

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 | ails | | |
|--|---------------------|-------------------------|---------------------|--|
| Program Name | Program Number | | Program Type | |
| Just 4 Kids Daycare | 2200022507 | | Child Care Center | |
| Address 270 Cadiz Road Wintersville OH 43953 | | | County JEFFERSON | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 07/09/2020 | E | 41 | 17 | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | | |
| 03/18/2021 | Exempt | Exempt | | |

| Inspection Information | | | | |
|------------------------|-------------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date | Inspection Date Begin Time End Time | | | |
| 05/22/2024 | 24 8:49 AM 10:45 AM | | | |
| Reviewer: | | | | |
| KATHLEEN BONACCI | | | | |
| Summary of Findings | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 11 | 2 | 0 | 0 | 3 |

| 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 | 0 | 3 |
| Young Toddler | | 3 | 0 | 3 |
| Total Under 2 ½ Years | 17 | 6 | 0 | 6 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 7 | 0 | 7 |
| School Age | | 0 | 14 | 14 |
| Total Capacity/Enrollment | 33 | 7 | 14 | 27 |

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



| Infant | 0 to < 12 months | 1 to 1 | |
|---------------------------------|--------------------------|--------|------------|
| Combined toddlers and preschool | 18 months to < 30 months | 1 to 4 | Playground |

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 |
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| 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 |
| No Moderate Mak Non Compilances were observed during this inspection |
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| Low Risk Non-Compliances |
| 2011 Mark 11011 Compliances |

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to maintain a complete JFS 01236 "Child Medical/Physical Care Plan for Child

Care" on file for any child having a health condition.

<u>Finding</u>: In review of the children's records, it was determined that the JFS 01236 "Child Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number 1 below:

- 1. The JFS 01236 had not been updated as needed and at least annually.
- 2. A separate JFS 01236 had not been used for each condition.
- 3. The program used an old version of the JFS 01236.

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

Corrective Action Plan Due: 06/21/2024

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications, medical foods and topical products. The program is also required to obtain separate documentation for each medication/product and child.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for the JFS 01217 ""Request for Administration of Medication for Child Care"" as noted in number 2 below:

- 1. The program used an old version of the JFS 01217.
- 2. The signature date on the JFS 01217 exceeded more than 12 months.
- 3. The time period to administer the medication or medical food on the JFS 01217 was exceeded.
- 4. The JFS 01217 included more than one medication or medical food.
- 5. The JFS 01217 included more than one child's name.

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

Corrective Action Plan Due: 06/21/2024

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in number 3 below:

- 1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
- 2. The medication, medical food, or topical product had expired and had not been removed from the program.
- 3. The prescription label had expired.

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

Corrective Action Plan Due: 06/21/2024

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|--------------|---|
| 5101:2-12-02 License Posted | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | |
| Inspection | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | bocumenting statement(3), it applicable |
| Responsibilities/Requirements | Not vermed | |
| nesponsibilities/ nequirements | | |
| D. I. | Chalina | December 5 States at 11 15 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | Compilation | inspection, the required documentation |
| Requirements | | regarding background checks was on file |
| | | for all employees listed. |
| | | Tor all employees listed. |
| | | |
| Dulo | Ctatus | Decumenting Statement(s) If southerly |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | 5 - (-), -FF |
| Requirements | | |
| 1.043 | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| INUIC | Jacus | Documenting statement(s), if applicable |

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|--|---------------------|--|
| 5101:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Not Verified | bootheriting statement(s), it applicable |
| <u> </u> | Not verified | |
| Requirements | | |
| | | , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | 0 (7 11 |
| 3101.2 12 11 Outdoor Flay Full Zories | Not vermed | |
| | I . | |
| Rule | Status | Documenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | , , , , , , , |
| Environment | | |
| Environment | | |
| Dula | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| Z. T. T. O. T. | l | |
| D. J. | Chahara | December 1 Chates and 1 1 1 1 1 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Not Verified | , , , , , , , |
| Enrollment Records | | |
| Em difficite records | l | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Emergency Drills | Status Not Verified | Documenting Statement(s), If applicable |

| DESILIPATING: | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | <u> </u> |
| Precautions | Not vermed | |
| 1 recadions | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | |
| Communicable Disease | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Reporting | Not vermed | |
| Reporting | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Not Verified | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
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| | · | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| Naie. 3101.2-12-18 Natio | Compliant | - |
| | | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| March 310112 12 10 Mario | Compilation | ratios observed during the inspection |
| | | = - |
| | | were in compliance. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| | - | observed on the day of the inspection |
| | | were in compliance. |
| | | Tere in compliance. |
| <u> </u> | | |
| 0.1 | 6 | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-18 Attendance Records | Not Verified | |
|--------------------------------------|--------------|--|
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| | | Members were supervising the children |
| | | and were able to intervene as needed. |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: During the |
| | | inspection, child care staff were observed |
| | | assisting children throughout the day. |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
| Dula | Chahara | December (1) (C) |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | |
| Pulo | Status | Decumenting Statements If applicable |
| Rule | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | Two vermed | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | bocamenting statement(s), if applicable |
| 5101.2 12 22 Fluid Wilk Requirements | Not vermeu | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | 0 (%) |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | 77 - 11 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | |
| Preparation | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
| | | |
| | | |