

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 |
| FRAN'S CHILD CARE CENTER AT THE | 000000406881 | | Child Care Center |
| MANSFIELD AREA Y | | | |
| Address | | | County |
| 750 SCHOLL ROAD MANSFIELD | | | RICHLAND |
| ОН | | | |
| 44907 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 10/09/2024 | Level IV | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|-----------------|--|
| Inspection Type | Inspection S | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 01/27/2025 | 9:50 AM | 9:50 AM | | 9:50 AM 2:45 PM | |
| Reviewer: | | | | | |
| PATRICIA REMINGTON | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 56 | 2 | 0 | 2 | 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) | | 16 | 0 | 16 |
| Young Toddler | | 21 | 0 | 21 |
| Total Under 2 ½ Years | 59 | 37 | 0 | 37 |
| Older Toddler | | 8 | 0 | 8 |
| Preschool | | 47 | 0 | 47 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 210 | 55 | 0 | 92 |

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



| Preschool 2- Sunbeam | 3 years to < 4 years | 1 to 8 | Lunch |
|-----------------------|--------------------------|---------|-------|
| Preschool 2- Sunbeam | 3 years to < 4 years | 1 to 8 | |
| Preschool 1- Fireflys | 3 years to < 4 years | 1 to 7 | |
| Preschool 1- Fireflys | 3 years to < 4 years | 1 to 7 | |
| Toddler 1- Kangaros | 18 months to < 30 months | 1 to 5 | Lunch |
| Toddler 1- Kangaros | 18 months to < 30 months | 1 to 5 | |
| Toddler 2- Lambs | 18 months to < 30 months | 2 to 9 | Lunch |
| Toddler 2- Lambs | 18 months to < 30 months | 2 to 9 | |
| Toddler 3- Munchkins | 30 months to < 36 months | 1 to 8 | |
| Toddler 3- Munchkins | 30 months to < 36 months | 1 to 8 | |
| Pre K- Bumblebees | 4 years to < 5 years | 2 to 12 | |
| Pre K- Bumblebees | 4 years to < 5 years | 2 to 12 | |
| Infant 1- Tadpoles | 0 to < 12 months | 2 to 9 | |
| Infant 1- Tadpoles | 0 to < 12 months | 2 to 9 | |
| Infant 2- Pixies | 0 to < 12 months | 1 to 5 | |
| Infant 2- Pixies | 0 to < 12 months | 1 to 5 | |

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

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 Safe Environment

<u>Code</u>: The program is required to store chemicals and machinery in a place that is inaccessible to children. The

program is required to provide an outdoor play area away from machinery in operation.



<u>Finding</u>: During the inspection, a potentially hazardous item or toxic substance was used or stored in Toddlers-Lambs room where children had access to it, as noted in number(s) 1 below.

- 1. Bleach. The bleach bottle was on the changing table while a toddler child was being changed.
- 2. Cleaning agent.
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.
- 7. Flammable substance.
- 8. Windshield washer fluid.
- 9. Aerosol cans.
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: [].

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/27/2025

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) 17 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: 02/27/2025

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 Safe Environment

<u>Code</u>: The program is required to maintain an indoor temperature between 65 degrees and 85 degrees Fahrenheit, or provide fan ventilation if the temperature exceeds 85 degrees.

<u>Finding</u>: During the inspection, it was determined the program did not maintain a comfortable indoor environment as noted in number 1 below:

- 1. The indoor temperature had fallen below 65 degrees Fahrenheit.
- 2. The indoor temperature had exceeded 85 degrees Fahrenheit, and fan ventilation or air conditioning was not provided.

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

Corrective Action Plan Due: 02/27/2025

Rules In-Compliance/Not Verified

Rule Status Documenting Statement(s), If applicable



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|--|--|---|
| 5180:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Compliant | |
| | <u></u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department | Compliant | became thing state ment(s), it applies is |
| Inspection | 1 | |
| | - | |
| 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: |
| | | Documentation of a fire inspection without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by 10/9/25. |
| | | POTENCIACO HIGHES SHADO CONSTRUENCIA DE LOS CASOS POR CASOS |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is |
| Requirements | | the audit number and date of expiration: |
| | | Level IV- TCHM-D2AMNB, 3/1/25. |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Qualifications | Compliant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Medical Statement | Compliant | |
| | s (1997) + (1997) 1997 ■ (1997) 1997 (1997) 1997 | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|---|---|
| 5180:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | 35 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | • ************************************* | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check | Compliant | J VII |
| Requirements | | |
| nega | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training | Compliant | bootinenting statement(s)) is approarie |
| Requirements | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Compliant | Documenting Statement(s), if applicable |
| NAME OF THE PROPERTY OF THE PR | Compilant | |
| Development Requirements | 77 | |
| | | Chatana the Manufacture |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | T | 1.1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | 350 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| · | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Not Verified | |
| | | |
| | T | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play Fall | Not Verified | Documenting Statement: The protective |
| Zones | | surfaces under the outdoor equipment |
| | | were not viewed during this inspection |
| | | due to snow covering; however, the |
| | | requirements were discussed. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-13 Sanitary Equipment and | Compliant | Bootimentally statement(s)) if applicable |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing | Compliant | |
| Requirements | Commission of the first of the commission of the | |
| per proces. In the control of the periods of the period of the | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | |
| Environment | • | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Driver | Compliant | |
| Requirements | | |
| | 2 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation - | Compliant | Documenting Statement: An annual |
| Vehicle Requirements | | safety check of the vehicle(s), using the |
| | | JFS 01230 "Vehicle Inspection Report For |
| | | Child Care Centers" form, was verified |
| | | and dated 3/19/24, IGBH631V651105447. |
| | | |
| Rule: 5180:2-12-14 Transportation - | Compliant | Documenting Statement: During the |
| Vehicle Requirements | | inspection, weekly safety inspections |
| | | and/or monthly emergency exiting drills |
| | | were completed and documented, as |
| | | required [using the ODJFS sample form]. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| Dula | Chatus | Decumenting Statement If a will all |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Compliant | bocumenting statement(s), if applicable |
| | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | 27 | * |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury | Compliant | 8 |
| Reporting | Compilant | |
| Reporting | | |
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| 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 | bookinenting statement(s), it approases |
| J180.2-12-17 Daily Schedule | Compliant | |
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| | 6 | 5 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | |
| | | |
| | | |
| 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 | bocumenting statement(s), it applicable |
| 3180.2-12-17 Daily Outdoor Flay | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio | Compliant | |
| 2001-0-499-00-00-00-00-00-00-00-00-00-00-00-00-0 | 1 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| TOPOGRAPHICAL STATE OF THE STAT | - Annual Control of the Control of t | Bootamenting Statement(3), it applicable |
| 5180:2-12-20 Cots and Napping | Compliant | |
| | | |
| - 1 | | |
| 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 | (1) |
| 2 20012 12 10 Clinia Galdanica | Johnshalle | |
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| P. J. | Chahua | Decomposition Chateron (1) If and it also |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-20 Cribs | Compliant | |
|--------------------------------------|-----------|--|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | I sa | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care | Compliant | Documenting statement(s), it applicable |
| 3180.2-12-23 Illiant Daily Care | Compliant | |
| | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | <i>s</i> | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-24 Swimming and | Compliant | Documenting Statement: During the |
| Water Safety Requirements | | inspection, the requirements of the rule |
| | | regarding swimming and water safety |
| | | were discussed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | 1 |