

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 |
| SKIDADDLES OF MASON, INC. | 000000200111 | | Child Care Center |
| | | | |
| Address | | | County |
| 5939 DEERFIELD BLVD. MASON | | | WARREN |
| ОН | | | |
| 45040 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 01/12/2011 | E | 336 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 03/08/2023 | Level III | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 09/06/2024 | 8:30 AM | | 11:10 AM | |
| Reviewer: | | | | |
| NANCY SCHMITT | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 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) | | 3 | 15 | 18 |
| Young Toddler | | 2 | 16 | 18 |
| Total Under 2 ½ Years | 19 | 5 | 31 | 36 |
| Older Toddler | | 2 | 19 | 21 |
| Preschool | | 11 | 66 | 77 |
| School Age | | 3 | 23 | 26 |
| Total Capacity/Enrollment | 79 | 16 | 108 | 160 |

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

| Infant | 0 to < 12 months | 1 to 5 | #2 (no infants |
|-----------------|--------------------------|---------|-------------------|
| | | | present #1) |
| Toddler | 18 months to < 30 months | 1 to 5 | #1 |
| Toddler | 18 months to < 30 months | 2 to 6 | #2 |
| Early Preschool | 30 months to < 36 months | 1 to 3 | #1 |
| Early Preschool | 30 months to < 36 months | 3 to 15 | #2 |
| Preschool/PreK | 3 years to < 4 years | 2 to 7 | #2 Preschool & |
| | | | PreK children |
| | | | together |
| Preschool/PreK | 3 years to < 4 years | 1 to 4 | #1 Preschool, |
| | | | PreK & SA |
| | | | children together |
| School Age | School-Age to < 11 years | 2 to 7 | #2 PreK & school |
| | | | Age children |
| | | | together |
| School Age | School-Age to < 11 years | 1 to 4 | #1 waiting for |
| | | | school bus |

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 | | | |
|--|------------|--|--|
| No Moderate Risk Non-Compliances were observed during this | inspection | | |
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Low Risk Non-Compliances

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 numbers 2 & 6 (a) 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: 10/06/2024

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 20 of the children's records, it was determined that a completed medical statement was not on file, as required, for the child listed on the JFS Children's Record Review For Child Care as indicated in number 2 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases
- required by division 5104.014 of the Revised Code and found in appendix A to this rule
- 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other []

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

Corrective Action Plan Due: 10/06/2024

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|--|
| 5101:2-12-02 License Posted | Compliant | β |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | ** | |
| | <u>.</u> | ************************************** |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | |
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| | ř. | |
| 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 | | |
| 2 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| - | 70 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| 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. |
|--|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training Requirements | Compliant | Documenting Statement: The program had at least one Child Care Staff 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 | Chahira | Decumenting Chahamant/s) If and include |
| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: At the time of 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 | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | became my statement (3), it approaches |
| | | |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: Outdoor play was observed for the Preschool, PreK 7 School Age groups. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 7/25/2024. |
| Pulo | Status | Decumenting Statement of If a will all |
| Rule 5101:2-12-11 Outdoor Play Equipment | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2 12 11 Oddaooi i lay Equipment | Compilant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | , , , , , , , , , , , , , , , , , , , |
| , | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | | |
| 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 | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | | the inspection, the program provided a |
| | | clean environment. |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | 100 | |
| • | * | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The program |
| Field Trip Procedures | | doesn't transport children. To & from |
| | | school - public school bus. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: At the time of |
| Care Plans | | the inspection, there were no children |
| | | currently enrolled who had health |
| | | conditions. |
| | | |
| | | |
| 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 |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| The second of th | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | during this inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | boddinenting statement(3), if applicable |
| Precautions | Compilant | |
| Trecautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | Compliant | "Communicable Disease Chart" was |
| Communicable Disease | | |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | boddinenting statement(3), if applicable |
| Reporting | Compilant | |
| перотипь | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| Ruic. 9101.2 12 17 Daily Schedule | Compliant | were observed posted. |
| | | were observed posted. |
| | | |
| 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. |
| -1-1-1-1-1-1 | | -qp |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: Enrollment |
| | | includes children in attendance during the |
| | | last 30 days. |
| | | |
| | | Attendance 9/5/2024 - Infant 8 (4 IN & 4 |
| | | YT); Toddler 7 YT; Early Preschool 13 OT; |
| | | Preschool 12 PS; PreK 9 PS; SA 13 SA. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
|--------------------------------------|---------------------|--|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | I . | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| Pulo | Chatus | Decumenting Statement(s) If a will all |
| Rule 5101:2-12-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2 12 13 Child Guidance | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Compliant | |
| Care | | |
| | | |
| Rule 5101:2-12-22 Meal and Snack | Status | Documenting Statement(s), If applicable |
| Requirements | Compliant | |
| requirements | | |
| 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 | Compliant | bootinenting statement(o), it approasts |
| Handling/Storage | , | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | 1,7, 11 |
| Preparation | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| | | |
| 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. |
| | | 8 % |
| | | |
| 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. |
| | | |
| | - | |