

## 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 CHILDSCAPE LEARN AND GROW II	Program Number 000000100117	Program Type Child Care Center
Address 154 EAST AVE TALLMADGE OH 44278		County SUMMIT

Inspection Information			
Inspection Type Complaint		Inspection Scope Partial	Inspection Notice Unannounced
Reviewer(s) TONYA WASHINGTON	Inspection Day 11/12/2025	Begin Time 1:00 PM	End Time 3:45 PM
Summary of Findings			
No. Rules Verified 6	No. Rules with Non-compliances 4	No. Serious Risk 0	No. Moderate Risk 1
		No. Low Risk 3	

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
INFANT 1	0 to < 12 months	2 to 8	DIAPER CHANGE
INFANT 2	12 months to < 18 months	2 to 9	NAP
TODDLER 1	18 months to < 30 months	1 to 12	NAP
TODDLER 2	30 months to < 36 months	1 to 12	NAP
PRESCHOOL	3 years to < 4 years	1 to 18	NAP
PRE K	4 years to < 5 years	1 to 17	NAP
ADVANCED PRE K	5 years to < Kindergarten	1 to 9	NAP

### 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:00 License & Approvals

Rule: 5180:2-12-03 Inspection Requirements

Code: The program staff is required to cooperate with all licensing inspections and complaint investigations.

Allegation: The center did not fully cooperate with an investigation.

Determination: Substantiated

Findings: During the inspection, it was determined that program staff did not cooperate with the inspection or investigation, as noted in number 2 below:

1. Center employees refused to answer questions during interview with DCY staff;
2. During the inspection, a CCSM was told to leave and not come into the center to work while the department was conducting interviews of all staff members present.

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.

Risk Level: Low

Corrective Action Plan Due: 12/18/2025

#### Domain:02 Safe & Sanitary Environment

Rule: 5180:2-12-13 Smoke Free Environment

Code: The program is required to prohibit smoking on the premises.

Allegation: CCSM vaped tobacco and/or marijuana while on grounds.

Determination: Substantiated

Findings: During the inspection, vaping was determined to be on the premises of the program, and the program did not have an indoor area that was separately ventilated. 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.

Risk Level: Low

Corrective Action Plan Due: 12/18/2025

### Summary of Additional Non-Compliances

#### Serious Risk Non-Compliances

**No Additional Serious Risk Non-Compliances were observed during this inspection****Moderate Risk Non-Compliances****Domain:08 Staff Files**

Rule: 5180:2-12-09 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.

Findings: During the inspection, it was determined that background checks did not meet the requirements of the rule for Ms. L. as noted in number 3 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 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 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: 12/18/2025

**Low Risk Non-Compliances****Domain:08 Staff Files**

Rule: 5180:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

Findings: During the inspection, it was determined that the medical statements required for Ms. L. did not meet the requirements as listed in number 1 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: 12/18/2025