

# **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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            | ils             |                   |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name                  | Program Number I        |                 | Program Type      |
| JUST LIKE HOME DAY CARE       | 00000104275             |                 | Child Care Center |
|                               |                         |                 |                   |
| Address                       |                         |                 | County            |
| 3580 STATE ROUTE 43 KENT      |                         |                 | PORTAGE           |
| OH 44240                      |                         |                 |                   |
|                               |                         |                 |                   |
|                               |                         |                 |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 11/13/1995                    | I-2                     | 42              |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 04/27/2021                    | Level II                |                 |                   |

| Inspection Information        |                                |                  |                                  |              |  |
|-------------------------------|--------------------------------|------------------|----------------------------------|--------------|--|
| Inspection Type<br>Annual     | Inspection So<br>Full          | cope             | Inspection Notice<br>Unannounced |              |  |
| Inspection Date<br>12/09/2021 | Begin Time S                   | 2:50 AM          | End Time 1:45 PM                 |              |  |
| Reviewer:<br>BETH RAGLE       |                                |                  |                                  |              |  |
| Summary of Findings           |                                |                  |                                  |              |  |
| No. Rules Verified            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk                | No. Low Risk |  |
| 58                            | 5                              | 0                | 1                                | 4            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |           |           |         |
|---|------------------|-----------|-----------|---------|
| Age Group   | License Capacity |           | Enr       | ollment |
|   | Totals           | Full Time | Part Time | Total   |
| Infant ( Birth to < 18 m)                                 |                  | 0         | 0         | 0       |
| Young Toddler   |                  | 1         | 0         | 1       |
| Total Under 2 ½ Years                                     | 4                | 1         | 0         | 1       |
| Older Toddler   |                  | 0         | 0         | 0       |
| Preschool   |                  | 4         | 0         | 4       |
| School Age  |                  | 0         | 11        | 11      |
| Total Capacity/Enrollment                                 | 42               | 4         | 11        | 16      |

| S               | Staff-Child Ratios at the Time of Inspection |                |           |
|-----------------|--|----------------|-----------|
| Group           | Age Group/Range                              | Ratio Observed | Comment   |
| Mixed Age Group | 18 months to < 30 months                     | 1 to 3         | Play time |



| Mixed Age Group | 18 months to < 30 months | 2 to 3 | Lunch |
|-----------------|--------------------------|--------|-------|
| Mixed Age Group | 18 months to < 30 months | 1 to 3 | Nap   |

#### **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**

|                   |                  |                    | •                   |  |
|-------------------|------------------|--------------------|---------------------|--|
| lo Serious Risk I | on-Compliances w | vere observed duri | ng this inspection  |  |
|                   |                  |                    | ing this hispection |  |
|                   |                  |                    |                     |  |
|                   |                  |                    |                     |  |
|                   |                  |                    |                     |  |
|                   |                  |                    |                     |  |
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|                   |                  |                    |                     |  |
|                   |                  |                    |                     |  |

## Moderate Risk Non-Compliances

#### Domain: 06 Program Information

Rule: 5101:2-12-14 Transportation - Vehicle Requirements

<u>Code</u>: The program is required to use the correct vehicle type as specified in rule. The program is also required to have all vehicles used to transport children inspected by an ASE certified mechanic, FMCSA inspector or the State Highway patrol annually, and correct all repairs that are listed on the vehicle inspection report.

<u>Finding</u>: During the inspection, it was determined the program used a vehicle to transport children that was not approved and/or did not have a current annual vehicle inspection indicating the vehicle was mechanically safe as noted in number 4 below:

1. The program used a converted cargo van or passenger vans designed to carry ten or more passengers. The program must cease the use of this vehicle immediately.

2. The vehicle was not inspected.

3. The vehicle was inspected by someone other than an ASE certified mechanic, federal motor carrier safety administration (FMCSA) safety inspector or the Ohio State Highway Patrol.

4. The vehicle inspection was not updated annually.

5. The vehicle inspection completed from the Ohio Highway Patrol did not meet the rule requirement.

6. The annual safety check of the vehicle(s) used by the program to transport children noted repairs or corrections that had not been completed and/or documented. The safety violations need to be corrected immediately.



Submit the program's corrective action plan, which includes either discontinuing the use of the vehicle, documentation for any new vehicle now being used to transport children, or a copy of the JFS 01230 "Vehicle Inspection Report for Child Care Centers", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/08/2022

# Low Risk Non-Compliances

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: 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.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/08/2022

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to have all surge protectors and outlets covered.

<u>Finding</u>: During the inspection, it was determined that 4 surge protectors/outlets did not have childproof receptacle covers. The program must have safety covers on all electrical outlets, including power strips and surge protectors, which are within the reach of the children. 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 not required at this time.



#### Domain: 06 Program Information

<u>Rule</u>: 5101:2-12-14 Transportation and Field Trip Procedures <u>Code</u>: The program is required to take all required safety and health items on trips.

<u>Finding</u>: During the inspection, it was determined that all required items were not taken on a field trip and/or routine trip as determined in that the item number 2 below was missing:

1. Completed copies of the JFS 01234 "Child Enrollment and Health Information For Child Care" (except routine walks);

2. First aid supplies;

3. A working cellular phone or other means of immediate communication (not to be used while a vehicle is in motion);

4. Written record of children on the trip, including which vehicle each child is being transported in and the cellular phone number of the adult in that vehicle who could be contacted in an emergency.

Provide staff training. Submit the program's corrective action plan, which includes a written plan that ensures these safety guidelines will be met when children are transported, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/08/2022

## Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to removed all medication, medical foods and topical products that are no longer being administered or have expired.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products had not been removed from the program and were no longer needed or had expired. 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 not required at this time.



# **Rules In-Compliance/Not Verified**

| Rule                               | Status    | Documenting Statement(s), If applicable   |
|------------------------------------|-----------|---|
| Rule: 5101:2-12-02 License Posted  | Compliant | Documenting Statement(s), if applicable<br>Documenting Statement: The license was |
| Rule. 5101.2-12-02 License Posted  | Compliant | _   |
|                                    |           | in a location visible to parents as   |
|                                    |           | required.   |
|                                    |           |   |
| 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            | Compliant |   |
| Requirements                       |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Building        | Compliant | Documenting Statement: On the day of  |
| Department Inspection              |           | the inspection, the program was   |
|                                    |           | operating in compliance with the current  |
|                                    |           | building approval(s).   |
|                                    |           |   |
| D. I.                              | Chathar   |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note:   |
|                                    |           | Documentation of a fire inspection<br>without any uncorrected violations must     |
|                                    |           | be secured for the program by 4/7/2022.   |
|                                    |           | be secured for the program by 4/7/2022.   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service    | Compliant | Documenting Statement: The food service   |
| Requirements                       |           | license was observed posted. Following is   |
|                                    |           | the audit number and date of expiration:  |
|                                    |           | Number 135; Portage County; Expires   |
|                                    |           | 3/1/22.   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-07 Administrator   | Compliant | Documenting Statement: The  |
| Qualifications                     |           | administrator has until 12/21 to update   |
|                                    |           | the rules review course.  |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |



| Rule: 5101:2-12-07 Administrator<br>Responsibilities/Requirements        | Compliant           | Documenting Statement: The<br>administrator's hours of availability to<br>meet with parents were posted in a<br>noticeable location.   |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program<br>Policies and Procedures                  | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-08 Medical Statement                                     | Compliant           | Documenting Statement: All employees<br>had current medical statements on file.  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements   | Compliant           | Documenting Statement: All Child Care<br>Staff Members had verification of<br>educational requirements on file at the<br>program.  |
|  |                     |  |
| Rule<br>5101:2-12-08 Orientation Training &<br>Whistle Blower Protection | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-09 Background Check<br>Requirements                      | Compliant           | Documenting Statement: During the<br>inspection, the required documentation<br>regarding background checks was on file<br>for all employees listed.  |
|  |                     |  |
| Rule<br>Rule: 5101:2-12-10 Health Training<br>Requirements               | Status<br>Compliant | Documenting Statement(s), If applicableDocumenting Statement: The programhad at least one Child Care Staff Memberwith currently valid training in First Aid,Management of Communicable Disease,CPR, and Child Abuse Prevention presentand readily accessible during all hours ofoperation. |
|  |                     |  |
| Rule<br>Rule: 5101:2-12-10 Professional<br>Development Requirements      | Status<br>Compliant | Documenting Statement(s), If applicableDocumenting Statement: At the time of<br>the inspection, all child care staff<br>members had completed the required<br>amount of professional development<br>training.  |



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| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| 5101:2-12-11 Indoor Space                    | Compliant |  |
| Requirements                                 |           |  |
|  |           |  |
| 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  |
|  |           | 11/1/21.                                 |
| Rule: 5101:2-12-11 Outdoor Space             | Compliant | Documenting Statement: During the        |
| Requirements                                 | compliant | inspection, the requirements of the rule |
|  |           | regarding outdoor space were discussed   |
|  |           | A continuous barrier was discussed.      |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play<br>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         | Compliant | Documenting Statement: The protective    |
| Zones  |           | material used under outdoor equipment    |
|  |           | was pea gravel.                          |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Equipment            | Compliant | Documenting Statement: Equipment wa      |
|  |           | observed to be in good condition.        |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Sanitary                  | Compliant | Documenting Statement: During the        |
| Equipment and Environment                    |           | inspection, the equipment was observed   |
|  |           | clean and in good repair.                |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Handwashing               | Compliant | Documenting Statement: Staff and         |
| _  | 1         | children were observed washing hands a   |
| Requirements                                 |           |  |
| Requirements                                 |           | required by the rule.                    |
| Requirements                                 |           |  |



| Rule: 5101:2-12-13 Smoke Free<br>Environment                       | Compliant           | Documenting Statement: A notice was<br>observed posted stating that smoking is<br>prohibited at the program.  |
|--|---------------------|---|
| Rule<br>Rule: 5101:2-12-14 Transportation -<br>Driver Requirements | Status<br>Compliant | Documenting Statement(s), If applicableDocumenting Statement: The driver(s)had completed the required ODJFS drivertraining.   |
| Rule<br>Rule: 5101:2-12-15 Medical/Physical                        | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: The program   |
| Care Plans   | compliant           | had current information on the medical<br>status and the required treatment plan<br>for the children with health conditions.  |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan  | Compliant           | Documenting Statement: On the day of<br>the inspection, the complete prescribed<br>JFS 01242 "Medical, Dental, and General<br>Emergency Plan For Child Care" were<br>posted in the program as required. |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills                                | Compliant           | Documenting Statement(s), in applicable<br>Documenting Statement: Documentation<br>for completed fire, weather, and<br>emergency/lockdown drills was verified<br>during this inspection.                |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard<br>Precautions               | Compliant           | Documenting Statement: During the inspection, the program had complete first aid kits available as required.  |
| Rule   | Status              | Decumenting Statement(a) If annicable   |
| Rule: 5101:2-12-16 Management of                                   | Compliant           | Documenting Statement(s), If applicable<br>Documenting Statement: The JFS 08087   |
| Communicable Disease   | compliant           | "Communicable Disease Chart" was<br>posted and was readily available to staff<br>and parents.   |
|  |                     |   |
| Rule<br>Rule: 5101:2-12-16 Incident/Injury                         | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: During the  |
| Reporting  |                     | inspection, the requirements of the rule  |



| atus ompliant atus ompliant atus ompliant atus atus atus atus    | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement: Daily schedules         were observed posted.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement: During the inspection, the program was meeting minimum requirements for equipment in the mixed age classroom. It was suggested that additional materials be purchased. |
|--|--|
| atus<br>ompliant<br>atus<br>ompliant<br>atus<br>ompliant<br>atus | Documenting Statement(s), If applicable         Documenting Statement: Daily schedules         were observed posted.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement: During the         inspection, the program was meeting         minimum requirements for equipment in         the mixed age classroom. It was         suggested that additional materials be                            |
| atus<br>ompliant<br>ompliant<br>atus                             | Documenting Statement: Daily schedules<br>were observed posted.<br>Documenting Statement(s), If applicable<br>Documenting Statement: During the<br>inspection, the program was meeting<br>minimum requirements for equipment in<br>the mixed age classroom. It was<br>suggested that additional materials be   |
| atus<br>ompliant<br>ompliant<br>atus                             | Documenting Statement: Daily schedules<br>were observed posted.<br>Documenting Statement(s), If applicable<br>Documenting Statement: During the<br>inspection, the program was meeting<br>minimum requirements for equipment in<br>the mixed age classroom. It was<br>suggested that additional materials be   |
| atus<br>ompliant<br>atus   | Documenting Statement: Daily schedules<br>were observed posted.<br>Documenting Statement(s), If applicable<br>Documenting Statement: During the<br>inspection, the program was meeting<br>minimum requirements for equipment in<br>the mixed age classroom. It was<br>suggested that additional materials be   |
| atus   | Documenting Statement(s), If applicableDocumenting Statement: During the<br>inspection, the program was meeting<br>minimum requirements for equipment in<br>the mixed age classroom. It was<br>suggested that additional materials be  |
| atus   | Documenting Statement: During the<br>inspection, the program was meeting<br>minimum requirements for equipment in<br>the mixed age classroom. It was<br>suggested that additional materials be   |
| atus   | Documenting Statement: During the<br>inspection, the program was meeting<br>minimum requirements for equipment in<br>the mixed age classroom. It was<br>suggested that additional materials be   |
| atus   | inspection, the program was meeting<br>minimum requirements for equipment in<br>the mixed age classroom. It was<br>suggested that additional materials be  |
|  | minimum requirements for equipment in<br>the mixed age classroom. It was<br>suggested that additional materials be   |
|  | the mixed age classroom. It was suggested that additional materials be   |
|  |  |
|  | purchased.   |
|  |  |
|  | Documenting Statement(s) If applicable   |
| omnliant   | Documenting Statement(s), If applicable  |
| Sinpliant  |  |
| atus   | Documenting Statement(s), If applicable  |
| ompliant   | Documenting Statement: The program   |
|  | was operating within their license   |
|  | capacity limits.   |
|  |  |
|  | Documenting Statement(s), If applicable<br>Documenting Statement: The Appendix A   |
| Jiiipiiant   | "Staff/Child Ratios, Age Grouping and  |
|  | Maximum Group Size" was posted in a  |
|  | noticeable area at the program as  |
|  | required.  |
| ompliant   | Documenting Statement: Staff/child   |
|  | ratios observed during the inspection  |
|  | were in compliance.  |
| atus   | Documenting Statement/s) If anylischis   |
|  | Documenting Statement(s), If applicable<br>Documenting Statement: The group sizes  |
|  | observed on the day of the inspection  |
|  | were in compliance.  |
|  |  |
|  | ompliant<br>atus<br>ompliant<br>atus<br>ompliant   |



| Rule                                 | Status    | Documenting Statement(s), If applicable    |
|--------------------------------------|-----------|--|
| Rule: 5101:2-12-18 Attendance        | Compliant | Documenting Statement: Child Care Staff    |
| Records                              |           | Members were observed recording the        |
|                                      |           | attendance for each child upon arrival     |
|                                      |           | and documenting each child's departure.    |
|                                      |           |  |
| 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.      |
|                                      | 1         |  |
| 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.                                |
|                                      | I         |  |
| 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.                                  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | Documenting Statement: Snacks served at    |
| Requirements                         |           | the program included foods from two of     |
|                                      |           | the four food groups and provided          |
|                                      |           | nutritional value in addition to calories. |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |  |
|                                      | I         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Safe Food               | Compliant |  |
| Handling/Storage                     |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-24 Swimming and      | Compliant | Documenting Statement: Swimming            |
| Water Safety Requirements            |           | activities were part of the program's      |
| , , ,                                |           | schedule in the summer only.               |
|                                      |           |  |
|                                      |           |  |