

# **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         |  |
| Open Air Village  | 2200022238          |                         | Child Care Center    |  |
| Address<br>800 Livermore St. Yellow Springs<br>OH 45387 |                     |                         | County<br>GREENE     |  |
| Building Approval Date                                  | Use Group/Code      | Occupancy Limit         | Maximum Under 2 ½    |  |
| 08/15/2014  | E                   | 36                      | Maximum Officer 2 /2 |  |
| Fire Inspection Approval Date                           | Food Service Risk L | Food Service Risk Level |                      |  |
| 11/17/2022  | Exempt              |                         |                      |  |

|  | Inspection Information                            |                   |                   |              |  |  |
|--|---|-------------------|-------------------|--------------|--|--|
| Inspection Type                                | Inspection So                                     | cope              | Inspection Notice |              |  |  |
| Follow-up                                      | Full  |                   | Unannounced       |              |  |  |
| Inspection Date Begin Time 10:15 AM 05/04/2023 |   | End Time 12:00 PM |                   |              |  |  |
| Reviewer:<br>MARGARET CONR                     | Reviewer: MARGARET CONRAD                         |                   |                   |              |  |  |
| Summary of Findings                            |   |                   |                   |              |  |  |
| No. Rules Verified                             | No. Rules with Non-compliances No. Serious Risk N |                   | No. Moderate Risk | No. Low Risk |  |  |
| 58   | 3   | 0                 | 1                 | 2            |  |  |

| 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   |                  | 1          | 0         | 1     |
| Preschool   |                  | 30         | 0         | 30    |
| School Age  |                  | 0          | 16        | 16    |
| Total Capacity/Enrollment                                 | 27               | 31         | 16        | 47    |

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

| Preschool     | Mixed Age Group      | 2 to 11 |  |
|---------------|----------------------|---------|--|
| Preschool     | Mixed Age Group      | 2 to 11 |  |
| Wonder Garden | 4 years to < 5 years | 2 to 10 |  |
| Wonder Garden | 4 years to < 5 years | 2 to 10 |  |

## **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 Risk Non-Compilances   |  |  |
| No Serious Risk Non-Compliances were observed during this inspection |  |  |
| ,  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## **Moderate Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-12-09 Background Check Requirements

Code: The program is required to have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number 2 below:

- 1. Owner
- 2. Administrator
- 3. Child care staff member, employee

Submit the program's corrective action plan, which includes a copy of the JFS 01176, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/04/2023



### **Low Risk Non-Compliances**

#### **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 4 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: 06/04/2023

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

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

<u>Code</u>: The program staff is required to have education documentation translated and shown as equivalent to a high school education.

<u>Finding</u>: In review of the staff records, it was determined that the child care staff member listed on the Employee Record Chart had educational information on file that could not be verified as recognized by the state board of education or the appropriate agency of another state or country as equivalent to the completion of a high school education. The rule requires a child care staff member to provide evidence of the completion of a high school education. Submit the program's corrective action plan, which includes a copy of the educational



| information and/or equivalency report, | , to the Department to verify | compliance with | the requirements of this |
|--|-------------------------------|-----------------|--------------------------|
| rule.                                  |                               |                 |                          |

Corrective Action Plan Due: 06/04/2023

# **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<br>Requirements     | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department Inspection | Compliant |   |
|   |           |   |
| 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                   | Compliant |   |
| Requirements                                |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and         | Compliant |   |
| Suspension                                  |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |

| Des[FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF |             |  |
|--|-------------|--|
| 5101:2-12-07 Administrator               | Compliant   |  |
| Qualifications                           |             |  |
|  |             | •  |
| Rule                                     | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Administrator               | Compliant   | 0 (" 11                                    |
| Responsibilities/Requirements            | Compilation |  |
| Responsibilities/ Requirements           |             |  |
| D. I.                                    | Ct-t        | D  |
| Rule                                     | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-08 Medical Statement           | Compliant   |  |
|  |             |  |
|  | l -         |  |
| Rule                                     | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-08 Orientation Training &      | Compliant   |  |
| Whistle Blower Protection                |             |  |
|  |             |  |
| Rule                                     | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-10 Professional                | Compliant   |  |
| Development Requirements                 | •           |  |
|  |             |  |
| Rule                                     | Status      | Documenting Statement(s), If applicable    |
|  |             | bocumenting 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   | 0 (" 11                                    |
| Requirements                             | Compilation |  |
| Requirements                             |             |  |
| Dulo                                     | Ctatus      | Decrease time Statement (a) If a mulicable |
| Rule                                     | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-11 Outdoor Play Equipment      | Compliant   |  |
|  |             |  |
|  |             |  |
| 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 Equipment              | Compliant   |  |
|  |             |  |
|  |             |  |
| Rule                                     | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-12 Safe Environment            | Compliant   | , , , , , , ,                              |
|  |             |  |
|  | 1           |  |
| Rule                                     | Status      | Documenting Statement(s), If applicable    |
| naic                                     | Status      | bootamenting statement(s), it applicable   |

| 5101:2-12-13 Sanitary Equipment and Environment | Compliant |   |
|---|-----------|---|
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing                        | Compliant | Documenting Statement(s), if applicable |
| Requirements                                    | Compliant |   |
| requirements                                    |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free                         | Compliant | Documenting statement(s), it applicable |
| Environment                                     | Compilant |   |
| Z.ivironinient                                  |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and                  | Compliant | g carrette (c), a spipalare             |
| Enrollment Records                              |           |   |
|   |           | 1                                       |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care              | Compliant |   |
| Plans   |           |   |
|   |           |   |
| 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 |   |
|   |           |   |
|   |           | 2/ \ /                                  |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard                 | Compliant |   |
| Precautions                                     |           |   |
| Rule  | Status    | Decumenting Statement(s) If applicable  |
| 5101:2-12-16 Management of                      | Compliant | Documenting Statement(s), If applicable |
| Communicable Disease                            | Compliant |   |
| Communicable Disease                            |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury                    | Compliant | bocumenting statement(s), it applicable |
| Reporting                                       |           |   |
| 0   | 1         |   |
| 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 |   |
| Equipment                                       |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |

| 5101:2-12-17 Daily Outdoor Play      | Compliant |   |
|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | Documenting Statement(s), if applicable |
| 5101:2-12-18 License Capacity        | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                   | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size              | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records      | Compliant | Bootinenting outcoments, in approach    |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision             | Compliant | ( // 11                                 |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Compliant | ( // 11                                 |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping        | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Compliant | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Requirements                         |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | Booking attention (a), in approximation |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant |   |
| Administration                       |           |   |