Department of Education
Department of Job and Family Services

# 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<br>Little Schoolhouse Preschool | Program Number<br>000000204412 | Program Type<br>Child Care Center |
| Address<br>4934 WESTERN ROW RD MASON<br>OH<br>45040 | | County<br>WARREN |

| | | | |
|---|---|---|---|
| Building Approval Date<br>08/25/2008 | Use Group/Code<br>E | Occupancy Limit | Maximum Under 2 ½<br>0 |
| Fire Inspection Approval Date<br>08/13/2024 | Food Service Risk Level<br>Exempt | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Annual | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>09/18/2024 | Begin Time<br>9:00 AM | End Time<br>11:10 AM |
| Reviewer:<br>NANCY SCHMITT | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 1 | 0 | 0 | 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 | 11 | 11 |
| Preschool | | 0 | 105 | 105 |
| School Age | | 0 | 0 | 0 |
| **Total Capacity/Enrollment** | 102 | 0 | 116 | 116 |

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

| | | | |
|---|---|---|---|
| Bears MWF | 3 years to < 4 years | 2 to 11 | Room 111 |
| Butterflies MTWTH | 4 years to < 5 years | 2 to 14 | Room 116 |
| Penguins MTWTH | 4 years to < 5 years | 2 to 10 | Room 108 |
| Turtles MW | 30 months to < 36 months | 2 to 8 | Room 109 |
| Elephants MTWTH | 3 years to < 4 years | 2 to 7 | Room 110 |
| Frogs MWF | 4 years to < 5 years | 2 to 14 | Room 114 |
| Giraffes MTWTH | 4 years to < 5 years | 2 to 14 | Room 115 |

## 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

**No Moderate Risk Non-Compliances were observed during this inspection**

## Low Risk Non-Compliances

**Domain: 08 Staff Files**

Rule: 5101:2-12-08 Medical Statement
Code: The program staff's medical statements are required to be completed and on file at the program.

Finding: 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 numbers 5 (c) & 6 (a) 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: 10/18/2024

## 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 | |

| 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 program's future plans to secure additional space and building approval for 5 new rooms were discussed during the inspection. No plans at this time to increase the program's license capacity. Plan to use the 5 new rooms as additional space for children's activities. An updated Certificate of Occupancy will be issued when construction is completed. In addition, the building department has changed the room numbers of the rooms currently used by the program as follows:<br><br>Room 201 is now Room 108, 202 is 109, 203 is 110, 204 is 111, 207 is 114, 208 is 115 & 209 is 116. The new room numbers will be noted on the updated CO. |
| Rule: 5101:2-12-04 Building Department Inspection | Compliant | Documenting Statement: A copy of the certificate of occupancy was available on-site for review. |

| 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 |
|---|---|---|
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Written Program Policies and Procedures | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | Documenting Statement: On the day of the inspection, all child care staff members had met orientation training requirements. |

| 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 |
|---|---|---|
| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Indoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence. |

| | | |
|---|---|---|
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 9/6/2024. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-12 Safe Equipment | Compliant | |

| 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 |
|---|---|---|
| Rule: 5101:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment. |

| 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 |
|---|---|---|
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement: The program does not transport children. Parent provided field trip transportation. Meet at destination. Have name tags for ID. |

| | | |
|---|---|---|
| | | Verified compliant written permission forms. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: At the time of the inspection, 20 of the children's records were reviewed, and the records were complete, as required by the rule. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 “Medical, Dental, and General Emergency Plan For Child Care” were posted in the program as required. |

| 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.<br><br>Observed a weather drill and lockdown drill during this inspection. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 First Aid/Standard Precautions | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement: The JFS 08087 "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 Reporting | Compliant | |

| 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 |
|---|---|---|
| 5101:2-12-18 License Capacity | Compliant | |

| 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 | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-18 Group Size | Compliant | |

| 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 |
|---|---|---|
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The program served the following: parent provided snacks and lunches. |

| 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 Diapering and Toilet Training | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-25 Medication Administration | Compliant | |

| 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 |
|---|---|---|
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |