

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 | nils | |
|--|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Cornerstone Christian Preschool | 2230028641 | | Child Care Center |
| Address 7600 Princeton Glendale Road West Chester OH 45011 | r Township | | County BUTLER |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 07/01/2016 | E 200 | | 0 |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 08/02/2023 | Exempt | | |

| Inspection Information | | | | |
|-----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type Provisional | Inspection So | cope | Inspection Notice | |
| | Full | | Unannounced | |
| Inspection Date 12/08/2023 | Begin Time 1 | .0:00 AM | End Time 3:00 PM | |
| Reviewer: | | | | |
| Steffani Roberts | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 2 | 0 | 1 | 1 |

| 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 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 195 | 195 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 134 | 0 | 195 | 195 |

| S | taff-Child Ratios at the Time of Ins | ection | |
|--|--------------------------------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |

| Room 32-M-F AM | 4 years to < 5 years | 3 to 11 | @ Arrival |
|-------------------|----------------------|---------|-----------|
| Room 32-M-F AM | 4 years to < 5 years | 3 to 11 | |
| Room 32-M,W,F PM | 4 years to < 5 years | 2 to 5 | |
| Room 32-M,W,F PM | 4 years to < 5 years | 2 to 5 | |
| Room 30-M-F AM | 4 years to < 5 years | 2 to 12 | @ Arrival |
| Room 30-M-F AM | 4 years to < 5 years | 2 to 12 | |
| Room 28-M-F AM | 4 years to < 5 years | 2 to 12 | @ Arrival |
| Room 28-M-F AM | 4 years to < 5 years | 2 to 12 | |
| Room 26-M,W,F AM | 4 years to < 5 years | 2 to 12 | |
| Room 26-M,W,F AM | 4 years to < 5 years | 2 to 12 | @ Arrival |
| Room 26-M,W,F PM | 4 years to < 5 years | 2 to 7 | |
| Room 26-M,W,F PM | 4 years to < 5 years | 2 to 7 | |
| Room 24-M,W,F, AM | 4 years to < 5 years | 2 to 12 | @ Arrival |
| Room 24-M,W,F, AM | 4 years to < 5 years | 2 to 12 | |
| Room 24- M,W,F PM | 4 years to < 5 years | 3 to 8 | |
| Room 24- M,W,F PM | 4 years to < 5 years | 3 to 8 | |
| Room 14-M,W,F AM | 3 years to < 4 years | 2 to 9 | @ Arrival |
| Room 14-M,W,F AM | 3 years to < 4 years | 2 to 9 | |
| Room 12-M,W,F AM | 3 years to < 4 years | 2 to 11 | @ Arrival |
| Room 12-M,W,F AM | 3 years to < 4 years | 2 to 11 | |

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: 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 numbers 7 and 13 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: 01/10/2024

Low Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in numbers 2 and 3 below:

- 1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
- 2. The medication, medical food, or topical product had expired and had not been removed from the program.



3. The prescription label had expired.

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

Corrective Action Plan Due: 01/10/2024

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | in a location visible to parents as |
| | | required. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 Current | Compliant | Documenting Statement: The program |
| Information | | had current information entered in the |
| | | Ohio Child Licensing and Quality System |
| | | (OCLQS). |
| | | |
| | | |
| 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Compliant | |
| Requirements | | |

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|---------------------------------------|---------------------|---|
| Rule Rule: 5101:2-12-07 Administrator | Status Compliant | Documenting Statement(s), If applicable |
| | Compliant | Documenting Statement: The |
| Qualifications | | administrator has completed the rules |
| | | review course. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Responsibilities/Requirements | Compliant | administrator's hours of availability to |
| kesponsibilities/ kequirements | | * |
| | | meet with parents were posted in a noticeable location. |
| | | noticeable location. |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The current |
| Responsibilities/Requirements | Compilant | licensing rules were available in a |
| nesponsibilities/ nequirements | | noticeable location on the premises. |
| | | noticeable location on the premises. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | I - | 1 |
| 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 |
| Rule: 5101:2-12-08 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | | the inspection, all child care staff |
| | | members had met orientation training |
| | | requirements. |
| | | 104000000000000000000000000000000000000 |
| | | |
| 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. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | Booking statement(5), it applicable |
| Requirements | Compilant | |
| requirements | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|------------------|---|
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: All equipment in |
| Equipment | | the outdoor play space was observed to |
| | | be anchored and stable. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | Compliant | material used under outdoor equipment |
| 25/763 | | was pressed rubber. |
| | | |
| | | · |
| 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. |
| | | |
| Dula | Chahua | Decumenting Statements \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Rule: 5101:2-12-12 Safe Environment | Status | Documenting Statement(s), If applicable Documenting Statement: A safe |
| Rule: 5101:2-12-12 Sale Environment | Compliant | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | ricatti, saicty and well being. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | | the inspection, the program provided a |
| | | clean environment in accordance with |
| | | Appendix A of this rule, which included |
| | | the furniture, materials and equipment. |
| | | |
| Dula | Ctatus | Documenting Statements of a well-all |
| Rule: 5101:2-12-13 Handwashing | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Staff and |
| Rule: 5101:2-12-13 Handwashing Requirements | Compilant | children were observed washing hands as |
| Requirements | | required by the rule. |
| | | required by the rule. |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | · | |

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|---------------------------------------|-----------|---|
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | | |
| 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. |
| | | the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| | Compliant | · · · · · · · · · · · · · · · · · · · |
| and General Emergency Plan | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | |
| | La. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | 3.00.00 | bootine it in a policible |

| 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 | Compliant | Documenting Statement: Sufficient |
| Equipment | , , , , , , , , , , , , , , , , , , , | equipment was observed in all categories. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | Dodamenting etatesment(e), it approaches |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program was operating within their license capacity limits. |
| | I a | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection |
| | | surpassed those required by the rule. |
| Rule | Status | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement(s), If applicable Documenting Statement: The group sizes |
| Nuic. 3101.2 12 10 Group 3120 | Сотприате | observed on the day of the inspection were in compliance. |
| Rule | Chatus | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-18 Attendance | Status | Documenting Statement(s), If applicable Documenting Statement: During the |
| Records Records | Compliant | inspection, attendance records were reviewed. Child Care Staff Members were viewed recording the attendance for each child upon arrival and departure. All attendance records met the requirements of the rule and were kept with the group at all times. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| | Compilation | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection. |
|-------------------------------------|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
| | | |