

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 | | Program Type |
| AUSTINTOWN COMMUNITY CHURCH | 000000100638 | | Child Care Center |
| PRESCHOOL | | | |
| Address | 80 | | County |
| 242 S CANFIELD NILES RD YOUNGSTOWN | | | MAHONING |
| OH 44515 | | | |
| | | | |
| | | | · |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 02/22/2023 | E | 139 | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | |
| 01/11/2024 | Level II | | |

| | Insp | ection Information | | |
|-----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 01/23/2024 | Begin Time 1 | 1:20 AM | End Time 5:46 PM | |
| Reviewer: KATHLEEN BONAC | CCI | | | |
| | ç | | | |
| | Sur | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 7 | 0 | 1 | 6 |

| Li | cense Capacity ar | nd Enrollme | ent at the Time of In | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group | License Capacity | | Enr | ollment |
| | 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 | | 48 | 29 | 77 |
| School Age | | 0 | 30 | 30 |
| Total Capacity/Enrollment | 141 | 48 | 59 | 107 |

| S | taff-Child Ratios at the Time of Ins | pection | |
|-------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |

| Purple Room | 3 years to < 4 years | 1 to 8 | Free play |
|------------------------------------|--------------------------|---------|---------------------------------|
| Combined Green and Orange Rooms | 3 years to < 4 years | 2 to 9 | Lunch |
| Pre-K Red | 4 years to < 5 years | 1 to 11 | Gym - gross motor activities |
| Yellow Room | 4 years to < 5 years | 1 to 14 | Free play |
| Orange Room | 3 years to < 4 years | 1 to 7 | Free play |
| Pink Room | 3 years to < 4 years | 1 to 6 | Television video |
| | | | Restroom |
| | | | Handwashing |
| Green Room | 3 years to < 4 years | 1 to 7 | Circle |
| Combined Red & Yellow Rooms | 3 years to < 4 years | 2 to 15 | Lunch |
| Combined Pink & Purple Rooms | 3 years to < 4 years | 2 to 8 | Lunch |
| Non Nappers | 3 years to < 4 years | 2 to 13 | Free play |
| Nappers Combined | 3 years to < 4 years | 3 to 19 | Nap |
| School age | School-Age to < 11 years | 2 to 8 | Hand washing |
| | | | Snack ham, |
| | | | cheese, crackers |
| | | | and water. |
| School age | School-Age to < 11 years | 2 to 15 | Free play |

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 | |
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| | |

| | 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 and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in numbers 1,12,13,14,27,28,29,30,31,43 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed names of child care staff members who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signatures of child care staff members who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. 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.

Provide staff training. 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: 02/23/2024

Low Risk Non-Compliances

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to conduct and document quarterly inspections of their outdoor play space.

<u>Finding</u>: During the inspection, it was determined that quarterly inspections of one or more outdoor play area(s) and equipment had not been completed and documented as required, using the JFS 01281 "Child Care Playground Inspection Report" form. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule. 3rd quarter.

Corrective Action Plan Due: 02/23/2024

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: The program is required to obtain written approval from a licensed physician if a child is to have a food group eliminated from their diet.

<u>Finding</u>: During the inspection, it was determined that an entire food group was eliminated for a child, and written instructions from a licensed physician were not file. Refer to the Children Records Review for the names of children who do not have these instructions on file. 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. Milk.

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 1,2, 4,5,6 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: 02/23/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number 5c 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: 02/23/2024

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: During the inspection, it was determined that a child care staff member, with preliminary approval on file, had sole responsibility of children in the Pre-K group and the JFS 01176 "Program Notification of Background Check Review for Child Care" was not on file as required. Submit the program's corrective action plan, which includes a copy of the JFS 01176 or a statement that the child care staff member no longer have sole responsibility of children, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/23/2024

Domain: 10 Written Policies & Procedures

Rule: 5101:2-12-07 Written Program Policies and Procedures

<u>Code</u>: The program's policies and procedures are required to include all topics outlined in rule.

<u>Finding</u>: During the inspection, it was determined the program's written policies and procedures provided to the parents/guardians and employees was missing item number 15 below:

General Information

- 1. Program name, address, email address and telephone number.
- 2. Description of the program's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in program activities.
- 6. Opportunities for parents to meet with teachers regarding their child.
- 7. Payment schedule, overtime charges and registration fees as applicable.
- 8. Supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

Program Policies and Procedures

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Compliance with the Americans with Disabilities Act (ADA), including administering medication to children with disabilities and administering care procedures to children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice.)
- 17. Food and dietary policy, including, information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals and snacks, and a policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return and notification of parent of ill child.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products including medical foods, modified diets and whether school age children are permitted to carry their own medication and ointments.

- 21. Transportation for fieldtrips, routine trips (if applicable) and emergencies, including if the center will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks and information about daily activities.
- 24. Sleeping, Napping and Resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation including closing due to weather, school delays or closings and any other factors.
- 27. Situations that may require disenrollment of a child, if applicable.
- 28. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the child care program.
- 29. Formal screenings and assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

Revise the program's written policies and procedures to include the missing information. Submit the program's corrective action plan, which includes the revised written policies and procedures, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/23/2024

Rules In-Compliance/Not Verified

| Rule | Status | 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. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 Current Information | Compliant | Documenting Statement: The program 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 Requirements | Compliant | |
|---|---------------------|---|
| 1 (10 to 10 | <u>'</u> | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building Department Inspection | Compliant | Documenting Statement: The recent dated 2-22-23 building approval listed the following stipulations/limitations: Mahoning County , 242 S Canfield-Niles Road, User Group E ,Occupancy 139 (See page two) . |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available onsite for review. |
| Rule: 5101:2-12-04 Building Department Inspection | Compliant | Documenting Statement: On the day of the inspection, the program was operating in compliance with the current building approval. |
| Rule | Ctatus | Decumenting Statement(e) If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the |
| Male: 910112 12 011 lie liispeetion | Compilant | inspection, the requirements of the rule regarding fire inspection were discussed. Current fire inspection dated 1-11-2024 on file. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9938504,784,Mahoning,class2 ,expires 3-1-2024. |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The off-site |
| Requirements | | food processing establishment's current Ohio Department of Agriculture registration information was observed during the inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator Qualifications | Compliant | Documenting Statement: The administrator has completed the rules review course. |
| - | • | |



| Beginning! | | |
|--------------------------------------|---|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Responsibilities/Requirements | | administrator's hours of availability to |
| 97 | | meet with parents were posted in a |
| | | noticeable location. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | 3000, 3700 600 60 ■ 3000 600 600 600 600 600 600 600 600 60 | the inspection, all child care staff |
| | | members had met orientation training |
| | | requirements. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional | Compliant | Documenting Statement: At the time of |
| Development Requirements | 7 | the inspection, all child care staff |
| | | members had completed the required |
| | | amount of professional development |
| | | training. |
| | | |
| | | |
| 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 Play | Compliant | Documenting Statement: The outdoor |
| Equipment | | play space and equipment were not |
| | | viewed during this inspection due to snow |
| | | covering and rain ,however, the |
| | | requirements were discussed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | surfaces under the outdoor equipment |
| | | were not viewed during this inspection |
| | | due to snow covering and rain; however, |
| | | the requirements were discussed. |
| | | |
| | | |
| 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. |
| D 5404 0 40 40 6 5 5 1 | | 1 |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding safe equipment were discussed. |

| | | Discussed requirements for indoor fall |
|---|---------------------|--|
| | | surface under climbers. |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement(s), If applicable Documenting Statement: Cleaning |
| Nule. 5101.2-12-12 Sale Livil Oliment | Compliant | supplies were viewed stored out of the |
| | | reach of children. |
| | | reaction children. |
| 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. |
| | | |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Pets were |
| | | viewed to be properly housed and cared |
| | | for. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | Compliant | inspection, the equipment was observed |
| Equipment and Environment | | clean and in good repair. |
| | | cican and in good repair. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as |
| | | required by the rule. |
| | | required by the rule. |
| | | required by the rule. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-13 Smoke Free | Status Compliant | |
| 2 | | |
| 5101:2-12-13 Smoke Free | | |
| 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the |
| 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule |
| 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation and field trip |
| 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation and field trip procedures were discussed. The program |
| 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation and field trip procedures were discussed. The program will resume fieldtrips this summer using |
| 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation and field trip procedures were discussed. The program will resume fieldtrips this summer using an Austintown school district bus and the |
| 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation and field trip procedures were discussed. The program will resume fieldtrips this summer using |
| 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation and field trip procedures were discussed. The program will resume fieldtrips this summer using an Austintown school district bus and the |
| 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation and field trip procedures were discussed. The program will resume fieldtrips this summer using an Austintown school district bus and the ODJFS Field Trip permission form. |
| S101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation and field trip procedures were discussed. The program will resume fieldtrips this summer using an Austintown school district bus and the |

| | | records were reviewed, and the records were complete, as required by the rule. |
|--|---------------------|--|
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: In review of |
| | Compilant | The second discount of the second |
| Enrollment Records | | 25% of the records, at the time of the |
| | | inspection, children's medical statements |
| | | were complete and on file, as required by |
| | | the rule. |
| | ļ | |
| 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 |
| and ceneral Emergency Hair | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | ALL PARTIES AND ALL PROPERTY OF THE PROPERTY OF THE AMERICAN PROPERTY OF THE PARTIES AND ADMINISTRATION OF T |
| | | posted in the program as required. |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| 200 Contraction Co. Contraction Co. Section Co. | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | during this inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Rule: 5101:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the |
| 1000 | Compliant | |
| 1000 | Compliant | Documenting Statement: During the inspection, the program had complete |
| Precautions | | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Precautions | Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable |
| Rule Rule: 5101:2-12-16 Management of | | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 |
| Precautions | Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was |
| Rule Rule: 5101:2-12-16 Management of | Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 |
| Rule Rule: 5101:2-12-16 Management of | Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when their child had any exposure to a |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number 4& 5 below: |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number 4& 5 below: 1. A posted notice; |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number 4& 5 below: 1. A posted notice; 2. Verbal communication; |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number 4& 5 below: 1. A posted notice; |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number 4& 5 below: 1. A posted notice; 2. Verbal communication; |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number 4& 5 below: 1. A posted notice; 2. Verbal communication; 3. A written notice sent home; |
| Rule Rule: 5101:2-12-16 Management of Communicable Disease Rule: 5101:2-12-16 Management of | Status Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number 4& 5 below: 1. A posted notice; 2. Verbal communication; 3. A written notice sent home; 4. A note posted on the classroom door; |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The JFS 01299 |
| Reporting | 1 | "Incident/Injury Report For Child Care" |
| | | forms reviewed during this inspection |
| | | were complete as required. |
| | | mere comprete as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | | of the written disaster plan was |
| | | completed by staff. |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| 55500000 | | Documenting Statement(s), If applicable 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 |
| | Francisco Francisco | inspection, developmentally-appropriate |
| | | practices were observed in the |
| | | classroom(s). |
| | | , , |
| | | |
| 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 | 0 (7) |
| , , | <u> </u> | |
| | | |
| 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: During the |
| | | inspection, enough Child Care Staff |
| | | Members were employed to meet the |
| | | staff/child ratios. |
| | | |
| 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: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the 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 | Compilant | 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. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement(s), if applicable Documenting Statement: During the |
| Nuie. 3101.2-12-13 Supervision | Сотриан | inspection, child care staff were observed meeting the basic needs of all children assigned to the group. |
| 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 | 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 |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| 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 Handling/Storage | Compliant | Documenting Statement: All eating utensils were developmentally appropriate. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5101:2-12-25 Medication Administration | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding administering medication, food supplements and medical foods were discussed. |
| Rule: 5101:2-12-25 Medication Administration | Compliant | Documenting Statement: Medication was stored office . |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |