

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 Deta | ails | | |
|---|---------------------|-------------------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| Three Little Mockingbirds | 2230028152 | | Child Care Center | |
| Address 785 BUCKEYE AVE NEWARK OH 43055 | | | County LICKING | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 04/06/2023 | E | 62 | 42 | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | | |
| 03/21/2023 | Exempt | Exempt | | |

| Inspection Information | | | | | |
|--------------------------------|--------------------------------|--------------------|-------------------|-------------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Provisional | Full | | Unannounced | | |
| Inspection Date 11/14/2023 | Begin Time 9 | Begin Time 9:50 AM | | End Time 11:40 AM | |
| Reviewer: STEPHANIE WALTERS | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 5 | 0 | 2 | 3 | |

| 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) | | 6 | 0 | 6 |
| Young Toddler | | 5 | 0 | 5 |
| Total Under 2 ½ Years | 26 | 11 | 0 | 11 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 26 | 4 | 0 | 15 |

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

| Infants | 0 to < 12 months | 1 to 4 | |
|----------|--------------------------|--------|--------------|
| Infants | 0 to < 12 months | 1 to 4 | |
| Toddlers | 18 months to < 30 months | 2 to 7 | At arrival |
| Toddlers | 18 months to < 30 months | 1 to 4 | Outside |
| Toddlers | 18 months to < 30 months | 1 to 3 | In classroom |

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 | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Moderate Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

Code: The program staff is required to supervise children in their assigned group by sight and hearing.

Supervision includes being near enough to respond and reach children immediately and protecting them from

harm.

<u>Finding</u>: During the inspection, it was determined that children were left unattended while inside the program as noted in number(s) 1 below:

- 1. Child(ren) were left unattended once. (Infant group)
- 2. Child(ren) were left unattended more than once.
- 3. Child(ren) left the group and were unattended.
- 4. Child care staff were using a baby monitor to supervise children.
- 5. Child care staff were using a walkie talkie to supervise children.
- 6. Child care staff were using mirrors to view children in another room.
- 7. Child care staff were using a video camera instead of physically being present in the room.



8. Other [].

Children must be supervised and within sight and hearing of a child care staff member at all times. 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: 12/14/2023

Domain: 09 Children's Files

Rule: 5101:2-12-15 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 number(s) 7, 15, 16, 17, 18, 19, 22, 23,27, 28, 29, 30, 31 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. (No prescription label on medication)
- 19. The date of the physician's signature was missing or not attached.
- 20. Child's name was missing.

(Page 3)

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: 12/14/2023

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 4, 5 below:

- 1. There was no method in place;
- 2. The method did not include each child's name;
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times; (Brightwheel down)
- 5. The tracking method was not updated throughout the day as children entered or left the group. (Brightwheel down)

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

Corrective Action Plan Due: 12/14/2023

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to store chemicals and cleaning and sanitizing supplies in a place that is inaccessible to children. Cleaning agents, aerosol cans and chemical substances must be stored in their original container or clearly labeled. School-age children may use cleaning supplies and equipment with adult supervision.

<u>Finding</u>: During the inspection, a potentially hazardous substance, which was determined to not present a serious risk to a child, was not used or stored properly as noted in number(s) 11 below:

- 1. Cosmetics were accessible to children in the [] area.
- 2. Disinfecting wipes were accessible to children in the [] area.
- 3. Fish food was accessible to children in the [] area.
- 4. Hand lotion was accessible to children in the [] area.
- 5. Hand sanitizer (for children under 24 months) was accessible to children in the [] area.
- 6. Laundry detergent was accessible to children in the [] area.
- 7. Powder dish washing soap was accessible to children in the [] area.
- 8. Paint cans were accessible to children in the [] area.
- 9. White out was accessible to children in the [] area.
- 10. Potting Soil was accessible to children in the [] area.
- 11. Other potentially hazardous substance Meyer Cleaning spray (mild) was accessible to children in the Toddler area.
- 12. Cleaning/sanitizing supplies had not been clearly labeled.



13. School-age children were using cleaning supplies, agents and/or equipment without adult supervision.14. A spray aerosol was used in the [] group while children were in attendance.

15. Other: [].

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

Corrective Action Plan Due: 12/14/2023

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 1 below:

- 1. Monthly fire drills. Missing October
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 12/14/2023

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|--|
| 5101:2-12-02 Current Information | Compliant | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| | ' | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| · | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | 3 (" 11 |
| ' | ' | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The program |
| Requirements | | has obtained a food service exemption |
| | | status from the local health department. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | · | had current medical statements on file. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | · | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | <u> </u> | |

| | | I |
|---|-----------|---|
| 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 |
| 5101:2-12-10 Professional | Compliant | bocumenting statement(s), it applicable |
| Development Requirements | Compilant | |
| Development Requirements | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | , , , , , , , , , , , , , , , , , , , |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 7/15/23. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | bocumenting statement(s), it applicable |
| 3101.2 12 11 Outdoor Flay Equipment | Compilant | |
| | | · |
| 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 |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| Bulo | Ctatus | Documenting Statement/s\ If annicella |
| Rule Rule: F101:2-12-12 Handwashing | Status | Documenting Statement(s), If applicable Documenting Statement: Staff and |
| Rule: 5101:2-12-13 Handwashing | Compliant | children were observed washing hands as |
| Requirements | | _ |
| | | required by the rule. |

| DESILIZAÇE. | | |
|--------------------------------------|-----------|---|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| D | | S :: 6: 1 // \ |
| Rule: 5101:2-12-15 Child Medical and | Status | Documenting Statement(s), If applicable |
| Enrollment Records | Compliant | Documenting Statement: At the time of the inspection, 25% of the children's |
| Linolinett Records | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | | were complete, as required by the rate. |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: In review of |
| Enrollment Records | | 25% of the records, at the time of the |
| | | inspection, children's medical statements |
| | | were complete and on file, as required by |
| | | the rule. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| D | | D :: 6: 1 1/ \ 15 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | Documenting statement(s), if applicable |
| Communicable Disease | Compilant | |
| communicable bisease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | and the second of the second |
| Reporting | ' | |
| | -1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | bookinenting statement(3), it applicable |
| Equipment | 20 | |
| 1 1 P 2 2 2 | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| <u> </u> | • | ı |

| T | |
|-----------|--|
| | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| Ctatus | Documenting Statement(s), If applicable |
| | Documenting Statement: Staff/child |
| Compliant | ratios observed during the inspection |
| | were in compliance. |
| | were in compliance. |
| | I |
| Status | Documenting Statement(s), If applicable |
| | boodinenting statement(s), it approals |
| Compilant | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| Τ. | |
| | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| Ctatus | Documenting Statement(s), If applicable |
| | Documenting Statement(s), if applicable |
| Compliant | |
| | |
| Status | Documenting Statement(s), If applicable |
| | bocumenting statement(s), if applicable |
| Compliant | |
| | |
| Status | Documenting Statement(s), If applicable |
| | 0 (7) |
| | |
| _1 | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| , | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| | Status Compliant Status Compliant |



| 5101:2-12-23 Diapering and Toilet Training | Compliant | |
|--|------------------|--|
| Rule 5101:2-12-25 Medication | Status Compliant | Documenting Statement(s), If applicable |
| Administration | Соттрианс | |
| 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. |