

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 | |
| Grace Family Daycare and Preschool | 2210024968 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 375 Hills Miller Rd. Delaware | | | DELAWARE | |
| ОН | | | | |
| 43015 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| | | | | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | | |
| 03/06/2025 | | | | |
| | | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection S | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 04/14/2025 | 9:30 AM | | 1:03 PM | |
| Inspection Date | Begin Time | | End Time | |
| 04/14/2025 | 9:30 AM | | 1:03 PM | |
| Reviewer: | * | | * | |
| Lakesha Williams | | | | |
| Reviewer: | | | | |
| HEATHER WARES | | | | |
| | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 20 | 7 | 0 | 1 | 7 |

| Li | 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) | | 28 | 0 | 28 | |
| Young Toddler | | 21 | 0 | 21 | |
| Total Under 2 ½ Years | 100 | 49 | 0 | 49 | |
| Older Toddler | | 16 | 0 | 16 | |
| Preschool | | 60 | 0 | 60 | |
| School Age | | 0 | 18 | 18 | |
| Total Capacity/Enrollment | 200 | 76 | 18 | 143 | |



| | Staff-Child Ratios at the Time of Inspection | | | |
|-------------|--|----------------|---------|--|
| Group | Age Group/Range | Ratio Observed | Comment | |
| Infant 1 | 0 to < 12 months | 2 to 3 | | |
| Toddler 3 | 30 months to < 36 months | 2 to 11 | | |
| Toddler 1 | 18 months to < 30 months | 2 to 6 | | |
| Toddler 2 | 18 months to < 30 months | 2 to 7 | | |
| PreTots | 12 months to < 18 months | 3 to 7 | | |
| Pre-K 1 | 4 years to < 5 years | 1 to 7 | | |
| Pre-K 2 | 4 years to < 5 years | 1 to 10 | | |
| Preschool 1 | 3 years to < 4 years | 1 to 11 | | |
| Preschool 2 | 3 years to < 4 years | 1 to 9 | | |
| Preschool 3 | 3 years to < 4 years | 1 to 8 | | |
| Infant 2 | 0 to < 12 months | 2 to 5 | | |

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: 5180:2-12-15 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 numbers 27, 28 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.

(Page 3)

- 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: 05/14/2025

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 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 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: 05/14/2025

Domain: 03 Postings & Equipment

Rule: 5180:2-12-17 Daily Schedule



Code: The program is required to have the daily program schedule posted in all required areas.

<u>Finding</u>: During the inspection, it was determined that a copy of the daily program schedule was not posted in the Preschool 1 area as required. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-12-11 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 trash or foreign 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: there was a hole/large dip in the grass along the sidewalk (Toddler playground)

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

Corrective Action Plan Due: 05/14/2025

Domain: 07 Diapering & Infant Care



Rule: 5180:2-12-23 Infant Bottle and Food Preparation

Code: The program is required to obtain written instructions from parents regarding feeding their infant.

<u>Finding</u>: During the inspection, it was determined that written instructions for feeding the infants noted on the Children Record Review were missing information as noted in number 5 below:

- 1. Written instructions were not on file.
- 2. Type of food and/or formula/breast milk was missing.
- 3. Amount of food and/or formula/breast milk was missing.
- 4. Feeding times or frequency of feedings was missing.
- 5. The written instructions on file had not been updated.

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Domain: 08 Staff Files

Rule: 5180:2-12-08 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: 05/14/2025



Domain: 08 Staff Files

Rule: 5180:2-12-08 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 6a, 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: 05/14/2025

Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to maintain a complete JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file for any child having a health condition.

<u>Finding</u>: In review of the children's records, it was determined that the JFS 01236 "Child Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number 1 below:

- 1. The JFS 01236 had not been updated as needed and at least annually.
- 2. A separate JFS 01236 had not been used for each condition.
- 3. The program used an old version of the JFS 01236.



| Submit the program's corrective ac | tion plan to the Department to | verify compliance with the | he requirements of |
|------------------------------------|--------------------------------|----------------------------|--------------------|
| this rule. | | | |

Corrective Action Plan Due: 05/14/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-16 Written Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |



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|--|---------------|---|
| 5180:2-12-05 Denial, Revocation and | Not Verified | |
| Suspension | | |
| | <u>.</u> | * |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5180:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 3000000 | | bocamenting statement(3), if applicable |
| 5180:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Not Verified | (-), |
| I I | Not verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| vvilistie blower Frotection | <u>L</u> | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check | Compliant | |
| Requirements | Somphanic . | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training | Not Verified | |
| Requirements | | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| Property of the Property of th | | |
| D.J. | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Not Verified | |
| AND SAME TO A POSSESS AND | Not verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | 0 |
| | Compilant | |
| Under 2 1/2 Years | | |
| | 7 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | (// |
| 5100.2 12 11 Odtdoor Flay Equipment | Compilant | |
| | L | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| Rule: 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was observed to be in good condition. |
|---|------------------------|--|
| Rule 5180:2-12-13 Sanitary Equipment and Environment | Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5180:2-12-13 Handwashing Requirements | Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5180:2-12-13 Toothbrushing Requirements | Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5180:2-12-13 Smoke Free Environment | Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5180:2-12-14 Transportation - Driver Requirements | Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5180:2-12-14 Transportation and Field Trip Procedures | Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5180:2-12-14 Transportation - Vehicle Requirements | Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5180:2-12-15 Child Medical and Enrollment Records | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Medical, Dental, and General Emergency Plan | Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Emergency Drills | Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Incident/Injury Reporting | Status Not Verified | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |



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|--------------------------------------|--|--|
| 5180:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | The second secon | |
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| Rule | Status | Documenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of | Not Verified | |
| Communicable Disease | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Not Verified | |
| Equipment | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(S), if applicable |
| 5180:2-12-18 License Capacity | Not Verified | |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | ~ | ratios observed during the inspection |
| | | were in compliance. |
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| Rule | Status | Documenting Statement(s), If applicable |
| -10 CONTRACTOR | (E. (2. (2. (2. (2. (2. (2. (2. (2. (2. (2 | Documenting Statement(s), if applicable |
| 5180:2-12-17 Daily Outdoor Play | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Not Verified | (-), appapp |
| 3100.2 12 20 cots and Napping | 145t Verified | |
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| Pula | Ctatus | Decumenting Chatemant/a) If and the late |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
| | 655 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Not Verified | |
| 3100.2-12-22 Hala Wilk Nequilements | INOU VEHICU | |
| | L | |
| P. J. | Chatana | D |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-20 Cribs | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Not Verified | Documenting Statement(s), if applicable |
| I . | Not verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |
| | | 3 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |
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