



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 Jump Start Preschool LLC Burton Campus | Program Number 2210024290 | Program Type Child Care Center | |
| Address 13724 Carlton Street Burton OH 44021 | | County GEAUGA | |
| Building Approval Date 08/05/2009 | Use Group/Code E | Occupancy Limit 561 | Maximum Under 2 ½ |
| Fire Inspection Approval Date 06/22/2021 | Food Service Risk Level Exempt | | |

| Inspection Information | | |
|--------------------------------|--------------------------|----------------------------------|
| Inspection Type Provisional | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 03/01/2022 | Begin Time 8:35 AM | End Time 10:25 AM |
| Reviewer: Kathryn Noftz | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 58 | No. Rules with Non-compliances 5 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 5 |

| 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 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 1 | 1 |
| Preschool | | 0 | 69 | 69 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 20 | 0 | 70 | 70 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Preschool Morning | 3 years to < 4 years | 2 to 2 | |



| | | | |
|-------------------|----------------------|---------|--|
| Preschool Morning | 3 years to < 4 years | 3 to 16 | |
|-------------------|----------------------|---------|--|

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Handwashing Requirements
Code: The program is required to have all children wash their hands as outlined in rule.



Finding: During the inspection, it was determined that at least one child in the Preschool group did not wash his or her hands at the time listed in number(s) 1 below, as required in rule.

1. Upon arrival.
2. Prior to departure.
3. After toileting/diaper change.
4. After contact with bodily fluids.
5. After returning from outdoor play.
6. After handling pets, pet cages, or other pet objects that have come in contact with the pet, before moving on to another activity.
7. Before eating or assisting with food preparation.
8. After water activities.
9. When visibly soiled (must use soap and water)
10. Other [].

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

Corrective Action Plan Due: 03/31/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection

Code: The program is required to have staff complete the online staff orientation training.

Finding: In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number(s) 1 below:

1. Within 30 days of starting employment at the program as a child care staff member.
2. No documentation of completing the training after December 31, 2016.
3. Completion of the training was not verified in the OPR.

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

Corrective Action Plan Due: 03/31/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement



Code: The program staff medicals are required to include all information.

Finding: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 3-b.

1. Date of examination;
2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
3. A statement that verifies that 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);
4. Tuberculosis (TB) screening/test
 - 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 4a;
 - 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: 03/31/2022

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

Code: The program is required to have staff complete training in child abuse and neglect recognition and prevention within sixty days of hire.

Finding: In review of the staff records, it was determined that at least one child care staff member had not completed training in child abuse and neglect recognition and prevention as noted in number(s) 1 below:

1. The training was not completed within sixty days of hire.
2. The training was expired, as it is only valid for two years.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete training in child abuse and neglect recognition and prevention. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/31/2022



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.

Finding: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1 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: 03/31/2022



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| 5101:2-12-02 License Posted | Compliant | |
| 5101:2-12-02 Current Information | Compliant | |
| 5101:2-12-03 Inspection Requirements | Compliant | |
| 5101:2-12-04 Building Department Inspection | Compliant | |
| Rule: 5101:2-12-04 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 6-22-22 |
| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The program has obtained a food service exemption status from the local health department. |
| 5101:2-12-07 Administrator Qualifications | Compliant | |
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | |
| 5101:2-12-09 Background Check Requirements | Compliant | |
| 5101:2-12-10 Professional Development Requirements | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| 5101:2-12-11 Indoor Space Requirements | Compliant | |
| 5101:2-12-12 Safe Equipment | Compliant | |
| 5101:2-12-12 Safe Environment | Compliant | |
| Rule: 5101:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: During the inspection, the equipment was observed clean and in good repair. |
| 5101:2-12-13 Smoke Free Environment | Compliant | |
| 5101:2-12-15 Medical/Physical Care Plans | Compliant | |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |
| 5101:2-12-16 Emergency Drills | Compliant | |
| 5101:2-12-16 First Aid/Standard Precautions | Compliant | |
| 5101:2-12-16 Management of Communicable Disease | Compliant | |
| 5101:2-12-16 Incident/Injury Reporting | Compliant | |
| 5101:2-12-17 Daily Schedule | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| Rule: 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. |
| Rule: 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 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 |
| 5101:2-12-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication Administration | Compliant | |