



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 Smart Start Childcare Springboro | Program Number 2220026299 | Program Type Child Care Center | |
| Address 90 Edgebrooke Dr. Springboro OH 45066 | | | County WARREN |
| Building Approval Date 05/16/2016 | Use Group/Code E | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 06/27/2022 | Food Service Risk Level Level III | | |

| Inspection Information | | |
|--------------------------------|--------------------------|----------------------------------|
| Inspection Type Pre-license | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 07/26/2022 | Begin Time 8:15 AM | End Time 10:45 AM |
| Reviewer: NANCY SCHMITT | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 58 | No. Rules with Non-compliances 6 | No. Serious Risk 0 | No. Moderate Risk 1 | No. Low Risk 8 |

| 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 |



| | | | |
|------------|--------------------------|---------|--|
| EHS A | 18 months to < 30 months | 1 to 4 | |
| EHS C | 12 months to < 18 months | 1 to 2 | |
| Preschool | 3 years to < 4 years | 1 to 6 | |
| School Age | School-Age to < 11 years | 1 to 14 | |

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

No Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Fall Zones

Code: The program is required to provide adequate fall surface for the outdoor play space.

Finding: During the inspection, it was determined that the playground did not have adequate fall surface under and around equipment as noted in number 3 below:

1. No fall surface
2. Adequate fall surface to soften the impact of a fall
3. Adequate fall surface to soften the impact of a fall that extended the length of the required fall zone - large dome climber & blue dome climber
4. Other []

With any equipment designed for climbing, swinging, bouncing, or sliding, resilient material, as specified in Appendix A, needs to be added in order to protect children in the event of a fall. Submit the program's corrective action plan, which includes written verification of the discontinued use of this equipment until corrections are made along with a description of the resilient material added, to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 08/25/2022

Low Risk Non-Compliances

Domain: 03 Postings & Equipment

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

Code: The program is required to have the JFS 01201 "Dental First Aid" posted in a readily available area at the program.

Finding: During the inspection it was determined that the current JFS 01201 "Dental First Aid" was not posted in a location readily available to center staff and parents 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 required at this time.

Corrective Action Plan Due: 08/25/2022

Domain: 03 Postings & Equipment

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

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

Finding: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number 8 below:

1. The plan was not posted in each classroom.
2. The plan was not posted in other spaces used by children.
3. The name, address and telephone number of the program were not complete.
4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.



6. Location of children's records was not complete.
7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
8. The current version of the prescribed form was not used.
9. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 08/25/2022

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 general hazards.

Finding: During the inspection, it was determined that hazardous conditions existed in the outdoor play area, as noted in number 4 below:

1. There was broken glass.
2. There were tall weeds.
3. There was poison ivy.
4. There were tree branches (stored behind the shed).
5. There was mold visible.
6. There were thistles with prickles.
7. There were bird droppings.
8. There were bolts with more than two threads exposed along a fence line or gate on a playground.
9. The sandbox was contaminated.
10. Other [].

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

Corrective Action Plan Due: 08/25/2022

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Equipment

Code: The program is required to provide equipment that does not pose a safety risk.



Finding: During the inspection, it was determined that outdoor play equipment was unsafe as noted in numbers 10 & 11 below:

1. There was rust exposed;
2. There was protruding bolts;
3. There were cracks;
4. There were holes;
5. There was splintering wood;
6. There were sharp edges or points;
7. There were lead hazards;
8. There were toxic substances;
9. There were tripping hazards;
10. There was chipped and/or peeling paint - blue truck, red truck, large dome climber;
11. Other: blue truck - broken tire with screws exposed.

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

Corrective Action Plan Due: 08/25/2022

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Fall Zones

Code: The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

Finding: During the inspection, it was determined that the large dome climber was positioned such that the fall zone requirement in number 2 below was not met:

1. The fall zone was less than 3 feet from the fence for equipment used by children 23 months of age and younger.
2. The fall zone was less than 6 feet from the large tree for equipment used by children 24 months of age and older.
3. There was not a fall zone of 3 feet in all directions from the perimeter of the equipment used by children 23 months of age and younger.
4. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment used by children 24 months of age and older.
5. The fall zone was less than 4 1/2 feet from each piece of applicable equipment used by children 23 months of age and younger.
6. The fall zone was less than 9 feet from each piece of applicable equipment used by children 24 months of age and older.
7. Other [].

The program is required to provide equipment that is safe with adequate fall zones. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 08/25/2022

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".

Finding: During the inspection, it was determined that the JFS 08087 "Ohio Communicable Disease Chart" was not posted as required, as indicated in number 3 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: 08/25/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

Finding: 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 4.

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: 08/25/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

Finding: In review of the staff records, it was determined that medical examination statements on file at the program were not dated within 12 months of the employee's first day of employment, for the employees 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: 08/25/2022

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|---|
|------|--------|---|



| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: Plan to post the license in the office. |
|--|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 Current Information | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding maintaining current information in the Ohio Child Licensing and Quality System were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building Department Inspection | Compliant | Documenting Statement: The following rooms were approved for children less than two and one-half years of age: EHS A, EHS B & EHS C. |
| 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 Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Qualifications | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding administrator responsibilities and requirements for the OPR were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program Policies and Procedures | Compliant | Documenting Statement: The written policies and procedures were verified as complete. |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training Requirements | Compliant | Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was observed to be in good condition. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning supplies were viewed stored out of the reach of children. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe environment was observed during the inspection. |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement: The forms used by the program for routine and/or field trips were verified to meet the requirements of the rule. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - Driver Requirements | Compliant | Documenting Statement: The driver(s) had completed the required ODJFS driver training. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - Vehicle Requirements | Compliant | Documenting Statement: Annual safety checks of the vehicles, using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated 1/2/2022 (both busses). |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements and enrollments forms were discussed. |
|---|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding caring for children with a specific health condition were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard Precautions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: The program's written disaster plan met the requirements. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program was seeking initial licensure. The program requested to serve a total |



| | | capacity of 100 children; of this, 42 children may be under two and one-half years of age. |
|--|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Planned groups meet requirements. Staff/child ratios observed during the inspection were in compliance (#204533). |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: Planned groups meet requirements. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were placed 2 feet apart. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet Training | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements | Compliant | Documenting Statement: Swimming activities will be part of the program's schedule in the summer only. Plan to swim at Franklin City Pool. Plan to use wrist bands for ID. Plan to use ODJFS sample written permission form. |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding swimming and water safety were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication Administration | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding administering medication, food supplements and medical foods were discussed. |