

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 Deta | ils | | |
|---|-------------------------|-----------------|-----|-------------------|
| Program Name | Program Number | | Pro | ogram Type |
| Childcare Solutions L.L.C. 3 | 2210024938 | | Chi | ld Care Center |
| | | | | |
| Address | | | Соц | unty |
| 721 Boardman Poland Rd Ste104a Boardmar | 1 | | MA | HONING |
| OH 44512 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | | Maximum Under 2 ½ |
| 12/02/2021 | E | 101 | | 24 |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 11/30/2021 | Level III | | | |

| Inspection Information | | | | | |
|---|--------------------|-------------------|------------------|-------------------|--------------|
| Inspection Type | | Inspection So | cope | Inspection Notice | |
| Amendment - cha | nge of capacity | Partial | | Unannounced | |
| Inspection DateBegin Time 9:17 AM01/13/2022 | | End Time 12:10 PM | | | |
| Reviewer: KATHLEEN BONACCI | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non | -compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 11 | 5 | | 0 | 1 | 4 |

| 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 | 5 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 93 | 0 | 0 | 0 |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|--------------------------|--------|------------|--|
| Group Age Group/Range Ratio Observed Comment | | | | |
| Infant/Toddlers | 12 months to < 18 months | 2 to 5 | Floor play | |



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| Preschool | 3 years to < 4 years | 1 to 6 | Block activity at table |
|------------|--------------------------|--------|-------------------------|
| School age | School-Age to < 11 years | 1 to 2 | At arrival |

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-O3 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

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have all staff request background checks as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number 1 below:

1. Submitting the request for a background check for child care in the OPR. Have the staff member we discussed complete the

JFS 1175 in the registry to link to your center if her background check is current .

2. Submitting fingerprints electronically according to the process established by BCI.

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

Corrective Action Plan Due: 02/12/2022



Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

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

<u>Finding</u>: During the inspection, it was determined that the attendance records did not include the required information listed in number 2 below:

- 1. The name of the child.
- 2. The birth date of the child. Preschool
- 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: 02/12/2022

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to provide equipment that is safe and hazard free.

<u>Finding</u>: During the inspection, equipment was determined to be unsafe or hazardous to children and in need of repair as noted in number 3 below:

- 1. The equipment had sharp points or corners;
- 2. The equipment had splinters;

3. The equipment had protruding nails; a section of stripping around the sink cabinet in the infant/toddler was broken off exposing two protruding small nails.

- 4. The equipment had loose or rusty parts;
- 5. The equipment had paint which contains lead or other poisonous materials;
- 6. The equipment had hazardous features;

7. Other [].



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

Corrective Action Plan Due: 02/12/2022

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 children were not protected from the following items or conditions which may threaten their health, safety, or well-being as noted in number 4 and 5 below:

- 1. Open pull cords that are not closed loop.
- 2. Telephone cords.
- 3. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 4. Stacked chairs. On top of tables in large room /classrooms
- 5. Employee purse. On the table in school age classroom.
- 6. Diaper bags.
- 7. Television not securely anchored.
- 8. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 9. Smoke detector needing batteries replaced.
- 10. Staff member stepped over a barrier/gate while holding a child.
- 11. Emergency exits were blocked by the following classroom furniture: [].
- 12. Other [].

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: 02/12/2022

Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-07 Administrator Responsibilities/Requirements

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



| <u>Finding</u> : During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in numbers 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: 02/12/2022 |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|--------------|---|
| 5101:2-12-02 License Posted | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: The building |
|--------------------------------------|--------------|--|
| - | Compliant | |
| Department Inspection | | approval listed the following |
| | | stipulation/limitation: By room: |
| | | Room 1 ,under 2.5 ,max occupancy 24 |
| | | Room 3 ,over 2.5,max occupancy 11 |
| | | Room 4 ,over 2.5,max occupancy 12 |
| | | Room 5 ,over 2.5,max occupancy 17 |
| | | Room 6 ,over 2.5,max occupancy 11 |
| | | Room 7 ,over 2.5,max occupancy 5 |
| | | Room 8, over 2.5, max occupancy 21 |
| | | |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: The following |
| - | Compliant | room for children less than two and one- |
| Department Inspection | | |
| | | half years of age: Infant /Toddler Room 1, |
| | | 838.56 sq ft for max occupancy of 23 |
| | | children under 2.5 years of age. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | Documenting statement(s), if applicable |
| 5101:2-12-04 Food Service | Not vermed | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | |
| Suspension | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
| | | · |



| Rule | Status | Documenting Statement(s), If applicable |
|---|------------------------|---|
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| Dula | Chabura | Description (testamonat/s) if souther his |
| Rule Rule: 5101:2-12-11 Indoor Space | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The following |
| Requirements | Compliant | additional space was measured during the |
| Requirements | | inspection: Room 1 renovation . |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | Documenting Statement(s), If applicable |
| | Not vermed | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
| | | |
| Dulo | Status | Decumenting Statement(s) If applicable |
| Rule 5101:2-12-13 Sanitary Equipment and | Status Not Verified | Documenting Statement(s), If applicable |
| Environment | Not vermed | |
| Livionnent | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | 5 (, , , , , , , , , , , , , , , , , , |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | Documenting statement(s), if applicable |
| Trip Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|--------------|---|
| 5101:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | Not vermed | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | |
| Requirements | Not vermed | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Not Verified | |
| Enrollment Records | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Not Verified | |
| Plans | | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
| | L | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
| STOLL IL TO Entergency Drins | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement(s), if applicable |
| Equipment | | equipment was observed in all categories. |
| | | |
| L | l | I |
| Rule | Status | Documenting Statement(s), If applicable |
| huit | 510103 | Documenting Statement(3), if applicable |



5101:2-12-19 Supervision

| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
|-------------------------------------|--------------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: During the |
| | | inspection, it was determined that the |
| | | program had requested a change in the |
| | | program's license capacity. Please be |
| | | reminded the license capacity change |
| | | shall not be in effect until Departmental |
| | | approval is received in writing by the |
| | | program. |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: Limitations on |
| | | the license capacity were as noted in |
| | | number 1,2 below: |
| | | 1. Building's occupancy; |
| | | 2. Indoor space; |
| | | 3. Number of cots/mats; |
| | | 4. Number of tables and chairs; |
| | | 5. Number of staff; |
| | | 6. Fire evacuation capacity; |
| | | 7. Outdoor play space; |
| | | 8. Number of cribs; |
| | | 9. Quantity of play equipment and |
| | | materials. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Not Verified | |
| Dula | Chahua | |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------|--------------|---|
| 5101:2-12-19 Child Guidance | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

Not Verified



| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding cribs were discussed. |
|--------------------------------------|--------------|--|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Not Verified | |
| Administration | | |
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| | | |