



Center Complaint Inspection Summary 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 A PLACE TO LEARN AND GROW INCORPORATED | Program Number 000000104554 | Program Type Child Care Center |
| Address 407 SIXTH ST NW CANTON OH 44702 | County STARK | |

| Inspection Information | | | | |
|------------------------------|-------------------------------------|----------------------------------|------------------------|--------------------|
| Inspection Type Complaint | Inspection Scope Partial | Inspection Notice Unannounced | | |
| Reviewer(s) MICHELE FAKAN | Inspection Day 10/03/2022 | Begin Time 10:30 AM | End Time 2:40 PM | |
| Summary of Findings | | | | |
| No. Rules Verified 6 | No. Rules with Non-compliances 6 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 10 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infant | Mixed Age Group | 2 to 3 | infant and toddler were combined |
| toddler | Mixed Age Group | 2 to 3 | infant and toddler groups were combined |
| preschool | Mixed Age Group | 1 to 6 | |



Complaint Allegations

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.

Domain:01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

Allegation: The program has Inconsistent child enrollment/attendance reporting.

Determination: Substantiated

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 2 below:

1. No attendance record was being maintained.
2. The attendance record was not being consistently completed.
3. The original attendance documentation was not kept at the program for a period of one year.

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.

Risk Level: Low

Corrective Action Plan Due: 11/03/2022

Summary of Additional Non-Compliances

Serious Risk Non-Compliances

No Additional Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

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



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Low Risk Non-Compliances

Domain:00 License & Approvals

Rule: 5101:2-12-02 Current Information

Code: The rule requires the program to keep their information current in OCLQS.

Findings: During the inspection, it was determined the information in number 3 below was not up to date in the Ohio Child Licensing and Quality System (OCLQS):

1. Mailing address
2. Telephone number
3. Email address
4. Days and hours of operation
5. Services offered
6. Name of program
7. Private pay rates

Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

Corrective Action Plan Due: 11/03/2022

Domain:01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to have the information listed in rule on all attendance records.

Findings: During the inspection, it was determined that the attendance records did not include the required information listed in numbers 2, 4, and 5 below:

1. The name of the child.
2. The birth date of the child.
3. The assigned group.
4. The child's weekly schedule.
5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

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

Corrective Action Plan Due: 11/03/2022



Domain:07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program is required to space cribs two feet apart when in use.

Findings: During the inspection, it was determined that cribs were not two feet apart when in use, as required by this rule. 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 required at this time.

Corrective Action Plan Due: 11/03/2022

Domain:07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program is required to label all cribs.

Findings: During the inspection, it was determined that at least one crib was not labeled with the child's name, as required by this rule. 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 required at this time.

Corrective Action Plan Due: 11/03/2022

Domain:07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program is required to provide a safe and sufficient barrier to separate the play and sleeping space.

Findings: During the inspection, it was determined that the barrier between the play and sleeping space did not meet the requirements as noted in number 1 below:

1. No barrier had been provided
2. The barrier did not prevent the infants from entering the sleeping area.
3. The barrier was not safe.
4. The barrier was not sturdy.
5. The barrier impaired staff's ability to see and hear all sleeping infants in their cribs.
6. The barrier was inadequate.
7. Other [].

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 required at this time.

Corrective Action Plan Due: 11/03/2022

Domain:08 Staff Files



Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to be onsite at the program for the required amount of time.

Findings: During the inspection, it was determined that the program did not have at least one administrator onsite for 50 percent of the program's operating hours or 40 hours a week, as required by this rule. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/03/2022

Domain:08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

Findings: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in numbers 3, 5, and 6 below:

1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
5. At least one individual's schedule was not current.
6. At least one individual's position or role did not include an applicable group assignment.
7. At least one individual's employment had not been end dated.
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: 11/03/2022

Domain:08 Staff Files

Rule: 5101:2-12-07 Administrator Qualifications

Code: The program is required to maintain a qualified administrator.

Findings: During the inspection, it was determined the program did not have a qualified administrator as noted in number 4 below:

1. There is no qualified administrator
2. The appointed administrator's CDA has expired
3. The appointed administrator's CPL no longer meets qualifications
4. Other - person named as administrator has not been working for a few months and no one has been named.

Submit additional documentation of education qualifications/experience as outlined in Appendix A of this rule, or a new individual must be appointed and documentation submitted. To name a new administrator, an administrator amendment must be submitted through the licensing system, OCLQS. Submit the program's corrective action plan, which includes



documents to support qualifications for the newly requested administrator, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/03/2022

Domain:08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is responsible for the daily operation of the program and maintaining compliance.

Findings: During the inspection, it was determined that the person designated as the administrator was not responsible for the daily operation of the program and for maintaining compliance. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/03/2022