# **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 Details                       |                         |                 |                   |  |
|---------------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name                          | Program Number          |                 | Program Type      |  |
| Tiny Town Childcare & Learning Center | 2210024500              |                 | Child Care Center |  |
| Greenfield                            |                         |                 |                   |  |
| Address                               | Address County          |                 |                   |  |
| 156 JEFFERSON STREET Greenfield       |                         |                 | HIGHLAND          |  |
| ОН                                    |                         |                 |                   |  |
| 45123                                 |                         |                 |                   |  |
|                                       |                         |                 |                   |  |
| Building Approval Date                | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 08/12/2021                            | E                       | 66              | 9                 |  |
| Fire Inspection Approval Date         | Food Service Risk Level |                 |                   |  |
| 06/16/2021                            | Level III               |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Follow-up              | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 06/05/2024             | 9:55 AM                        |                  | 11:30 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| SULYN ROMER            |                                |                  |                   |              |
| Common of Findings     |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 22                     | 6                              | 0                | 0                 | 6            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant (Birth to < 18 m)                                  |                  | 3          | 0         | 3     |
| Young Toddler   |                  | 6          | 0         | 6     |
| Total Under 2 ½ Years                                     | 9                | 9          | 0         | 9     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 10         | 0         | 10    |
| School Age  |                  | 16         | 0         | 16    |
| Total Capacity/Enrollment                                 | 57               | 27         | 0         | 36    |

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



| School Age     | School-Age to < 11 years | 1 to 15 |  |
|----------------|--------------------------|---------|--|
| Preschool      | 30 months to < 36 months | 2 to 8  |  |
| Infant/Toddler | 0 to < 12 months         | 2 to 9  |  |

# **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   |  |  |
| The serious hisk from compliances were asserved during this inspection |  |  |
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|  |  |  |
| Moderate Risk Non-Compliances  |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection  |  |  |
| No Woderate Nisk von-Compilances were observed during this hispection  |  |  |
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| 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>: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number 1 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers. 1-infant room; 2 by water fountain in the hallway
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Employee(s) purse(s).
- 7. Diaper bags.
- 8. Television not securely anchored.
- 9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 10. Smoke detector needing batteries replaced.
- 11. An area rug did not have a nonskid backing.
- 12. An area rug presented a tripping hazard.
- 13. A floor surface that was unsafe in that [ ].
- 14. No platform was provided for the sink or toilet in the [ ] classroom.
- 15. The platform provided for the sink or toilet in the [ ] classroom was not sturdy.
- 16. The platform provided for the sink or toilet in the [ ] classroom posed a safety hazard in that [ ].
- 17. Telephone cords.
- 18. Staff member stepped over a barrier/gate while holding a child.
- 19. Emergency exits were blocked by the following classroom furniture: [ ].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [ ].

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: 07/07/2024

**Domain: 04 Indoor/Outdoor Space** 

Rule: 5101:2-12-11 Outdoor Space Requirements

Code: The program is required to have an outdoor play space free from trash and foreign objects.



<u>Finding</u>: During the inspection, it was determined that the outdoor play space was not free of objects as noted in number 15 below:

- 1. The outdoor area was littered with trash.
- 2. The trash can was missing a lid.
- 3. The trash can was not emptied from the day(s) before.
- 4. The trash can was overflowing with trash.
- 5. The trash can was infested with insects.
- 6. The trash can was visibly dirty.
- 7. There was broken glass.
- 8. There were tall weeds.
- 9. There was poison ivy.
- 10. There were tree branches.
- 11. There was mold visible.
- 12. There were thistles with prickers.
- 13. There were bird droppings.
- 14. The sandbox was contaminated.
- 15. Other: a small tree stump (fall hazard) and exposed landscape cloth(tripping hazard).

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

Corrective Action Plan Due: 07/07/2024

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

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

Code: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

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

Corrective Action Plan Due: 07/07/2024

**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 3 & 5 a-c 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 appears that the year of the medical has been changed;
- 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: 07/07/2024

**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) 4, 5, 6 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: 07/07/2024

### Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

Code: The program is required to store medical foods and topical products out of the reach of children.

<u>Finding</u>: During the inspection, it was determined that a medical food or topical product, sunscreen, was within the reach of children in the hallway cubbies. 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.

| Rule   | Status                 | Documenting Statement(s), If applicable      |
|--|------------------------|--|
| 5101:2-12-02 License Posted  | Compliant              |  |
| 3  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-02 Current Information   | Not Verified           |  |
|  |                        |  |
|  | 1                      |  |
| Rule   | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-03 Inspection  | Not Verified           | <u> </u>                                     |
| Requirements   |                        |  |
| - respective respectiv |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-04 Building Department   | Not Verified           | bocamenting statement(s), it applicable      |
| Inspection   | Not vermed             |  |
| пізрессіон   |                        |  |
| Pulo   | Ctatus                 | Documenting Statement/s) If and isolate      |
| Rule   | Status<br>Not Verified | Documenting Statement(s), If applicable      |
| 5101:2-12-04 Fire Inspection   | NOT VEHILLED           |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable      |
| Rule: 5101:2-12-04 Food Service  |                        | Documenting Statement: The food service      |
|  | Compliant              | •  |
| Requirements   |                        | license was observed posted. Following is    |
|  |                        | the audit number and date of expiration:     |
|  |                        | SCOX-D3PJB4 Level III Highland Co.           |
|  |                        |  |
| Pule   | Chahua                 | Decrees outing Chatage ant/a) If a mulicable |
| Rule 5101:2-12-07 Administrator  | Status                 | Documenting Statement(s), If applicable      |
|  | Not Verified           |  |
| Qualifications   |                        |  |
| 2.1  | I a                    |  |
| Rule   | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-07 Administrator   | Not Verified           |  |
| Responsibilities/Requirements  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-07 Written Program   | Not Verified           |  |
| Policies and Procedures  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-08 Orientation Training &  | Compliant              |  |
| Whistle Blower Protection  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-09 Background Check  | Not Verified           |  |
| Requirements   |                        |  |
|  | •                      |  |
| Rule   | Status                 | Documenting Statement(s), If applicable      |
|  |                        | 5  |

| 5101:2-12-10 Professional                          | Not Verified           |  |
|--|------------------------|--|
| Development Requirements                           |                        |  |
| ·  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable        |
| 5101:2-12-11 Indoor Space                          | Not Verified           |  |
| Requirements                                       |                        |  |
| Dula   | Chahus                 | Decumenting Statements of the malicable        |
| Rule 5101:2-12-11 Separation of Children           | Status Not Verified    | Documenting Statement(s), If applicable        |
| Under 2 1/2 Years                                  | Not verified           |  |
|  |                        |  |
| 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              | bocumenting statement(s), if applicable        |
|  |                        |  |
|  |                        |  |
| 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              |  |
| Environment  |                        |  |
| Dula   | Chahus                 | Decumentias Statements (a) If applicable       |
| Rule 5101:2-12-13 Handwashing                      | Status<br>Not Verified | Documenting Statement(s), If applicable        |
| Requirements                                       | Not vermeu             |  |
|  | <u> </u>               |  |
| Rule   | Status                 | Documenting Statement(s), If applicable        |
| 5101:2-12-13 Smoke Free                            | Not Verified           |  |
| Environment  |                        |  |
| Dula   | Chabus                 | Decrease the Chatery and the life and the last |
| Rule 5101:2-12-14 Transportation and Field         | Status<br>Not Verified | Documenting Statement(s), If applicable        |
| Trip Procedures                                    | Not verified           |  |
|  | l                      |  |
| Rule   | Status                 | Documenting Statement(s), If applicable        |
| 5101:2-12-14 Transportation - Driver               | Not Verified           |  |
| Requirements                                       |                        |  |
|  |                        |  |
| Rule   | Status<br>Not Verified | Documenting Statement(s), If applicable        |
| 5101:2-12-14 Transportation - Vehicle Requirements | Not Verified           |  |
| Requirements                                       |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable        |
|  |                        | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1        |

| 5101:2-12-15 Child Medical and     | Compliant    |  |
|------------------------------------|--------------|--|
| Enrollment Records                 |              |  |
|                                    | •            |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
|                                    | Not Verified | Bocumenting Statement(3), if applicable  |
| 5101:2-12-15 Medical/Physical Care | Not verified |  |
| Plans                              |              |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and  | Not Verified |  |
|                                    | Not vermed   |  |
| General Emergency Plan             |              |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills      | Not Verified |  |
|                                    |              |  |
| 1                                  | 1            | <u> </u>                                 |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
|                                    |              | Documenting Statement(s), if applicable  |
| 5101:2-12-16 First Aid/Standard    | Not Verified |  |
| Precautions                        |              |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of         | Not Verified | g content (e), it appreciate             |
| I                                  | Not vermed   |  |
| Communicable Disease               |              |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury       | Not Verified |  |
| Reporting                          |              |  |
| Reporting                          |              |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule        | Not Verified |  |
|                                    |              |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
|                                    | Not Verified | Bocamenting statement(s), it applicable  |
| 5101:2-12-17 Materials and         | Not verified |  |
| Equipment                          |              |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play    | Not Verified |  |
| 3101.2 12 17 Daily Gatagor Flay    | A COLUMNICA  |  |
|                                    |              |  |
|                                    | 1 0          |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity      | Not Verified |  |
|                                    |              |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio                 |              | bootimenting statement(3), it applicable |
| 7101.7-17-19 KGIIO                 | Compliant    |  |
|                                    |              |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size            | Compliant    |  |
|                                    |              |  |

| DESIGNATION CO.                              |              |  |
|--|--------------|--|
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| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records              | Not Verified | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| STOTIC TO THE TOTAL THE OFFICE               |              |  |
|  |              |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
|  |              | bocumenting statement(s), if applicable  |
| 5101:2-12-19 Supervision                     | Compliant    |  |
|  |              |  |
|  |              |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance                  | Not Verified |  |
|  |              |  |
|  |              |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping                | Not Verified |  |
| 2-0-1-2 0-0-0-0-1-0-1-0-0-0-0-0-0-0-0-0-0-0- |              |  |
|  | I            |  |
| Rule   | Status       | Documenting Statement(s) If applicable   |
|  |              | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs                           | Compliant    |  |
|  |              |  |
|  |              |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack                  | Not Verified |  |
| Requirements                                 |              |  |
| ·  |              |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements         | Not Verified | bocamenting statement(s), it applicable  |
| 3101.2-12-22 Hala Wilk Requirements          | Not verified |  |
|  |              |  |
|  |              | 5  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food                       | Not Verified |  |
| Handling/Storage                             |              |  |
|  |              |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Daily Care               | Not Verified | 3 (7)                                    |
| STOTIL TE ES III alle Bally Care             | Troc remied  |  |
|  |              |  |
| Pulo   | Ctatus       | Documenting Statement(s) If applicable   |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Bottle and Food          | Not Verified |  |
| Preparation                                  |              |  |
|  |              |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Diapering and Toilet            | Not Verified |  |
| Training                                     |              |  |
|  | <u> </u>     |  |
| Dulo   | Ctatus       | Decumenting Statement (s) If a miles his |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Written Disaster Plan           | Not Verified |  |
|  |              |  |
| 1  |              |  |