

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 | nils | |
|---------------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| CHILDTIME LEARNING CENTER | 000000101081 | | Child Care Center |
| Address 2145 EASTWOOD AVENUE AKRON OH | | | County SUMMIT |
| 44305 | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 02/14/2008 | NA | 142 | 59 |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 04/12/2023 | Level III | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Follow-up | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 06/04/2024 | 9:45 AM | 9:45 AM | | 11:25 AM | |
| Reviewer: | | | | | |
| BETH RAGLE | | | | | |
| Summary of Findings | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 11 | 2 | 0 | 0 | 2 | |

| 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) | | 15 | 0 | 15 |
| Young Toddler | | 18 | 0 | 18 |
| Total Under 2 ½ Years | 57 | 33 | 0 | 33 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 32 | 0 | 32 |
| School Age | | 18 | 0 | 18 |
| Total Capacity/Enrollment | 133 | 53 | 0 | 86 |

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

| Infant 1 | 0 to < 12 months | 2 to 8 | Infant activities |
|-----------------------------|--------------------------|---------|-------------------|
| Infant 2 | 12 months to < 18 months | 1 to 6 | Outdoor play |
| School Age | School-Age to < 11 years | 1 to 14 | Outdoor Play |
| Toddlers | 18 months to < 30 months | 2 to 10 | Art activity |
| Early Preschool | 18 months to < 30 months | 1 to 6 | Outdoor Play |
| Preschool and PreK Combined | 3 years to < 4 years | 2 to 24 | Outdoor 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 |
| |
| |
| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |



Low Risk Non-Compliances

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Fall Zones

Code: The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

<u>Finding</u>: During the inspection, it was determined the fall zone under and around equipment designated for climbing, swinging, balancing and sliding did not meet the requirements as noted in number 6 below:

- 1. The fall surface material had not been properly distributed or raked as needed to retain proper depth under and around equipment.
- 2. A fall zone hazard was present and posed a risk of injury if a child were to fall from a piece of equipment.
- 3. The fall zone was less than 3 feet from the fence for equipment used by children 23 months of age and younger.
- 4. The fall zone was less than 6 feet from the fence for equipment used by children 24 months of age and older.
- 5. There was not a fall zone of 3 feet in all directions from the perimeter of the equipment used by children 23 months of age and younger.
- 6. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment used by children 24 months of age and older.
- 7. The fall zone was less than 4 1/2 feet from each piece of applicable equipment used by children 23 months of age and younger.
- 8. The fall zone was less than 9 feet from each piece of applicable equipment used by children 24 months of age and older.
- 9. Other.

The program is required to provide adequate fall zones under and around outdoor play equipment at all times. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/04/2024

Domain: 04 Indoor/Outdoor Space

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

<u>Code</u>: The program is required to have an outdoor play space free from trash and foreign objects.

<u>Finding</u>: During the inspection, it was determined that the outdoor play space was not free of trash or foreign objects as noted in number 8 below:

- 1. The outdoor area was littered with trash.
- 2. The trash can was missing a lid.
- 3. The trash can was not emptied from the day(s) before.

- 4. The trash can was overflowing with trash.
- 5. The trash can was infested with insects.
- 6. The trash can was visibly dirty.
- 7. There was broken glass.
- 8. There were tall weeds and tall grass.
- 9. There was poison ivy.
- 10. There were tree branches.
- 11. There was mold visible.
- 12. There were thistles with prickers.
- 13. There were bird droppings.
- 14. The sandbox was contaminated.
- 15. Other.

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

Corrective Action Plan Due: 07/04/2024

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 | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-04 Fire Inspection | Not Verified | |
|-------------------------------------|------------------------|---|
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| | Lau | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
| Dula | Chahua | Decumenting Chatanage (A) (C) |
| 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 | Documenting Statement(s), it applicable |
| 3101.2-12-08 Medical Statement | Not verified | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
| Pulo | Ctatus | Decumenting Statement(s) If applicable |
| Rule 5101:2-12-10 Professional | Status Not Verified | Documenting Statement(s), If applicable |
| Development Requirements | NOT VEHILLA | |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | bocumenting statement(s), if applicable |
| Requirements | 1400 VCIIIIEU | |
| печинения | | |
| Rule | Status | Documenting Statement(s), If applicable |
| naic | Status | Documenting Statement(3), if applicable |

| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified | |
|---|------------------------|--|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | - comment of the control of the cont |
| Requirements | | |
| | | |
| Rule 5101 2 12 12 5 2 2 5 2 5 2 5 2 5 2 5 2 5 2 | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Not Verified | |
| Liiviioiiiieit | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Not Verified | bocumenting statement(s), it applicable |
| Requirements | | |
| Dula | Chahira | Decrease the Chategory of the Control of the Contro |
| Rule 5101:2-12-14 Transportation - Vehicle | Status Not Verified | Documenting Statement(s), If applicable |
| Requirements | Not verified | |
| 4 5 5 5 6 | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Not Verified | |
| Enrollment Records | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | Compilation | had current information on the medical |
| | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5101:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
| Contract Interest of the second of the secon | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | Bocamenting statement(s), it applicable |
| 3101.2 12 10 Emergency brins | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | Decamental getatement(o), in applicable |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | bocumenting statement(s), it applicable |
| Communicable Disease | Not vermed | |
| Communicable Discuse | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | bocumenting statement(s), if applicable |
| | Not verified | |
| Reporting | | |
| Rule | Status | Decree entire Statements (If applicable |
| | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Not Verified | Documenting Statement(s), if applicable |
| | Not verified | |
| Equipment | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | Documenting Statement(s), If applicable |
| 3101.2-12-17 Daily Outdoor Play | Not verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | Documenting Statement(s), it applicable |
| 3101.2-12-18 License Capacity | Not verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| 1.3.3.3.3.2.2.2.2.3.10.00 | 3011121110 | ratios observed during the inspection |
| | | were in compliance. |
| | | were in compliance. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| 1.a.c. 5151.2 12 16 61 64p 512c | Compilation | observed on the day of the inspection |
| | | were in compliance. |
| | | were in compliance. |
| | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-12-18 Attendance Records | Not Verified | bocumenting statement(s), ii applicable |
| 3101.2 12 10 Attendance Records | 110t vermed | |
| | • | |
| 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 | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
| | | |
| | 1. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | bocumenting statement(s), it applicable |
| 3101.2 12 20 61103 | Not vermed | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
| | | |
| | | |
| 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 | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | Documenting statement(s), it applicable |
| Preparation | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | Documenting statement(s), it applicable |
| Training | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Not Verified | 2553 |
| Administration | | |
| , tarring a deferi | <u> </u> | |



| 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 |
|------------------------------------|--------------|---|
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
| | | |