

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

Code: The program is required to provide nonskid rugs and correct any floor hazard that may be unsafe.

<u>Finding</u>: During the inspection, it was determined that the program had area rugs that were lifting in the corners and carpeting that was not flat causing tripping hazards. A walking surface that is not hazardous to children must be maintained at the program. 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: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: The program is required to post the current weekly menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

<u>Finding</u>: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number 5 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program is required to provide clean sheets for all cribs that are not too large or too small for the crib.

<u>Finding</u>: During the inspection, it was determined that sheets did not meet the rule requirement as noted in number 2 below:

- 1. At least one crib did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. At least one sheet was torn.
- 5. Crib sheets were not clean.

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 3bc.

- 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: 10/28/2022

#### **Domain: 08 Staff Files**

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

<u>Finding</u>: In review of the staff records, it was determined that medical examination statement(s) on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/28/2022

#### **Domain: 08 Staff Files**

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training before they are permitted to have sole responsibility of children.

<u>Finding</u>: During the inspection, it was determined that Child Care Staff Member(s) listed on the Employee Record Chart had sole responsibility of children and had not completed the online orientation, as required by this rule. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/28/2022

## Rules In-Compliance/Not Verified

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted      | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection          | Compliant |   |
| Requirements                     | F         |   |
|                                  | *         |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant |   |
| Inspection                       |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection     | Compliant |   |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |

| 5101:2-12-04 Food Service<br>Requirements                        | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator<br>Qualifications                     | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator Responsibilities/Requirements         | Compliant           | Documenting statement(s), if applicable     |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Written Program Policies and Procedures             | Compliant           | became rang statement(a), it appreads       |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Child Care Staff Member<br>Educational Requirements | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-09 Background Check<br>Requirements                    | Compliant           | becamenting statement(s), it applicable     |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-10 Health Training<br>Requirements                     | Compliant           | became neing statement(s), it approasts     |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-10 Professional Development Requirements               | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space<br>Requirements                        | Compliant           | Decamenting statement (a), in approach      |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years         | Compliant           | bocumenting statement(s), if applicable     |
| Dis  |                     | D () If II II                               |
| Rule 5101:2-12-11 Outdoor Space Requirements                     | Status<br>Compliant | Documenting Statement(s), If applicable     |
| Dula   | Chatrin             | Decomposition Chateman (A) If any live Live |
| Rule 5101:2-12-11 Outdoor Play Equipment                         | Status<br>Compliant | Documenting Statement(s), If applicable     |
| Rule   | Status              | Documenting Statement(s), If applicable     |

| 5101:2-12-11 Outdoor Play Fall Zones  | Compliant |   |
|---------------------------------------|-----------|---|
| <u> </u>                              |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment           | Compliant |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and   | Compliant | Documenting Statement(s), if applicable |
| Environment                           | Compilant |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing              | Compliant |   |
| Requirements                          |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free               | Compliant |   |
| Environment                           |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant |   |
| Trip Procedures                       | *         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver  | Compliant |   |
| Requirements                          |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Compliant |   |
| Requirements                          |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and        | Compliant |   |
| Enrollment Records                    |           |   |
| 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 |
| 5101:2-12-16 Emergency Drills         | Compliant |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard       | Compliant |   |
| Precautions                           |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |

| Stolit-2-12-16 Management of Compliant   Compliant   |
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| Status   Documenting Statement(s), If applicable   |
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| Rule Status Documenting Statement(s), If applicable  Find: 2-12-17 Daily Outdoor Play Compliant  Rule Status Documenting Statement(s), If applicable  Find: 2-12-18 License Capacity Compliant  Rule Status Documenting Statement(s), If applicable  Find: 2-12-18 Ratio Compliant  Rule Status Documenting Statement(s), If applicable  Find: 2-12-18 Ratio Compliant  Rule Status Documenting Statement(s), If applicable  Find: 2-12-18 Group Size Compliant  |
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| Rule  Status  Documenting Statement(s), If applicable  Status  Compliant   |
| Rule  Status  Documenting Statement(s), If applicable  Status  Compliant   |
| Rule  Status  Documenting Statement(s), If applicable  Status  Compliant   |
| Rule 5101:2-12-18 License Capacity  Compliant  Rule 5101:2-12-18 Ratio  Documenting Statement(s), If applicable  Compliant  Rule 5101:2-12-18 Ratio  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Compliant  Rule 5101:2-12-18 Group Size  Compliant  |
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| 5101:2-12-19 Child Guidance Compliant  |
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| Rule Status Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping Compliant  |
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| Rule Status Documenting Statement(s), If applicable  |
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| 5101:2-12-22 Fluid Milk Requirements   Compliant   |
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| Rule Documenting Statement(s), If applicable   |
| 5101:2-12-22 Safe Food Compliant   |
|  |
| Handling/Storage   |



| Rule                                   | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-12-23 Infant Daily Care         | Compliant           |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| Rule 5101:2-12-23 Diapering and Toilet | Status<br>Compliant | Documenting Statement(s), If applicable |