

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 | Program Number | | Program | m Type |
| AROUND THE SUN MONTESSORI SCHOOL, | 00000306959 | | Child C | are Center |
| INC | | | | |
| Address 4797 SHARON-COPLEY ROAD MEDINA OH 44256 | | | County MEDIN | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Ma | aximum Under 2 ½ |
| Fire Inspection Approval Date 08/13/2021 | Food Service Risk L | evel | · | |

| Inspection Information | | | | | |
|-------------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection Sc | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 03/08/2022 | Begin Time 1 | 0:30 AM | End Time 12:30 PM | | |
| Inspection Date 03/09/2022 | Begin Time 9 | :30 AM | End Time 10:30 AM | | |
| Reviewer: DIANE TRACZYK | | | | | |
| Reviewer: | | | | | |
| DIANE TRACZYK | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 6 | 0 | 0 | 6 | |

| 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 | 34 | 34 |
| School Age | | 0 | 3 | 3 |
| Total Capacity/Enrollment | 34 | 0 | 37 | 37 |



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

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 | |
|------------------------------|--|
|------------------------------|--|

No Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection



Domain: 04 Indoor/Outdoor Space

<u>Rule</u>: 5101:2-12-11 Outdoor Play Equipment

<u>Code</u>: The program is required to provide equipment that does not pose a safety risk.

<u>Finding</u>: During the inspection, it was determined that outdoor play equipment was unsafe as noted in numbers 1 & 10 below:

- 1. There was rust exposed on the muffin tin;
- 2. There was protruding bolts;
- 3. There were cracks;
- 4. There were holes;
- 5. There was splintering wood;
- 6. There were sharp edges or points;
- 7. There were lead hazards;
- 8. There were toxic substances;
- 9. There were tripping hazards;
- 10. There was chipped and/or peeling paint on the wheel barrel;
- 11. Other [].

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

Corrective Action Plan Due: 04/08/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number 4.

1. Date of examination;

2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;

- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test

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 4a;



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: 04/08/2022

Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-10 Professional Development Requirements <u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

3. Training topic did not meet the requirements listed in appendix A of this rule.

4. Documentation of training did not meet the requirements of this rule.

5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development

6. Other [].

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

Corrective Action Plan Due: 04/08/2022

Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Qualifications

<u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time period.



<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in 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 not required at this time.

Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-10 Health Training Requirements <u>Code</u>: The program is required to have staff complete training in child abuse and neglect recognition and prevention within sixty days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed training in child abuse and neglect recognition and prevention as noted in number 2 below:

1. The training was not completed within sixty days of hire.

2. The training was expired, as it is only valid for two years.

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

Corrective Action Plan Due: 04/08/2022

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications, medical foods and topical products. The program is also required to obtain separate documentation for each medication/product and child.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for the JFS 01217 "Request for Administration of Medication for Child Care" as noted in number 6 below:

- 1. The program used an old version of the JFS 01217.
- 2. The signature date on the JFS 01217 exceeded more than 12 months.
- 3. The time period to administer the medication or medical food on the JFS 01217 was exceeded.
- 4. The JFS 01217 included more than one medication or medical food.
- 5. The JFS 01217 included more than one child's name.
- 6. The prescription label was not current and the OTC medication (Benadryl) had expired.



Rule

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

Corrective Action Plan Due: 04/08/2022

Rules In-Compliance/Not Verified

Status

Documenting Statement(s), If applicable

| Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding posting the program's license were discussed. |
|-----------|--|
| Chathar | |
| | Documenting Statement(s), If applicable |
| Compliant | |
| 1 | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: Please Note: |
| | Documentation of a fire inspection |
| | without any uncorrected violations must |
| | be secured for the program. Secure a |
| | new fire inspection by 8/13/22. |
| | |
| Compliant | Documenting Statement: Although the |
| | program had documentation of a current |
| | fire inspection without any uncorrected |
| | violations at the time of the licensing |
| | Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant |



| inspection, the program did not have the |
|--|
| fire inspection completed within 12 |
| months from the date of the last fire |
| inspection without any uncorrected |
| violations. Please ensure that fire |
| inspections are completed in accordance |
| with the rule requirements. |
| |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------|-----------|--|
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: We discussed |
| Requirements | | that the local health department should |
| | | be contacted by the Administrator to |
| | | determine whether a food service license |
| | | or exemption status would be required. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------|-----------|---|
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |

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

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

| 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 |
|--------------------------------------|-----------|---|
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor |
| Requirements | | play area is separated from traffic and |
| | | other hazards by a fence. |
| | | |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. |
| | | |
| | | |
| 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: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | |
| N | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement(s), it applicable |
| Requirements | | running water was located in the |
| nequilements | | classroom area. |
| | | |
| | | - 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 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. |
| | | were complete, as required by the rule. |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|---------------------|---|
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: During the |
| Care Plans | | inspection, the requirements of the rule |
| | | regarding caring for children with a |
| | | specific health condition were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| 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. |
| | | |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: During the |
| and General Emergency Plan | | inspection, the requirements of the rule |
| | | regarding medical, dental and general |
| | | emergencies were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| | | |
| 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: During the |
| Communicable Disease | | inspection, the requirements of the rule |
| | | regarding management of communicable |
| | | diseases were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The JFS 01299 |
| Reporting | | "Incident/Injury Report For Child Care" |
| | | |
| | | |
| | | forms reviewed during this inspection |
| | | |
| | | forms reviewed during this inspection were complete as required. |
| Rule | Status | forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Status Compliant | forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable Documenting Statement: During the |
| | | forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule |
| Rule: 5101:2-12-16 Written Disaster | | forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable Documenting Statement: During the |

discussed.



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| | | |
| 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 | |
| | eep | |
| | | |
| 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. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: We discussed |
| | | that Appendix A "Staff/Child Ratios, Age |
| | | Grouping and Maximum Group Size" must |
| | | posted in a noticeable area at the |
| | | program as required. |
| | | program as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| | | observed on the day of the inspection |
| | | were in compliance. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: During the |
| Records | | 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. |
| | | at all tilles. |
| | | |
| | | |



| Rule: S101:2-12-19 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: 5101:2-12-22 Meal and Snack Requirements Compliant Documenting Statement: Water was provided to children throughout the day by water pitchers and cups. Rule: 5101:2-12-22 Meal and Snack Requirements Compliant Documenting Statement: During the inspection, the requirements of the rule regarding meals and snacks were discussed. Rule Status Documenting Statement(s), If applicable Rule Status Documenting Statement: During the inspection, the requirements of the rule regarding meals and snacks were discussed. Rule Status Documenting Statement(s), If applicable Stol1:2-12-22 Fluid Milk Requirements Compliant Documenting Statement(s), If applicable Stol1:2-12-22 Safe Food Handling/Storage Compliant Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |
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| RuleStatusDocumenting Statement(s), If applicableRule: 5101:2-12-19 Child GuidanceCompliantDocumenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection.RuleStatusDocumenting Statement(s), If applicableRule: 5101:2-12-22 Meal and Snack RequirementsCompliantDocumenting Statement(s), If applicableRule: 5101:2-12-22 Meal and Snack RequirementsCompliantDocumenting Statement(s), If applicableRule: 5101:2-12-22 Meal and Snack RequirementsCompliantDocumenting Statement: Water was provided to children throughout the day by water pitchers and cups.Rule: 5101:2-12-22 Meal and Snack RequirementsCompliantDocumenting Statement: During the inspection, the requirements of the rule regarding meals and snacks were discussed.RuleStatusDocumenting Statement(s), If applicable5101:2-12-22 Fluid Milk RequirementsCompliantDocumenting Statement(s), If applicableRuleStatusDocumenting Statement(s), If applicable5101:2-12-22 Fluid Milk RequirementsCompliantDocumenting Statement(s), If applicable | Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
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| | Rule | Status | Documenting Statement(s), If applicable |
| Handling/Storage | 5101:2-12-22 Safe Food | Compliant | |
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