

# **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	ils		
Program Name	Program Number		Program Type	
CHILDREN'S RAINBOW PRESCHOOL	000000102626		Child Care Center	
Address			County	
3217 Surrey RD SE Warren			TRUMBULL	
OH				
44484				
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½	
08/01/2023	E	151	0	
Fire Inspection Approval Date	Food Service Risk Level			
09/17/2025	Exempt			

Inspection Information					
Inspection Type	Inspection So	cope	Inspection Notice		
Annual	Full		Unannounced		
Inspection Date	Begin Time		End Time		
10/29/2025	10:45 AM	10:45 AM			
Reviewer:					
Kathryn Noftz					
Summary of Findings					
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
58	5	0	1	5	

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		0	135	135
School Age		0	0	0
Total Capacity/Enrollment	120	0	135	135

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



Full TWTH	3 years to < 4 years	2 to 19	
Full TWTH	3 years to < 4 years	2 to 16	
TWTH-AM	3 years to < 4 years	2 to 5	
TWTH-AM	3 years to < 4 years	2 to 6	
TWTH-PM	3 years to < 4 years	2 to 6	
TWTH	4 years to < 5 years	2 to 15	
TWTH	4 years to < 5 years	2 to 15	
TWTH	4 years to < 5 years	2 to 15	
TWTH	4 years to < 5 years	2 to 17	
TWTH	4 years to < 5 years	2 to 18	
TWTH	4 years to < 5 years	2 to 18	
TWTH	4 years to < 5 years	2 to 17	
TWTH	4 years to < 5 years	2 to 17	
TWTH	4 years to < 5 years	2 to 14	
TWTH- AM	3 years to < 4 years	2 to 11	
TWTH- PM	3 years to < 4 years	2 to 11	

# **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 5180:2-12-03 and 5180:2-13-03 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: 5180:2-12-15 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 number(s) 1,7,39,45 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.
- 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.

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- 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 name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) 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.

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- 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.
- 45. Other- A separate JFS 01236 had not been used for each condition.

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: 11/28/2025

# **Low Risk Non-Compliances**

#### **Domain: 08 Staff Files**

Rule: 5180:2-12-07 Administrator Qualifications

 $\underline{\underline{Code}} : The \ program \ administrator \ is \ required \ to \ complete \ the \ rules \ course \ reivew \ within \ the \ defined \ time$ 

period.

<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. 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.



**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.

<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(s) 5(c), 6 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: 11/28/2025

#### **Domain: 08 Staff Files**

Rule: 5180:2-12-10 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 number(s) 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: 11/28/2025

#### **Domain: 08 Staff Files**

Rule: 5180:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [ ].

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

Corrective Action Plan Due: 11/28/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to ensure that there is at least one child care staff member who has signed the JFS 01236 "Child Medical/Physical Care Plan for Child Care" caring for the child at all times when a child with a health condition is present.



<u>Finding</u>: During the inspection, it was determined a child with a condition that required a JFS 01236 "Child Medical/Physical Care Plan" had been present and the program did not ensure there was at least one child care staff member caring for the child at all times who had signed the JFS 01236 on the child's condition. 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: 11/28/2025

# Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Written Disaster Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 License Posted	Compliant	
Rule	Status	Decumenting Statement(s) If applicable
An application and application and application of the application and applications and applications and applications are applications are applications and applications are applications are applications and applications are applications and applications are applications are applications are applications and applications are appl		Documenting Statement(s), If applicable
5180:2-12-04 Building Department	Compliant	
Inspection		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-03 Inspection	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-04 Fire Inspection	Compliant	Documenting Statement: Please Note:
70	-	Documentation of a fire inspection
		without any uncorrected violations must
		be secured for the program. Secure a
		new fire inspection by 9-17-26.



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Rule: 5180:2-12-04 Fire Inspection	Compliant	Documenting Statement: Although the program had documentation of a current fire inspection without any uncorrected violations at the time of the licensing inspection, the program did not have the fire inspection completed within 12 months from the date of the last fire inspection without any uncorrected violations. Please ensure that fire inspections are completed in accordance with the rule requirements.
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-04 Food Service	Compliant	Documenting Statement: The program
Requirements		has obtained a food service exemption
		status from the local health department.
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-07 Written Program	Compliant	Documenting Statement: No changes
Policies and Procedures		have been made to the written policies
		and procedures since it was last approved
		by this Department.
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Child Care Staff Member	Compliant	
Educational Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection	Coloridate Selation ■ Proceedings and the	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-09 Background Check	Compliant	
Requirements	·	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Indoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-11 Outdoor Space	Compliant	
Requirements	and the second s	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Equipment	Compliant	
3180.2-12-12 Sale Equipment	Compilant	
Rule	Status	Documenting Statement(s), If applicable
		Bootimenting Statement(o), it applicable
5180:2-12-11 Outdoor Play Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-11 Outdoor Play Fall	Compliant	Documenting Statement: The protective
Zones		material used under outdoor equipment
		was rubber mulch.
		Was rabber maism
L		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Environment	Compliant	
3180.2-12-12 Sale Lilvirollillelit	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Sanitary Equipment and	Compliant	
5 A3 6	Compilant	
Environment		
Rule	Status	Documenting Statement(s) If applicable
Rule	Status	Documenting Statement(s), If applicable
Rule Rule: 5180:2-12-13 Handwashing	Status Compliant	Documenting Statement: Staff and
Rule: 5180:2-12-13 Handwashing	nation has	Documenting Statement: Staff and
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Rule: 5180:2-12-13 Handwashing	nation has	Documenting Statement: Staff and children were observed washing hands as
Rule: 5180:2-12-13 Handwashing Requirements	Compliant	Documenting Statement: Staff and children were observed washing hands as required by the rule.
Rule: 5180:2-12-13 Handwashing Requirements  Rule	Compliant	Documenting Statement: Staff and children were observed washing hands as
Rule: 5180:2-12-13 Handwashing Requirements  Rule 5180:2-12-13 Smoke Free	Compliant	Documenting Statement: Staff and children were observed washing hands as required by the rule.
Rule: 5180:2-12-13 Handwashing Requirements  Rule	Compliant	Documenting Statement: Staff and children were observed washing hands as required by the rule.
Rule: 5180:2-12-13 Handwashing Requirements  Rule 5180:2-12-13 Smoke Free	Compliant	Documenting Statement: Staff and children were observed washing hands as required by the rule.
Rule: 5180:2-12-13 Handwashing Requirements  Rule 5180:2-12-13 Smoke Free Environment	Status Compliant	Documenting Statement: Staff and children were observed washing hands as required by the rule.  Documenting Statement(s), If applicable
Rule: 5180:2-12-13 Handwashing Requirements  Rule 5180:2-12-13 Smoke Free Environment  Rule	Status Compliant Status Status	Documenting Statement: Staff and children were observed washing hands as required by the rule.
Rule: 5180:2-12-13 Handwashing Requirements  Rule 5180:2-12-13 Smoke Free Environment  Rule 5180:2-12-14 Transportation and Field	Status Compliant	Documenting Statement: Staff and children were observed washing hands as required by the rule.  Documenting Statement(s), If applicable
Rule: 5180:2-12-13 Handwashing Requirements  Rule 5180:2-12-13 Smoke Free Environment  Rule	Status Compliant Status Status	Documenting Statement: Staff and children were observed washing hands as required by the rule.  Documenting Statement(s), If applicable
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Rule: 5180:2-12-13 Handwashing Requirements  Rule 5180:2-12-13 Smoke Free Environment  Rule 5180:2-12-14 Transportation and Field Trip Procedures	Status Compliant  Status Compliant  Status Compliant	Documenting Statement: Staff and children were observed washing hands as required by the rule.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
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Rule: 5180:2-12-16 Emergency Drills	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding emergency drills were discussed.
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Rule 5180:2-12-16 First Aid/Standard	Status Compliant	Documenting Statement(s), If applicable
Precautions	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Management of	Compliant	g carrotte (-), the production
Communicable Disease	sometiment may be the second of	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Incident/Injury	Compliant	bocumenting statement(s), it applicable
Reporting	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Materials and	Compliant	
Equipment		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Attendance Records	Compliant	bocumenting statement(s), ii applicable
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Group Size	Compliant	
		0 " 6" " (1) [
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Daily Outdoor Play	Compliant	
Dulo	Status	Decumenting State
Rule 5180:2-12-18 License Capacity	Status Compliant	Documenting Statement(s), If applicable
5180:2-12-18 License Capacity	Compliant	
Di	Charles	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Ratio	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-19 Supervision	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5180:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Meal and Snack	Compliant	
Requirements		
	3	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Safe Food	Compliant	
Handling/Storage		
	*	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-25 Medication	Compliant	
Administration		
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