

# **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        | ails            |                      |
|--|---------------------|-----------------|----------------------|
| Program Name                                       | Program Number      |                 | Program Type         |
| MIAMI VALLEY CDC-FINDLAY                           | 2180018931          |                 | Child Care Center    |
| Address<br>50 S. FINDLAY STREET Dayton<br>OH 45403 |                     |                 | County<br>MONTGOMERY |
| Building Approval Date                             | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½    |
| 12/17/2018   | 1-4                 | 42              | 25                   |
| Fire Inspection Approval Date                      | Food Service Risk L | evel            | ·                    |
| 10/23/2023   | Level II            |                 |                      |

|                            | Insp                           | ection Information |                   |              |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope               | Inspection Notice |              |
| Annual                     | Full                           |                    | Unannounced       |              |
| Inspection Date 12/06/2023 | Begin Time 9                   | :25 AM             | End Time 11:30 AM |              |
| Reviewer:                  |                                |                    |                   |              |
| Carlie Bennett             |                                |                    |                   |              |
|                            | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                         | 4                              | 0                  | 0                 | 4            |

| Li                        | cense Capacity ar | nd Enrollme | ent at the Time of Ir | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group                 | License Capacity  |             | Enr                   | rollment |
|                           | Totals            | Full Time   | Part Time             | Total    |
| Infant (Birth to < 18 m)  |                   | 1           | 0                     | 1        |
| Young Toddler             |                   | 7           | 0                     | 7        |
| Total Under 2 ½ Years     | 42                | 8           | 0                     | 8        |
| Older Toddler             |                   | 0           | 0                     | 0        |
| Preschool                 |                   | 8           | 0                     | 8        |
| School Age                |                   | 0           | 0                     | 0        |
| Total Capacity/Enrollment | 42                | 8           | 0                     | 16       |

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

| Ruby        | 2 to 6 | Ruby & Sapphire  |
|-------------|--------|------------------|
|             |        | groups were      |
|             |        | combined at both |
|             |        | ratio checks     |
| Preschool A | 2 to 7 | At both ratio    |
|             |        | checks           |

### **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  |
|---|
| Serious hisk tron compliances   |
| No Serious Risk Non-Compliances were observed during this inspection  |
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| <u>L</u>  |
|   |
|   |
| Moderate Risk Non-Compliances   |
|   |
| No Moderate Risk Non-Compliances were observed during this inspection |
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#### **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to refrain from placing indoor swings, slides, climbers, and climbing apparatus directly over a hard surface. Shock absorbent protective covering, intended to be a fall surface per manufacturer's guidelines, shall be placed and used under the equipment.

<u>Finding</u>: During the inspection, it was determined that indoor swings, slides, climbers, and climbing apparatus did not have required shock absorbent protective covering under and around the equipment as noted in number(s) 1 below:

- 1. A shock absorbent protective covering was not used.
- 2. The mats were not at least one and one-half inches thick for equipment over three feet high.
- 3. The mats were not used according to the manufacturer's guidelines.
- 4. Other

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

Corrective Action Plan Due: 01/05/2024

### **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-12-11 Outdoor Play Equipment

<u>Code</u>: The program is required to provide equipment that does not pose a safety risk and must follow the manufacturer's guidelines for assembling, installing and using the equipment.

<u>Finding</u>: During the inspection, it was determined that outdoor play equipment was unsafe or not used as intended as noted in number(s) 1 below:

- 1. There was rust exposed on fencing around play area.
- 2. There were protruding bolts.
- 3. There were cracks.
- 4. There were holes.
- 5. There was splintering wood.
- 6. There were sharp edges or points.
- 7. There were lead hazards.
- 8. There were toxic substances.
- 9. There were tripping hazards.
- 10. There was chipped and/or peeling paint.
- 11. The sandbox was not covered when the program was closed or during non-daylight hours.

- 12. Outdoor equipment, [ ] was not developmentally appropriate.
- 13. Outdoor equipment, [ ], was placed in the main traffic pattern.
- 14. Outdoor play equipment, [ ], was positioned too closely together, posing a risk of injury if a child were to fall from one piece of equipment into another.
- 15. Outdoor equipment, [ ], was not securely anchored but did not present a risk of imminent danger of the structure collapsing when children are using the equipment
- 16. Outdoor equipment, [ ], was 30 inches or more from the ground and did not have a protective barrier that would prevent a child from falling off this piece of equipment.
- 17. The manufacturer's guidelines for assembly and installation were not followed for the [ ].
- 18. Functionally linked equipment was used by preschool-age children and the distance between two adjacent pieces of equipment exceeded 12 inches.
- 19. Functionally linked equipment was used by school-age children and the distance between two adjacent pieces of equipment exceeded 18 inches.

20. Other [ ].

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

Corrective Action Plan Due: 01/05/2024

#### 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 in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 5 & 6 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other:

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

Corrective Action Plan Due: 01/05/2024

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 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(s) 5b & 5c 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: 01/05/2024

## 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   | Grant State |
| 3101.2 12 02 current information     | Compilation |   |
|                                      |             |   |
| Rule                                 | Ctatus      | Desumenting Statement/s) If applicable  |
|                                      | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection              | Compliant   |   |
| Requirements                         |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department     | Compliant   |   |
| Inspection                           |             |   |
| Мересия                              |             |   |
| Rule                                 | Status      | Decumenting Statement/s) If applicable  |
|                                      |             | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Fire Inspection         | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service      | Compliant   | Documenting Statement: During the   |
| Requirements                         |             | inspection, the requirements of the rule  |
|                                      |             | regarding food service license and the  |
|                                      |             | Ohio Department of Agriculture were   |
|                                      |             | discussed.  |
|                                      |             | discussed.  |
|                                      |             |   |
| D 1                                  | 6           | D " C   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator           | Compliant   |   |
| Qualifications                       |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program         | Compliant   |   |
| Policies and Procedures              |             |   |
|                                      | 1           |   |
| Pulo                                 | Ctatus      | Documenting Statement(s) If applicable  |
| Rule 5101:2-12-09 Ovientation        | 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.  |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training                | Compliant        | Documenting Statement(s), it applicable  |
| Requirements                                | Compilant        |  |
| Requirements                                |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional                   | Compliant        |  |
| Development Requirements                    |                  |  |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space                   | Compliant        |  |
| Requirements                                |                  |  |
| D. J.                                       | Chahara          | Daniel Chatana ant/a) if a multiplia   |
| Rule 5101:2-12-11 Separation of Children    | Status Compliant | Documenting Statement(s), If applicable  |
| Under 2 1/2 Years                           | Compilant        |  |
| Officer 2 1/2 rears                         |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space                  | Compliant        | The second secon |
| Requirements                                | ·                |  |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones        | Compliant        |  |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment               | Compliant        | bocumenting statement(s), it applicable  |
|   | Compliant        |  |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and         | Compliant        |  |
| Environment                                 |                  |  |
| Dula  | Chahara          | Decree the Chater and the first the state of |
| Rule: 5101:2-12-13 Handwashing              | Status           | Documenting Statement(s), If applicable  Documenting Statement: Children were  |
| Rule: 5101:2-12-13 Handwasning Requirements | Compliant        | viewed washing their hands, as required  |
| Nequirements                                |                  | by the rule.   |
|   |                  |  |
|   | <u> </u>         |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free                     | Compliant        |  |
| Environment                                 |                  |  |
|   |                  |  |

| Pulo                                 | Ctatus    | Decumenting Statement(s) If and inchis     |
|--------------------------------------|-----------|--|
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-13 Toothbrushing           | Compliant |  |
| Requirements                         |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-15 Child Medical and       | Compliant | Documenting statement(s), it applicable    |
| Enrollment Records                   | Compliant |  |
| Emoliment Necords                    |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-15 Medical/Physical  | Compliant | Documenting Statement: During the          |
| Care Plans                           | Compliant | inspection, the requirements of the rule   |
| care i ians                          |           | regarding caring for children with a       |
|                                      |           | specific health condition were discussed.  |
|                                      |           | specific freath condition were discussed.  |
|                                      | •         |  |
| 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    |
| Rule: 5101:2-12-16 Emergency Drills  | Compliant | Documenting Statement: Documentation       |
|                                      |           | for completed fire, weather, and           |
|                                      |           | emergency/lockdown drills was verified     |
|                                      |           | during this inspection.                    |
|                                      |           |  |
| Dulo                                 | Ctatus    | Decumenting Statement (a) If a well-asking |
| Rule E101:2.12.16 First Aid/Standard | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-16 First Aid/Standard      | Compliant |  |
| Precautions                          |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Management of           | Compliant | bocamenting statement(s), it applicable    |
| Communicable Disease                 | Compliant |  |
|                                      | l         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Incident/Injury         | Compliant | ,  |
| Reporting                            |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Written Disaster Plan   | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-17 Daily Schedule          | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-17 Materials and           | Compliant | Documenting Statement(s), It applicable    |
| Equipment                            | Compliant |  |
| Equipment                            |           |  |

| Rule                            | Status    | Documenting Statement(s), If applicable  |
|---------------------------------|-----------|--|
| 5101:2-12-17 Daily Outdoor Play | Compliant |  |
|                                 |           |  |
|                                 |           |  |
| Rule                            | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity   | Compliant |  |
|                                 |           |  |
| Doda                            | Chahara   | December 1 Chatemant   If a call a lab   |
| Rule: 5101:2 12 18 Patie        | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Ratio        | Compliant | Documenting Statement: Staff/child       |
|                                 |           | ratios observed during the inspection    |
|                                 |           | surpassed those required by the rule.    |
|                                 |           |  |
| Rule                            | Status    | Documenting Statement(s) If applicable   |
| 1.0.0                           |           | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size         | Compliant |  |
|                                 | <u> </u>  |  |
| Rule                            | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Attendance   | Compliant | Documenting Statement: During the        |
| Records                         |           | 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.                            |
|                                 |           | de dir times.                            |
|                                 |           |  |
| Rule                            | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision        | Compliant | , , , , , , , , , , , , , , , , , , ,    |
| ·                               | ·         |  |
|                                 |           |  |
| Rule                            | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance     | Compliant |  |
|                                 |           |  |
|                                 |           |  |
| Rule                            | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping   | Compliant |  |
|                                 |           |  |
| Rule                            | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs              | Compliant | Documenting Statement(s), it applicable  |
| 3101.2-12-20 CHB3               | Compliant |  |
|                                 |           |  |
| Rule                            | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack     | Compliant | Bookinstiang statement(s), it applicable |
| Requirements                    | Compliant |  |
|                                 |           |  |
|                                 |           |  |

| Rule  | Status                  | Documenting Statement(s), If applicable   |
|---|-------------------------|---|
| 5101:2-12-22 Fluid Milk Requirements  | Compliant               |   |
|   |                         |   |
|   |                         |   |
| Rule  | Status                  | 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               |   |
|   |                         |   |
| Dula  | Chahua                  | Decrees the Chatemant of the mulicity   |
| Rule  | Status                  | Documenting Statement(s), If applicable   |
| 5101:2-12-23 Infant Bottle and Food   | Compliant               |   |
| Preparation   |                         |   |
| Rule  | Status                  | Desumenting Statement(s) If applicable  |
| i Ruie  | Status                  | Documenting Statement(s), If applicable   |
| F101,2 12 22 Diamoring and Tailet   | Compliant               |   |
| 5101:2-12-23 Diapering and Toilet   | Compliant               |   |
| 5101:2-12-23 Diapering and Toilet<br>Training   | Compliant               |   |
| Training  |                         | Documenting Statement(c) If applicable  |
| Training  | Status                  | Documenting Statement(s), If applicable   |
| Training  Rule 5101:2-12-25 Medication  |                         | Documenting Statement(s), If applicable   |
| Training  | Status                  | Documenting Statement(s), If applicable   |
| Training  Rule 5101:2-12-25 Medication  | Status                  |   |
| Rule 5101:2-12-25 Medication Administration   | Status Compliant Status | Documenting Statement(s), If applicable   |
| Rule 5101:2-12-25 Medication Administration  Rule Rule: 5101:2-12-08 Child Care Staff | Status<br>Compliant     |   |
| Rule 5101:2-12-25 Medication Administration   | Status Compliant Status | Documenting Statement(s), If applicable Documenting Statement: All Child Care Staff Members had verification of   |
| Rule 5101:2-12-25 Medication Administration  Rule Rule: 5101:2-12-08 Child Care Staff | Status Compliant Status | Documenting Statement(s), If applicable Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the |
| Rule 5101:2-12-25 Medication Administration  Rule Rule: 5101:2-12-08 Child Care Staff | Status Compliant Status | Documenting Statement(s), If applicable Documenting Statement: All Child Care Staff Members had verification of   |
| Rule 5101:2-12-25 Medication Administration  Rule Rule: 5101:2-12-08 Child Care Staff | Status Compliant Status | Documenting Statement(s), If applicable Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the |