Family Child Care 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 | Program Number | Program Type |
| Sprouting Readers Child Care | 2210024903 | FCC - Type B Home |
| Address | | County |
| 422 W. Heights Avenue | | MAHONING |
| | | |
| Youngstown | | |
| OH 44509 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 05/14/2024 | 05/14/2024 1:50 PM | | 3:00 PM | |
| Reviewer: | | | | |
| Leshawnda Blackwell | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 3 | 0 | 1 | 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) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 0 | 0 | 0 |
| Older Toddler | | 1 | 0 | 1 |
| Preschool | | 2 | 1 | 3 |
| School Age | | 4 | 2 | 6 |
| Total Capacity/Enrollment | 6 | 7 | 3 | 10 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| mixed ages | | 1 to 4 | |

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 | | |
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| Domain: 02 Safe & Sanitary Environment | | |
| Rule: 5101:2-13-12 Carbon Monoxide Detectors - Type B Only Code: The program is required to meet all requirements for carbon monoxide detectors. | | |
| edde. The program is required to meet an requirements for carbon monoxide detectors. | | |
| Findings: During the inspection, it was determined that the Type B Home did not have a working carbon | | |
| monoxide detector [in the building/on each floor where care is provided] or carbon monoxide detector(s) were | | |
| not [placed/installed/tested/maintained] in accordance with manufacturer's recommendations. A working | | |
| carbon monoxide detector must be placed, installed, tested, and maintained in accordance with manufacturer's | | |
| recommendations. Submit the program's corrective action plan to verify compliance with this rule. | | |
| Corrective Action Plan Due: 06/14/2024 | | |
| | | |

Low Risk Non-Compliances

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Fall Zone

Code: The program is required to have a fall surface for outdoor equipment.

Findings: During the inspection, it was determined that while there was adequate fall surface material in the outdoor play space, proper distribution had not been maintained under and around equipment as required. Submit the program's corrective action plan, which includes a statement that fall surface material has been properly redistributed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/14/2024

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

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

Findings: In review of 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) [1,2] 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.

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Corrective Action Plan Due: 06/14/2024

Rules In-Compliance/Not Verified

| D. J. | Chahara | D |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible | Compliant | |
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| D. J. | Chahara | Description (testing the continuity) If a continuity |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Dulo | Ctatus | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | bocumenting statement(s), it applicable |
| 3101.2-13-02 Flovider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | Documenting statement(s); it applicable |
| Requirements | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | Booking statement(5), it applicable |
| for Type B Homes | | |
| Tot Type Briomes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | 23 | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-11 Outdoor Space | Compliant | bocamenting statement(s), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
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| Development | Compilant | |
| Rule 5101:2-13-10 Professional | Status Compliant | Documenting Statement(s), If applicable |
| P. J. | Chahara | December 51 |
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| 5101:2-13-10 Health Training | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-09 Background Checks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-08 Whistle Blower | Compliant | _ source |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101.2 13 00 Employee Requirements | Compliant | |
| Rule 5101:2-13-08 Employee Requirements | Status Compliant | Documenting Statement(s), If applicable |
| P. J. | Chahara | Down the Chat was 1/1 if It I |
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| 5101:2-13-07 Type B Provider - Foster Parent | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-07 Staff Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | 1 | |
| Home | | |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Home | | |
| Combustible Materials in a Type B Home | | |
| 5101:2-13-04 Flammable and | Compliant | |

| 5101:2-13-11 Outdoor Equipment | Compliant | |
|---|---------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | bocamenting statement(s), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | Documenting Statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and equipment | Compliant | Documenting Statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | Joseph Garage Control of the Control |
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| Sule 5101:2-13-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable |
| D. I. | Chabasa | |
| Rule 5101:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-14 Requirements for Field and Routine Trips | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-14 Driver Requirements | Compliant Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-14 Vehicle Inspections | Status Compliant | Documenting Statement(s), If applicable |
| 3131.2 13 11 Vehicle hispections | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), it applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | Documentally occurrence(o)) in approache |
| | Compilant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | ' | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | | bootimenting statement(s), it applicable |
| 2101.2-13-10 COMMUNICADIE DISEASES | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency | Compliant | g = 1(o), app |
| | Compliant | |
| Preparedness and Response Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-18 Attendance | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(3), it applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(s), if applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(3), if applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(s), it applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-23 Infant Daily Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | Bocamenting Statement(3), it applicable |
| 5101.2-15-25 Diapering | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
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| Dulo | Ctatus | Decumenting Statement (a) If any live Live |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | 12.13.13 | |
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