

# **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            | nils            |                   |
|-------------------------------------|-------------------------|-----------------|-------------------|
| Program Name                        | Program Number          |                 | Program Type      |
| THE CHILD CARE & LEARNING CENTER OF | 00000100288             |                 | Child Care Center |
| NEW MIDDLETOWN                      |                         |                 |                   |
| Address                             |                         |                 | County            |
| 10143 MAIN ST NEW MIDDELTOWN        |                         |                 | MAHONING          |
| OH 44442                            |                         |                 |                   |
|                                     |                         |                 |                   |
|                                     |                         |                 |                   |
| Building Approval Date              | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 08/27/2015                          | E                       |                 | 0                 |
| Fire Inspection Approval Date       | Food Service Risk Level |                 |                   |
| 10/03/2022                          | Level II                |                 |                   |

| Inspection Information |                                |          |                   |              |
|------------------------|--------------------------------|----------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope     | Inspection Notice |              |
| Annual                 | Full                           |          | Unannounced       |              |
| Inspection Date        | Begin Time 1                   | .0:15 AM | End Time 4:10 PM  |              |
| 02/14/2023             |                                |          |                   |              |
| Reviewer:              |                                |          |                   |              |
| KATHLEEN BONACCI       |                                |          |                   |              |
| Summary of Findings    |                                |          |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances |          |                   | No. Low Risk |
| 58                     | 4                              | 0        | 1                 | 3            |

| 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   |                  | 51         | 10        | 61    |
| School Age  |                  | 0          | 20        | 20    |
| Total Capacity/Enrollment                                 | 144              | 51         | 30        | 81    |

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



Department of Education Department of Job and Family Services

| Transitional -K       | 4 years to < 5 years     | 2 to 18 | Circle               |
|-----------------------|--------------------------|---------|----------------------|
| Transitional -K       | 4 years to < 5 years     | 2 to 18 | Handwashing<br>Lunch |
| Pre-K-Britnie         | 4 years to < 5 years     | 2 to 12 | Table Activities     |
| Pre-K-Britnie         | 4 years to < 5 years     | 2 to 12 | Handwashing<br>Lunch |
| Preschool 9-12:00pm   | 3 years to < 4 years     | 2 to 9  | Snack                |
| Preschool 9-12:00pm   | 3 years to < 4 years     | 2 to 9  | Dismissal            |
| Pre-K MWF 8:45-1:15pm | 4 years to < 5 years     | 0 to 0  | not present          |
| School age            | School-Age to < 11 years | 2 to 5  | Snack                |
| Daycare group         | 4 years to < 5 years     | 2 to 2  | Rest time on cot     |

#### **Summary of Non-Compliances**

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.

## Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

## Moderate Risk Non-Compliances

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the



children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 1,29 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.

14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.

- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.

17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.

18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.

- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. Medication listed in the procedures to follow was not onsite available to administer as instructed and
- alternate instructions for this situation were

not included on the plan.

- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

29. The generic medication on site was not the medication listed on the procedure signed by the physician and was not available to administer as instructed .

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/16/2023



#### 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 children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number 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.
- Stacked chairs.
- 5. Employee purse.
- 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: 03/16/2023

## Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety 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 required health and safety training as noted in numbers 2,3,4 below:



- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

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

Corrective Action Plan Due: 03/16/2023

## Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in numbers 7 and 13 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. 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 not required at this time.



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

| Rule                              | Status    | Documenting Statement(c) If applicable    |
|-----------------------------------|-----------|---|
|                                   |           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was    |
|                                   |           | in a location visible to parents as       |
|                                   |           | required. Parent board in hall.           |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-02 Current        | Compliant | Documenting Statement: The program        |
| Information                       |           | had current information entered in the    |
|                                   |           | Ohio Child Licensing and Quality System   |
|                                   |           | (OCLQS).                                  |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection           | Compliant |   |
| Requirements                      |           |   |
| •                                 |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department  | Compliant |   |
| Inspection                        |           |   |
|                                   | -         |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Fire Inspection      | Compliant |   |
|                                   |           |   |
| 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:  |
|                                   |           | 995691,649, Mahoning, Class 2, expires 3- |
|                                   |           | 1-2023.                                   |
|                                   |           |   |



| Statement: The<br>has completed the rules<br>e.<br>Statement(s), If applicable<br>Statement: The<br>'s hours of availability to<br>rents were posted in a<br>cation.<br>Statement: The current<br>s were available in a<br>cation on the premises. |
|--|
| e.<br>Statement(s), If applicable<br>Statement: The<br>'s hours of availability to<br>rents were posted in a<br>cation.<br>Statement: The current<br>s were available in a   |
| Statement(s), If applicable<br>Statement: The<br>'s hours of availability to<br>rents were posted in a<br>cation.<br>Statement: The current<br>s were available in a   |
| Statement: The<br>'s hours of availability to<br>rents were posted in a<br>cation.<br>Statement: The current<br>s were available in a  |
| Statement: The<br>'s hours of availability to<br>rents were posted in a<br>cation.<br>Statement: The current<br>s were available in a  |
| Statement: The<br>'s hours of availability to<br>rents were posted in a<br>cation.<br>Statement: The current<br>s were available in a  |
| 's hours of availability to<br>rents were posted in a<br>cation.<br>Statement: The current<br>s were available in a  |
| rents were posted in a<br>cation.<br>Statement: The current<br>s were available in a   |
| Statement: The current<br>s were available in a  |
| Statement: The current<br>s were available in a  |
| s were available in a  |
|  |
| cation on the premises.  |
|  |
|  |
| Statement(s), If applicable  |
| Statement: No changes  |
| ade to the written policies  |
| es since it was last approved  |
| tment.   |
|  |
|  |
| Statement(s), If applicable  |
| Statement: All employees<br>nedical statements on file.  |
| redical statements on file.  |
|  |
| Statement(s), If applicable  |
| Statement: All Child Care  |
| rs had verification of   |
| equirements on file at the   |
|  |
|  |
|  |
| Statement(s), If applicable  |
| Statement: On the day of   |
| Statement: On the day of<br>n, all child care staff  |
| Statement: On the day of<br>n, all child care staff<br>I met orientation training  |
| Statement: On the day of<br>n, all child care staff  |
| Statement: On the day of<br>n, all child care staff<br>I met orientation training  |
| Statement: On the day of<br>n, all child care staff<br>I met orientation training  |
| Statement: On the day of<br>n, all child care staff<br>I met orientation training  |
| Statement: On the day of<br>n, all child care staff<br>I met orientation training<br>s.<br>Statement(s), If applicable   |
| Statement: On the day of<br>n, all child care staff<br>I met orientation training<br>Statement(s), If applicable<br>Statement: During the  |
| Statement: On the day of<br>n, all child care staff<br>I met orientation training<br>s.<br>Statement(s), If applicable<br>Statement: During the<br>ne required documentation   |
| -  |



|           | Documenting Statement(s), If applicable |
|-----------|---|
| Compliant | Documenting Statement: At the time of   |
|           | the inspection, all child care staff    |
|           | members had completed the required      |
|           | amount of professional development      |
|           | training.                               |
| (         | Compliant                               |

| 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<br>Requirements | Compliant | Documenting Statement: The outdoor<br>play area is separated from traffic and<br>other hazards by a fence.   |
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements | Compliant | Documenting Statement: The quarterly<br>playground inspections were completed<br>and documented, as required. The most<br>recent inspection report form was dated<br>1-6-2023. |

| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| Rule: 5101:2-12-11 Outdoor Play<br>Equipment | Compliant | Documenting Statement: All equipment in<br>the outdoor play space was observed to<br>be anchored and stable.   |
| Rule: 5101:2-12-11 Outdoor Play<br>Equipment | Compliant | Documenting Statement: The playground<br>safety kit was used to verify the outdoor<br>play equipment was free from<br>entrapment hazards and unsafe and<br>protruding bolts. |
| Rule: 5101:2-12-11 Outdoor Play<br>Equipment | Compliant | Documenting Statement: Outdoor<br>equipment was viewed to be safe and<br>free of rust, sharp points, and other<br>hazards.   |

| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones | Compliant | Documenting Statement: The protective material used under outdoor equipment was mulch . |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |



| Rule: 5101:2-12-12 Safe Equipment                                 | Compliant           | Documenting Statement: Equipment was observed to be in good condition.   |
|---|---------------------|--|
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment          | Compliant           | Documenting Statement: On the day of<br>the inspection, the program provided a<br>clean environment in accordance with<br>Appendix A of this rule, which included<br>the furniture, materials and equipment.                                       |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Handwashing<br>Requirements                    | Compliant           | Documenting Statement(s), in applicable<br>Documenting Statement: Children were<br>viewed washing their hands, as required<br>by the rule.   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free<br>Environment                            | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures       | Compliant           | Documenting Statement: The program<br>uses the ODJFS sample trip permission<br>form for routine / field trips to secure<br>written permission from parents or<br>guardians. Parent's vehicles are used for<br>field trips.                         |
|   |                     |  |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan | Status<br>Compliant | Documenting Statement(s), If applicable<br>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  |
| 5101:2-12-16 Emergency Drills                                     | Compliant           |  |
|   |                     |  |
| Rule: 5101:2-12-16 First Aid/Standard<br>Precautions              | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: During the<br>inspection, the program had complete<br>first aid kits available as required.  |



| Rule                                     | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| Rule: 5101:2-12-16 Management of         | Compliant | Documenting Statement: The JFS 08087  |
| Communicable Disease                     | '         | "Communicable Disease Chart" was  |
|  |           | posted and was readily available to staff   |
|  |           | and parents.  |
|  |           |   |
|  |           |   |
| 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   |
|  |           | were complete as required.  |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan       | Compliant |   |
| <u> </u>                                 |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule        | Compliant | Documenting Statement(s), if applicable<br>Documenting Statement: Daily schedules |
| Rule. 5101.2-12-17 Daily Schedule        | Compliant | were observed posted.   |
|  |           | were observed posted.   |
| Rule: 5101:2-12-17 Daily Schedule        | Compliant | Documenting Statement: During the   |
|  |           | inspection, developmentally-appropriate   |
|  |           | practices were observed in the  |
|  |           | classrooms.   |
|  |           |   |
| Dula                                     | Ctatus    | Desumenting (teterment/s) If emplicable   |
| Rule<br>Rule: 5101:2-12-17 Materials and | Status    | Documenting Statement(s), If applicable<br>Documenting Statement: Sufficient      |
| Equipment                                | Compliant | equipment was observed in all categories.   |
| Equipment                                |           | equipment was observed in an categories.  |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play          | Compliant |   |
| L  |           |   |
| 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: The Appendix A   |
|  |           | "Staff/Child Ratios, Age Grouping and   |
|  |           | Maximum Group Size" was posted in a   |
|  |           | noticeable area at the program as   |
|  |           | required.   |
|  |           |   |



| Rule: 5101:2-12-18 Ratio               | Compliant | Documenting Statement: Staff/child         |
|--|-----------|--|
|  | Compliant | ratios observed during the inspection      |
|  |           | were in compliance.                        |
|  |           | were in compliance.                        |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-18 Group Size                | Compliant |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-18 Attendance Records        | Compliant |  |
|  |           |  |
| 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.      |
| Rule: 5101:2-12-19 Supervision         | Compliant | Documenting Statement: During the          |
|  | compliant | inspection, child care staff were observed |
|  |           | assisting children throughout the day.     |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-19 Child Guidance      | Compliant | Documenting Statement: Appropriate         |
|  | Compliant | child guidance techniques and practices    |
|  |           | were observed being used during the        |
|  |           | inspection.                                |
|  |           |  |
| 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.                                  |
| Rule: 5101:2-12-20 Cots and Napping    | Compliant | Documenting Statement: The cots were       |
| ······································ |           | disinfected daily.                         |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-22 Meal and Snack      | Compliant | Documenting Statement: Meals were          |
| Requirements                           |           | provided at intervals as required by this  |
|  |           | rule.                                      |
| Rule: 5101:2-12-22 Meal and Snack      | Compliant | Documenting Statement: Water was           |
| Requirements                           |           | provided to children throughout the day    |
|  |           | by water bottles.                          |
|  |           |  |



| Rule  | Status    | Documenting Statement(s), If applicable              |
|---|-----------|--|
| 5101:2-12-22 Fluid Milk Requirements            | Compliant |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable              |
| Rule: 5101:2-12-22 Safe Food                    | Compliant | Documenting Statement: Sack lunches                  |
| Handling/Storage                                |           | were stored icde packs.                              |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable              |
| Rule: 5101:2-12-25 Medication<br>Administration | Compliant | Documenting Statement: Medication was stored office. |
|   |           | · · · · · · · · · · · · · · · · · · ·                |
|   |           |  |