

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 | |
| The Learning Experience | 2220026222 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 501 North Liberty St Powell | 501 North Liberty St Powell | | | |
| OH 43065 | | | | |
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| | | | _ | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 05/17/2022 | E | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 06/20/2022 | Level III | | | |

| | Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Pre-license | Full | | Unannounced | | |
| Inspection Date 07/26/2022 | Begin Time 9 | :20 AM | End Time 11:59 PM | | |
| Reviewer: | | | | | |
| ANNE BLANKESTY | N | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 6 | 0 | 0 | 7 | |

| 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 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | | 0 | 0 | 0 |

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

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| Serious Risk Non-Compliances |
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| No Socious Biels New Compiliances were absorbed during this increasion |
| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
| Winderate Mak Non compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| Lavy Diek Nam Carrallianasa |
| Low Risk Non-Compliances |
| Domain: 00 License & Approvals |
| Rule: 5101:2-12-02 Current Information |



<u>Code</u>: The rule requires the program to keep their information current in OCLQS.

<u>Finding</u>: During the inspection, it was determined the information in number(s) 4 below was not up to date in the Ohio Child Licensing and Quality System (OCLQS):

- 1. Mailing address
- 2. Telephone number
- 3. Email address
- 4. Days and hours of operation
- 5. Services offered
- 6. Name of program
- 7. Private pay rates

Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

Corrective Action Plan Due: 08/27/2022

Domain: 05 Health & Safety

Rule: 5101:2-12-16 First Aid/Standard Precautions

Code: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) 7, 9, 14, 15 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.
- 9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).
- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.
- 13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- 14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.

- 15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.
- 16. Soap or waterless sanitizer (field trip or transporting away from the program only).
- 17. Bottled water (field trip or transporting away from the program only).

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 required at this time.

Corrective Action Plan Due: 08/27/2022

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Management of Communicable Disease

Code: The program is required to post the JFS 08087 "Ohio Communicable Disease Chart".

<u>Finding</u>: During the inspection, it was determined that the JFS 08087 "Ohio Communicable Disease Chart" was not posted as required, as indicated in number(s) 4 below:

- 1. The chart was not posted.
- 2. In a location readily available to program staff and parents.
- 3. The posted chart was not the current version.
- 4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

Technical assistance was provided at the time of inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 08/27/2022

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 10 below:

- 1. First Aid child care staff members scheduled during the hours of [] and [] had expired training
- 2. First Aid child care staff members scheduled during the hours of [] and [] did not have verification of completion of First Aid

- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of [] and [] had expired training
- 5. CPR child care staff scheduled during the hours of [] and [] had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care
- 8. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 9. Communicable Disease child care staff members scheduled during the hours of [] and [] had expired training
- 10. Communicable Disease child care staff scheduled during all hours of operation had not taken Communicable Disease training
- 11. Communicable Disease trained child care staff member was not present in each building used by the program
- 12. Child Abuse child care staff members scheduled during the hours of [] and [] had expired training
- 13. Child Abuse child care staff scheduled during all hours of operation had not taken Child Abuse training
- 14. Child Abuse trained child care staff was not in each building used by the program

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/27/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 3(b) and 3(c).

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test
- 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 4a;

- 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: 08/27/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

<u>Finding</u>: In review of the staff records, it was determined that medical examination statement(s) on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/27/2022

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 educational verification on file at the program or in the Ohio Professional Registry.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file nor verified in the Ohio Professional Registry for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/27/2022

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license will be in a location visible to parents as required. |
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| Rule 5101:2-12-03 Inspection Requirements | Status Compliant | Documenting Statement(s), If applicable |
| 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 | bocamenting statement(s), it applicable |
| | | |
| Rule 5101:2-12-04 Food Service | Status Compliant | Documenting Statement(s), If applicable |
| Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Qualifications | Compliant | |
| | | |
| Rule 5101:2-12-07 Administrator | Status | Documenting Statement(s), If applicable |
| Responsibilities/Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program Policies and Procedures | Compliant | Documenting Statement(s), if applicable |
| | | |
| Rule: 5101:2-12-08 Orientation | Status | Documenting Statement(s), If applicable Documenting Statement: During the |
| Training & Whistle Blower Protection | Compliant | inspection, the requirements of the rule |

| | | regarding orientation training and whistle blower protection were discussed. Please be reminded that child care staff members cannot be alone with children until the Orientation training is completed. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | Documenting Statement(s), if applicable |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | Documenting Statement(s), if applicable |
| Requirements | Compilation | |
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| 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 | Documenting Statement(s), if applicable |
| Requirements | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | bocamenting statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement/s\ If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | Documenting Statement(s), If applicable |
| Environment | Compliant | |
| Lo. Annual Control Con | | |
| Rule | Status | Documenting Statement(s), If applicable |

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| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | salasta Casali eta Privilla esta eta eta eta eta eta eta eta eta eta e | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: During the |
| Enrollment Records | | inspection, the requirements of the rule |
| | | regarding children's medical statements |
| | | and enrollments forms were discussed. |
| | | The program has systems and procedures |
| | | in place to meet the requirements of the |
| | | Rule. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: During the |
| Care Plans | control death of Principles and the | inspection, the requirements of the rule |
| | | regarding caring for children with a |
| | | specific health condition were discussed. |
| | | The program has systems and procedures |
| | | in place to meet the requirements of the |
| | | Rule. |
| | | Section 10 (10 and |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
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| I I | | regarding emergency drills were |
| | | regarding emergency drills were discussed. The program has systems and |
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| | | discussed. The program has systems and |
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| | | discussed. The program has systems and procedures in place to meet the requirements of the Rule. |
| Rule | Status | discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury | Status Compliant | discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable Documenting Statement: During the |
| 250 25000 | | discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule |
| Rule: 5101:2-12-16 Incident/Injury | | discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding reporting incidents and injuries |
| Rule: 5101:2-12-16 Incident/Injury | | discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding reporting incidents and injuries were discussed. The program has systems |
| Rule: 5101:2-12-16 Incident/Injury | | discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding reporting incidents and injuries were discussed. The program has systems and procedures in place to meet the |
| Rule: 5101:2-12-16 Incident/Injury | | discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding reporting incidents and injuries were discussed. The program has systems |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|--|---|
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| Rule | Status | Decumenting Statements If a miles |
| 5101:2-12-17 Materials and | 20 900 | Documenting Statement(s), If applicable |
| | Compliant | |
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: During the |
| Taily Outdoor Flay | Somphane | inspection, the requirements of the rule |
| | | regarding daily outdoor play were |
| | | discussed. The program has systems and |
| | | procedures in place to meet the |
| | | requirements of the Rule. |
| | | requirements of the Rule. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
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| 2.1 | Te | 6 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding staff/child ratios were |
| | | discussed. The program has systems and |
| | | procedures in place to meet the |
| | | requirements of the Rule. |
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| Rule | Status | Documenting Statement(s), If applicable |
| ISMIC | - Control of the Cont | bootimenting statement(3), if applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: During the |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: During the |
| Rule: 5101:2-12-18 Group Size | Compliant | inspection, the requirements of the rule |
| Rule: 5101:2-12-18 Group Size | Compliant | inspection, the requirements of the rule regarding group size were discussed. The |
| Rule: 5101:2-12-18 Group Size | Compliant | inspection, the requirements of the rule regarding group size were discussed. The program has systems and procedures in |
| Rule: 5101:2-12-18 Group Size | Compliant | inspection, the requirements of the rule regarding group size were discussed. The program has systems and procedures in place to meet the requirements of the |
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| Rule: 5101:2-12-18 Group Size | Compliant | inspection, the requirements of the rule regarding group size were discussed. The program has systems and procedures in place to meet the requirements of the Rule. |
| Rule | Status | inspection, the requirements of the rule regarding group size were discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable |
| Rule Rule: 5101:2-12-18 Attendance | | inspection, the requirements of the rule regarding group size were discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable Documenting Statement: During the |
| Rule | Status | inspection, the requirements of the rule regarding group size were discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule |
| Rule | Status | inspection, the requirements of the rule regarding group size were discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable |
| Rule Rule: 5101:2-12-18 Attendance | Status | inspection, the requirements of the rule regarding group size were discussed. The program has systems and procedures in place to meet the requirements of the Rule. Documenting Statement(s), If applicable Documenting Statement: During the |

| | I | procedures in place to most the |
|---|-----------|---|
| | | procedures in place to meet the requirements of the Rule. |
| | | requirements of the rule. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: During the |
| Rule: 5101:2-12-19 Supervision | Compliant | inspection, the requirements of the rule |
| | | |
| | | regarding supervision of children were |
| | | discussed. The program has systems and |
| | | procedures in place to meet the |
| | | requirements of the Rule. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: During the |
| | Compilant | inspection, the requirements of the rule |
| | | 1.5 |
| | | regarding child guidance were discussed. |
| | | The program has systems and procedures |
| | | in place to meet the requirements of the |
| | | Rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement(s), if applicable |
| 3101.2-12-20 Cots and Napping | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | |
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| 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 | |
| | | |
| Rule | Chatus | Documenting Statement(s) If applicable |
| 5101:2-12-22 Safe Food | Status | Documenting Statement(s), If applicable |
| CORP. CORP. CAS. C. | Compliant | |
| Handling/Storage | | |
| Pulo | Ctatus | Decumenting Statement(s) If applicable |
| Rule 5101:2-12-23 Infant Daily Care | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | 2004 Herriting State Herritigs, it applicable |
| Preparation | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|--|
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | 27 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: During the |
| Administration | | inspection, the requirements of the rule |
| | | regarding administering medication, food |
| | | supplements and medical foods were |
| | | discussed. The program has systems and |
| | | procedures in place to meet the |
| | | requirements of the Rule. |
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