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>Green Meadows Schoolhouse | Program Number<br>2180016695 | | Program Type<br>Child Care Center |
| Address<br>101 Green Meadows Drive South Lewis Center<br>OH 43035 | | | County<br>DELAWARE |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>05/11/2023 | Food Service Risk Level | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Annual | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/11/2023 | Begin Time 10:00 AM | End Time 1:15 PM |
| Inspection Date<br>10/12/2023 | Begin Time 7:30 AM | End Time 9:30 AM |
| Reviewer:<br>HEATHER WARES | | |
| Reviewer:<br>HEATHER WARES | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 7 | 0 | 2 | 5 |

| 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) | | 13 | 0 | 13 |
| Young Toddler | | 24 | 0 | 24 |
| **Total Under 2 ½ Years** | 69 | 37 | 0 | 37 |
| Older Toddler | | 5 | 0 | 5 |
| Preschool | | 29 | 0 | 29 |
| School Age | | 11 | 2 | 13 |

| Total Capacity/Enrollment | 147 | 45 | 2 | 84 |
|---|---|---|---|---|

| Staff-Child Ratios at the Time of Inspection | | | |
|---|---|---|---|
| **Group** | **Age Group/Range** | **Ratio Observed** | **Comment** |
| Prek | 4 years to < 5 years | 1 to 11 | |
| Prek | Mixed Age Group | 2 to 19 | PreK and Kindergarten |
| Kindergarten | School-Age to < 11 years | 1 to 9 | |
| Preschool | 3 years to < 4 years | 2 to 14 | |
| Preschool | 3 years to < 4 years | 2 to 14 | |
| Infant 2 | 0 to < 12 months | 1 to 5 | |
| Infant 2 | 0 to < 12 months | 1 to 5 | |
| Infant 3 | 12 months to < 18 months | 2 to 10 | |
| Infant 3 | 12 months to < 18 months | 2 to 10 | |
| Toddler 2 | 18 months to < 30 months | 2 to 8 | |
| Toddler 2 | 18 months to < 30 months | 2 to 8 | |
| Toddler 3 | 18 months to < 30 months | 2 to 11 | |
| Toddler 3 | 18 months to < 30 months | 2 to 12 | |

## 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: 08 Staff Files**

Rule: 5101:2-12-09 Background Check Requirements

Code: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

Finding: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) 1, 2 below:

1. The request for a background check for child care was not submitted in the OPR.
2. The fingerprints were not submitted electronically according to the process established by BCI.
3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/12/2023

**Domain: 09 Children's Files**

Rule: 5101:2-12-15 Medical/Physical Care Plans
Code: 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.

Finding: 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) 27, 28, 29 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.

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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.

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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: 11/12/2023

**Low Risk Non-Compliances**

**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-12 Safe Environment
Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

Finding: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 5, 22 below:

1. Surge protectors/outlets did not have childproof receptacle covers.
2. Open pull cords that are not closed loop.
3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
5. Stacked chairs.
6. Employee(s) purse(s).
7. Diaper bags.
8. Television not securely anchored.
9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
10. Smoke detector needing batteries replaced.
11. An area rug did not have a nonskid backing.
12. An area rug presented a tripping hazard.
13. A floor surface that was unsafe in that [ ].
14. No platform was provided for the sink or toilet in the [ ] classroom.
15. The platform provided for the sink or toilet in the [ ] classroom was not sturdy.
16. The platform provided for the sink or toilet in the [ ] classroom posed a safety hazard in that [ ].
17. Telephone cords.
18. Staff member stepped over a barrier/gate while holding a child.
19. Emergency exits were blocked by the following classroom furniture: [ ].
20. A mercury thermometer was being used to take a child's temperature.
21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
22. Other exposed drywall.

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: 11/12/2023

**Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-23 Infant Bottle and Food Preparation
Code: The program staff is required to label and store bottles with breast milk following the requirements in rule.

Finding: During the inspection, it was determined that breast milk provided by the parent was not stored appropriately as noted in number(s) 1 below:

1. Not labeled with infant's name, date pumped, and date bottle was prepared;
2. Not immediately refrigerated or frozen;
3. Stored at room temperature longer than eight hours;
4. Stored at the program for more than five days after it was expressed;
5. Stored longer than two weeks in the freezer compartment of the refrigerator;
6. Stored longer than six months in the refrigerator/freezer;
7. Stored longer than twelve months in the deep freezer;
8. Other [ ].

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

Corrective Action Plan Due: 11/12/2023

**Domain: 08 Staff Files**

Rule: 5101:2-12-10 Health Training Requirements
Code: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

Finding: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 2, 3, 4, 5, 6 below:

1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
2. First aid training was not completed within ninety days of hire.
3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
4. The child abuse and neglect recognition and prevention training was expired.
5. The first aid training was expired.

6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/12/2023

**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 number(s) 1, 5b, 5c, 6a 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: 11/12/2023

**Domain: 09 Children's Files**

Rule: 5101:2-12-25 Medication Administration
Code: 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.

Finding: 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 number(s) 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: 11/12/2023

## 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 | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-03 Inspection Requirements | Compliant | |

| 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 | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: WERZ-CPGQ5S 3/1/24. |

| 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 |
|---|---|---|
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |

| 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 |
|---|---|---|
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |

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

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|---|---|---|
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement: Outdoor equipment was viewed to be safe and free of rust, sharp points, and other hazards. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement: The protective material used under outdoor equipment was turf. |

| 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: 5101:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Children were viewed washing their hands, as required by the rule. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement: No smoking was allowed on the premises, and the notice stating that smoking is prohibited was observed posted in a conspicuous place. |

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

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| 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: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated 8/7/23, 4/24/23. |

| 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, 25% 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: 5101:2-12-16 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. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |

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

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

| | | |
|---|---|---|
| Rule: 5101:2-12-16 Incident/Injury Reporting | Compliant | Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. |

| 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. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the inspection, developmentally-appropriate practices were observed in the classroom(s). |

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-18 Ratio | Compliant | |

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: During the 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. |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff 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: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were labeled with the assigned infant's name. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The program served the following for lunch; cheese pizza, sweet potato fries, cantaloupe, milk. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-22 Safe Food Handling/Storage | Compliant | Documenting Statement: Food was stored in a safe and sanitary manner. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate daily written records for all infants were viewed. |

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

| | | |
|---|---|---|
| 5101:2-12-23 Diapering and Toilet Training | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-24 Swimming and Water Safety Requirements | 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. |