



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 Details | | | |
|--|-------------------------------------|--------------------------------|-----------------------------------|
| Program Name ASHTABULA COUNTY FAMILY Y CHILD CARE | | Program Number 000000304140 | Program Type Child Care Center |
| Address 263 PROSPECT RD ASHTABULA OH 44004 | | | County ASHTABULA |
| Building Approval Date 04/24/2024 | Use Group/Code | Occupancy Limit 96 | Maximum Under 2 ½ |
| Fire Inspection Approval Date 03/24/2025 | Food Service Risk Level Level II | | |

| Inspection Information | | |
|-------------------------------|-------------------------------------|----------------------------------|
| Inspection Type Annual | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 07/15/2025 | Begin Time 9:40 AM | End Time 2:35 PM |
| Reviewer: Michele Matheny | | |
| Summary of Findings | | |
| No. Rules Verified 58 | No. Rules with Non-compliances 2 | No. Serious Risk 0 |
| | | No. Moderate Risk 1 |
| | | No. Low Risk 1 |

| 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 | 0 |
| Young Toddler | | 0 | 0 | 0 | 0 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 | 0 |
| Preschool | | 18 | 1 | 1 | 19 |
| School Age | | 60 | 0 | 60 | 60 |
| Total Capacity/Enrollment | 96 | 78 | 1 | 79 | |

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

| | | | |
|----------------------|--------------------------|---------|--|
| Monkey Buddies Pre-K | 3 years to < 4 years | 1 to 8 | |
| Monkey Buddies Pre-K | 3 years to < 4 years | 1 to 5 | |
| Caring Bears Pre-K | 4 years to < 5 years | 1 to 5 | |
| Caring Bears Pre-K | 4 years to < 5 years | 1 to 5 | |
| School Agers | School-Age to < 11 years | 3 to 32 | |
| School Agers | School-Age to < 11 years | 6 to 33 | |

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: 5180:2-12-25 Medication Administration

Code: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

Finding: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication or medical food or a prescription topical product to a child as noted in number(s) 19, 20 below:

1. The JFS 01217 "Request for Administration of Medication for Child Care" was not on file for a medication, medical food, or prescription topical product that was not required by a JFS 1236 ""Child Medical/Physical Care Plan for Child Care"".

2. The child's name was missing on the JFS 01217.
3. The child's date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
5. The name of the medication was missing on the JFS 01217.
6. The exact dose was missing on the JFS 01217.
7. The time to administer was missing on the JFS 01217.
8. The time period to administer was missing on the JFS 01217.
9. The medication's expiration date was missing on the JFS 01217.
10. The Parent/Guardian's dated signature was missing on the JFS 01217.
11. Physician instructions were missing on the JFS 01217.
12. Possible side effects were missing on the JFS 01217.
13. Physician's dated signature was missing on the JFS 01217.
14. Physician's phone number was missing on the JFS 01217.
15. Date medication was administered was missing on the JFS 01217.
16. Time medication was administered was missing on the JFS 01217.
17. Dosage administered was missing on the JFS 01217.
18. Staff member's signature was missing on the JFS 01217.
19. A prescription label was not attached to the prescription medication.
20. The medication was not brought to the program in its original container.
21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/14/2025

Low Risk Non-Compliances

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.

Finding: 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 1 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: 08/14/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| Rule: 5180:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements. |
| Rule: 5180:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |
| Rule | Status | Documenting Statement(s), If applicable |



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|---|---------------------|---|
| 5180:2-12-04 Building Department Inspection | Compliant | |
| Rule 5180:2-12-02 Current Information | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-03 Inspection Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule Rule: 5180:2-12-04 Fire Inspection | Status Compliant | Documenting Statement: Please Note: Documentation of a fire inspection without any uncorrected violations must be secured for the program. Secure a new fire inspection by 3/24/26. |
| Rule Rule: 5180:2-12-04 Food Service Requirements | Status Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: MBRY-9MVLZ4 3/1/26. |
| Rule 5180:2-12-07 Administrator Qualifications | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-07 Administrator Responsibilities/Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-07 Written Program Policies and Procedures | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-08 Child Care Staff Member Educational Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-08 Orientation Training & Whistle Blower Protection | Status Compliant | Documenting Statement(s), If applicable |
| Rule Rule: 5180:2-12-09 Background Check Requirements | Status Compliant | Documenting Statement: During the inspection, the required documentation |

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| | | regarding background checks was on file for all employees listed. |
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| Rule | Status | Documenting Statement(s), If applicable |
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| Rule: 5180:2-12-10 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 | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-12-10 Professional Development Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-12-11 Indoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-12-11 Outdoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|--|
| Rule: 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was observed to be in good condition. |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-12 Safe Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-13 Sanitary Equipment and Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-13 Handwashing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: In review of 25% of the records, at the time of the inspection, children's medical statements were complete and on file, as required by the rule. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program 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 |
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: On the day of 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: 5180:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-16 Incident/Injury Reporting | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Attendance Records | Compliant | Documenting Statement: Child Care Staff Members were observed recording the attendance for each child upon arrival and documenting each child's departure. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | 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 Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-24 Swimming and Water Safety Requirements | Compliant | |