

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		Pro	gram Type
KIDDIN' AROUND	000000106780		Chi	ld Care Center
Address			Cou	unty
1300 BOARDMAN-CANFIELD RD BOARDMAN			MA	HONING
ОН				
44512				
		*		
Building Approval Date	Use Group/Code	Occupancy Limit		Maximum Under 2 ½
01/04/2008	E	134		50
Fire Inspection Approval Date	Food Service Risk Level			
12/07/2023	Level II			

Inspection Information					
Inspection Type	Inspection	Scope	Inspection Notice		
Annual	Full		Unannounced		
Inspection Date	Begin Time		End Time		
08/26/2024	11:20 AM		6:20 PM		
Reviewer:					
MICHELE FAKAN					
	Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
58	4	0	2	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)		12	0	12
Young Toddler		34	0	34
Total Under 2 ½ Years	50	46	0	46
Older Toddler		0	0	0
Preschool		50	0	50
School Age		0	22	22
Total Capacity/Enrollment	134	50	22	118

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

Preschool 5	5 years to < Kindergarten	1 to 13	lunch
Preschool 5	5 years to < Kindergarten	1 to 13	nap
			combined with SA
infant 1/2	0 to < 12 months	2 to 10	
infant 1/2	0 to < 12 months	2 to 10	nap
school age	Mixed Age Group	2 to 13	lunch
school age	5 years to < Kindergarten	1 to 13	nap
Toddler 4	30 months to < 36 months	1 to 6	
Toddler 4	30 months to < 36 months	1 to 6	nap
Toddler 3	30 months to < 36 months	1 to 6	
Toddler 3	30 months to < 36 months	1 to 6	
Preschool 3	3 years to < 4 years	2 to 12	
Preschool 3	3 years to < 4 years	2 to 12	
toddler 1	18 months to < 30 months	1 to 7	
toddler 1	18 months to < 30 months	1 to 6	

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: 06 Program Information

Rule: 5101:2-12-14 Transportation - Vehicle Requirements

<u>Code</u>: The program is required to use the correct vehicle type as specified in rule. The program is also required to have all vehicles used to transport children inspected by an ASE certified mechanic, FMCSA inspector or the State Highway patrol annually, and correct all repairs that are listed on the vehicle inspection report.



<u>Finding</u>: During the inspection, it was determined the program used a vehicle to transport children that was not approved and/or did not have a current annual vehicle inspection indicating the vehicle was mechanically safe as noted in number 2 below:

- 1. The program used a converted cargo van or passenger vans designed to carry ten or more passengers. The program must cease the use of this vehicle immediately.
- 2. The vehicle was not inspected. CCSM used personal vehicles that did not have an annual safety inspection on file.
- 3. The vehicle was inspected by someone other than an ASE certified mechanic, federal motor carrier safety administration (FMCSA) safety inspector or the Ohio State Highway Patrol.
- 4. The vehicle inspection was not updated annually.
- 5. The vehicle inspection completed from the Ohio Highway Patrol did not meet the rule requirement.
- 6. The annual safety check of the vehicle(s) used by the program to transport children noted repairs or corrections that had not been completed and/or documented. The safety violations need to be corrected immediately.

Submit the program's corrective action plan, which includes either discontinuing the use of the vehicle, documentation for any new vehicle now being used to transport children, or a copy of the JFS 01230 "Vehicle Inspection Report for Child Care Centers", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/26/2024

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 number 44 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 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.

(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: 09/25/2024

Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number 4 below:

- 1. There was no method in place;
- 2. The method did not include each child's name;
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times; Field trip attendance not completed to accurately reflect which children were in which vehicle.
- 5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 09/26/2024

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 4 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: 09/25/2024

Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
	20	
Rule	Status	Documenting Statement(s), If applicable

Deginning:		
5101:2-12-03 Inspection	Compliant	
Requirements		
	8)	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Department	Compliant	
Inspection	September 20 12 12 19 19 19 19 19 19 19 19 19 19 19 19 19	
	I'	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Fire Inspection	Compliant	Documenting Statement: Please Note:
Naic. 5101.2 12 04 Fire inspection	Compilant	Documentation of a fire inspection
		without any uncorrected violations must
		be secured for the program. Secure a
		new fire inspection by 12/7/2024.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Food Service	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
	•	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	3 (7, 11
Responsibilities/Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Compliant	Bocumenting statement(s), it approasts
Policies and Procedures	Compilant	
Tolicies and Frocedures		
Dula	Chatus	Decree entire (teterentie) If applicable
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-08 Orientation	Compliant	Documenting Statement: On the day of
Training & Whistle Blower Protection		the inspection, all child care staff
		members had met orientation training
		requirements.
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.
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-10 Health Training	Compliant	Documenting Statement: The program
Requirements		had at least one Child Care Staff Member
neganements		riad at least one crina care stail Member

		with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-10 Professional	Compliant	Documenting Statement: At the time of
Development Requirements		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 Requirements	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Separation of Children	Compliant	
Under 2 1/2 Years		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Space	Compliant	Documenting Statement: The outdoor
Requirements		play area is separated from traffic and
		other hazards by a fence.
Rule: 5101:2-12-11 Outdoor Space	Compliant	Documenting Statement: The quarterly
Requirements		playground inspections were completed
		and documented, as required. The most
		recent inspection report form was dated
		6/13/2024.
Rule: 5101:2-12-11 Outdoor Space	Compliant	Documenting Statement: Shade is
Requirements		provided by means of trees.
L		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
	I	
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.

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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-12 Safe Environment	Compliant	Documenting Statement: Cleaning supplies were viewed stored out of the reach of children.
Rule: 5101:2-12-12 Safe Environment	Compliant	Documenting Statement: All electrical outlets were covered with safety receptacles.
Rule: 5101:2-12-12 Safe Environment	Compliant	Documenting Statement: All area rugs had nonskid backing.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Compliant	boodinesticing statement(3), it applicable
Environment	Compliant	
Dula	Chahua	Decimal to the second of the s
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment	and makedona processor and an analysis of the control of the contr	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation and Field Trip Procedures	Compliant	Documenting Statement: The form(s) used by the program for routine and/or field trips were verified to meet the requirements of the rule.
Rule: 5101:2-12-14 Transportation and Field Trip Procedures	Compliant	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection.
Rule: 5101:2-12-14 Transportation and Field Trip Procedures	Compliant	Documenting Statement: The driver(s) had current and valid training in first aid management of communicable disease, and CPR.
Rule: 5101:2-12-14 Transportation and Field Trip Procedures	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding transportation and field trip procedures were discussed.
Rule	Status	Documenting Statement(s), If applicable

Rule: 5101:2-12-14 Transportation - Driver Requirements	Compliant	Documenting Statement: The driver(s) had completed the required ODJFS driver training.
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Rule 5101:2-12-15 Child Medical and Enrollment Records	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and General Emergency Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	bootinening statement(s), it apprease
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard Precautions	Compliant	Documenting Statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of Communicable Disease	Compliant	(-),
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury Reporting	Compliant	bootineming statement(s), in applicable
Date	Chabasa	Decomposition Chapters and a) If any limited
Rule 5101:2-12-17 Daily Schedule	Status Compliant	Documenting Statement(s), If applicable
Rule 5101:2-12-17 Materials and	Status	Documenting Statement(s), If applicable
Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	
Rule 5101:2-12-18 License Capacity	Status Compliant	Documenting Statement(s), If applicable
	S-2-11-11-11-11-11-11-11-11-11-11-11-11-1	
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	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	Documenting Statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	bocumenting statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	Documenting Statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-20 Cots and Napping	Compliant	Documenting Statement: The rest area had adequate lighting, which allowed for the visual supervision of children.
Rule: 5101:2-12-20 Cots and Napping	Compliant	Documenting Statement: Cots were placed appropriately and safely during nap time.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cribs	Compliant	z comment g concernation (e), it approximate
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack Requirements	Compliant	bootimenting statement(s), in applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food Handling/Storage	Compliant	a comment of the comm
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Bottle and Food Preparation	Compliant	2 - Samonana Statement (s), it applicable

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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Diapering and Toilet	Compliant	
Training	F	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Compliant	
Administration		
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.
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	<u>.</u>	<u>.</u>
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	
	*	