

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 |
| Stockman Learning Center | 2220026476 | | Child Care Center |
| | | | |
| Address | | | County |
| 620 East Smith Rd. Medina | | | MEDINA |
| OH 44256 | | | |
| | | | |
| | | , | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 07/12/2022 | E | 90 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 08/05/2022 | Exempt | | |

| Inspection Information | | | | |
|--|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection S | cope | Inspection Notice | |
| Provisional | Full | | Unannounced | |
| Inspection Date 08/14/2023 | Begin Time | 8:15 AM | End Time 1:30 PM | |
| Reviewer: | | | | |
| 2004 11 C 10 C 14 C 20 C 17 C 20 C 2 | | | | |
| ELAINE OBRIEN | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 7 | 0 | 0 | 7 |

| 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) | | 4 | 0 | 4 |
| Young Toddler | | 4 | 0 | 4 |
| Total Under 2 ½ Years | 25 | 8 | 0 | 8 |
| Older Toddler | | 2 | 0 | 2 |
| Preschool | | 4 | 0 | 4 |
| School Age | | 22 | 0 | 22 |
| Total Capacity/Enrollment | 81 | 28 | 0 | 36 |

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

| Infant | 12 months to < 18 months | 1 to 2 | Arrival |
|----------|---------------------------|--------|--------------------|
| IIIIaiit | | 1 10 2 | Allivai |
| Infant | 12 months to < 18 months | 1 to 4 | Programming |
| Toddler | 12 months to < 18 months | 0 to 0 | Combined with |
| | | | Infants due to low |
| | | | attendance |
| PS | 3 years to < 4 years | 1 to 8 | Arrivel |
| PS | 3 years to < 4 years | 2 to 8 | Programming |
| SA | School-Age to < 11 years | 1 to 5 | Arrival |
| SA | 5 years to < Kindergarten | 1 to 9 | Programming |

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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| Serious Risk Noil-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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| Moderate Risk Non-Compliances | | |
|--|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection | | |
| No Wioderate Risk Non-compliances were observed during this hispection | | |
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Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program staff is required to supervise children in their assigned group by sight and hearing. Supervision includes being near enough to respond and reach children immediately including responding to the child's basic needs and protecting them from harm.

<u>Finding</u>: During the inspection, it was determined that children were not being properly supervised as noted in number(s) 1 below:

- 1. Child(ren) were not within both sight and hearing of a child care staff member during indoor play.
- 2. Child(ren) were not within both sight and hearing of a child care staff member during outdoor play.
- 3. Child(ren) were not within both sight and hearing of a child care staff member more than once.
- 4. Staff were not physically present in the space and near enough to respond and reach the child(ren) immediately.
- 5. Other: [].

Children must be supervised according to rule and within both sight and hearing of a child care staff member at all times. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/13/2023

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to use equipment, that is safe and hazard free, according to the manufacturer's guidelines. Fans, air conditioners, heat pumps, and space heaters must be inaccessible to children. The program is required to refrain from using trampolines, ball pits and inflatable equipment intended for climbing and bouncing, including but not limited to slides and bounce houses.

<u>Finding</u>: During the inspection, equipment was determined to be unsafe, hazardous to children, or in need of repair as noted in number(s) 3 below:

- 1. Manufacturer's guidelines for the [] were not followed in that [].
- 2. The straps were missing on the [].
- 3. The straps were attached, but were not used on the changing table pad.
- 4. The straps were attached and were used, but were not used in a safe manner.
- 5. The equipment had sharp points or corners.

- 6. The equipment had splinters.
- 7. The equipment had protruding nails.
- 8. The equipment had loose or rusty parts.
- 9. The equipment had paint which contains lead or other poisonous materials.
- 10. The equipment had hazardous features.
- 11. A fan was unstable and could easily tip over.
- 12. A fan had openings a finger could enter.
- 13. The pipes from the heat pump felt hot to the touch
- 14. A space heater felt hot to the touch
- 15. The position of a space heater was a tripping hazard
- 16. The air conditioning unit was not enclosed and was accessible to children on the playground.
- 17. A ball pit, trampoline, inflatable bounce house, inflatable slide, or inflatable equipment used for climbing and bouncing was used.
- 18. Other [].

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

Corrective Action Plan Due: 09/13/2023

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 2 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 09/13/2023



Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 1 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 09/13/2023

Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional

Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 7 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: []

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

Corrective Action Plan Due: 09/13/2023

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: 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(s) 5 B and C 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: 09/13/2023

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: 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) 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.

Corrective Action Plan Due: 09/13/2023

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|---|---|
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement(s), If applicable Documenting Statement: A copy of the |
| Department Inspection | Compilant | certificate of occupancy was available on- |
| Department hispection | | site for review. |
| | | site for review. |
| <u></u> | J. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| ************************************** | 1 × × × 1 × 1 × 1 × × × × × × × × × × × | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by June 22, 2024. |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The program |
| Requirements | | has obtained a food service exemption |
| | | status from the local health department. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Qualifications | Compilant | administrator has completed the rules |
| Qualifications | | review course. |
| | | Teview course. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| 5.1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | booking statement(s), it applicable |
| Requirements | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| medan emente | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor |
| Equipment | Compliant | equipment was viewed to be safe and |
| Equipment | | free of rust, sharp points, and other |
| | | |
| | | hazards. |
| D I 5101 3 13 11 0 1 D | C P | D ' C All ' |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: All equipment in |
| Equipment | | the outdoor play space was observed to |
| | | be anchored and stable. |
| | | |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: All equipment |
| Equipment | | was observed to be properly placed out of |
| | | the path of the main traffic pattern. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was mulch |
| | | |
| | | ************************************** |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as |
| (5) | | required by the rule. |
| | | • see construction of the |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| Beginning! | | |
|---|-------------------------------------|---|
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | 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 |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | 3 (7) |
| Reporting | and the second of the second second | |
| | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | 35 | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | <u>:</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| Politica agriculus (PP - Loc. Millione, pieto 3075 tidospera - rescuestassistanti futbolo 35 cella (P | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| | | was operating within their license |
| | | capacity limits. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| | | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | 1044 |
| | | |

| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
|--|---------------------|--|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-12-18 Attendance Records | Compliant | Documenting Statement(s), If applicable |
| 5101.2-12-16 Attendance Records | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | podamentally statement(o), ii approable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | , , , , , , , , , , , , , , , , , , , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | , , , , , , , , , , , , , , , , , , , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | bootinening statement(5), it applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | boomening statement(s), it applicable |
| Handling/Storage | C00030036670 | |
| Rule | Chatus | Decumenting Statement/a) If a miles his |
| 5101:2-12-23 Infant Daily Care | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2 12 25 illiant bany care | Compilant | |
| Dulo | Chatus | Decumenting Statement (a) If a substitute (a) |
| Rule 5101:2-12-23 Infant Bottle and Food | Status Compliant | Documenting Statement(s), If applicable |
| Preparation | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate |
| Toilet Training | | diaper changing procedures were |



| | | observed during the inspection in the infant room(s). |
|-------------------------------------|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | 3 | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | And the Contracting section |