

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 Details | | | | |
|-------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| Pitter Patter Learning Center | 2190019951 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 5500 North Dixie Drive Dayton | | | MONTGOMERY | |
| OH 45414 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 04/03/2019 | E | 100 | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 04/02/2019 | Level III | | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection S | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 11/14/2023 | Begin Time | 11:00 AM | End Time 1:30 PM | |
| Reviewer: | - | | - | |
| Kathryn Koester | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 6 | 0 | 1 | 5 |

| 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) | | 6 | 0 | 6 |
| Young Toddler | | 5 | 0 | 5 |
| Total Under 2 ½ Years | 27 | 11 | 0 | 11 |
| Older Toddler | | 4 | 0 | 4 |
| Preschool | | 19 | 0 | 19 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 74 | 23 | 0 | 34 |

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

| Pre-School A | 3 years to < 4 years | 2 to 9 | Combined with |
|--------------|--------------------------|--------|---------------|
| | | | Pre-School B |
| Pre-School A | 3 years to < 4 years | 1 to 9 | Combined with |
| | *** | | Pre-school B |
| | | | during nap |
| Toddler | 18 months to < 30 months | 2 to 5 | |
| Toddler | 18 months to < 30 months | 1 to 5 | During nap |
| Infant | 0 to < 12 months | 2 to 3 | |
| Infant | 0 to < 12 months | 1 to 3 | |

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: 5101:2-12-15 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(s) 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.

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- 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: 12/14/2023

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program (bathroom) or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/14/2023

Domain: 03 Postings & Equipment

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

<u>Code</u>: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 1, 8 below:

- 1. The plan was not posted in each classroom.
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 12/14/2023

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) 14 below:

- 1. There was rust exposed.
- 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: 12/14/2023

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

Code: The program is required to complete fire drills, weather drills, and emergency/lockdown drills

appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s)

1, 2 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 12/14/2023

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 1 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/14/2023

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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|---|
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| | | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by April 28, 2024. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | Risk Level 3, Audit #9964501, Expires |
| | | March 1, 2024. |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | (// 11 |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | - Westerland | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | bocamenting statement(3), it applicable |
| 510112 12 00 Wedled Statement | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| D | Ct. t | D |
| 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 Professional | Compliant | J |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| 5101:2-12-11 Indoor Space | Compliant | |
|---|---------------------|--|
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | - | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | Compilant | material used under outdoor equipment |
| | | was wooden mulch. |
| | | |
| <u></u> | * | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | |
| Rule | Chatus | Decumenting Statement/s) If applicable |
| 5101:2-12-13 Sanitary Equipment and | Status Compliant | Documenting Statement(s), If applicable |
| Environment | Compilant | |
| Liviloiment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Children were |
| Requirements | | viewed washing their hands, as required |
| | | by the rule. |
| | | |
| | | |
| Rule 5101:2-12-13 Smoke Free | Status | Documenting Statement(s), If applicable |
| Environment | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The program |
| Field Trip Procedures | | uses the ODJFS sample trip permission |
| 10000000000 12 10 PC 12 10 20 20 20 20 20 20 20 20 20 20 20 20 20 | | form for routine walking trips to secure |
| | | written permission from parents or |
| | | guardians. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |

| 310112 12 10 010up 3120 | Compilant | |
|------------------------------------|--|--|
| Rule 5101:2-12-18 Group Size | Status Compliant | Documenting Statement(s), If applicable |
| Dula | Ctatus | Decimonting State we said \ If a sail said |
| | | p 50 |
| | | surpassed those required by the rule. |
| Naice 3101.2 12 10 hand | Compliant | ratios observed during the inspection |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement(s), it applicable Documenting Statement: Staff/child |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| 5101:2-12-18 License Capacity | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | l | I |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Equipment | 75 | |
| 5101:2-12-17 Materials and | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | L |
| 5101:2-12-17 Daily Schedule | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Lowers | |
| | The second secon | |
| 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement(3), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Reporting | | |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Communicable Disease | | |
| 5101:2-12-16 Management of | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Į. | <u>.</u> |
| Precautions | Compilant | |
| 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Decumenting Statement(s) If amplicable |
| | | |
| | | begins the program. |
| | | the JFS 1234 completed before the child |
| | | program regarding having all 4 pages of |
| | | Technical assistance was provided to the |
| | | AND THE PROPERTY OF THE PROPER |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-12-18 Attendance Records | Compliant | 0 (7) |
| | , | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| ** | | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | |
| | a. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate |
| | | child guidance techniques and practices |
| | | were observed being used during the |
| | | inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| | | |
| Rule 5101 2 12 20 0 1 | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | |
| | l. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The program |
| Annual Committee | Compliant | served the following: Chicken patty |
| Requirements | | sandwich, broccoli, applesauce, and milk. |
| | | sandwich, broccon, applesauce, and milk. |
| L | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | boodinenting statement(s), it approase |
| 310112 12 22 Fraid Willik Requirements | Compilant | |
| | | |
| 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 | |
| , , , , , , , , , , , , , , , , , , , | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |



| Rule: 5101:2-12-23 Diapering and Toilet Training | Compliant | Documenting Statement: During the inspection, there was discussion concerning diapering routines. Child-care staff indicated diapers were changed at appropriate intervals throughout the day. |
|--|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |
| | | * |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| - | | |