

# **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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          |                 | Progra  | am Type           |
| Around the Clock Kids LLC.    | 2250031632              |                 | Child ( | Care Center       |
|                               |                         |                 |         |                   |
| Address                       |                         |                 | Count   | ty                |
| 920 Mcmanness ave Findlay     |                         |                 | HANC    | OCK               |
| ОН                            |                         |                 |         |                   |
| 45840                         |                         |                 |         |                   |
|                               |                         |                 |         |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | M       | 1aximum Under 2 ½ |
|                               |                         |                 |         |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |         |                   |
|                               |                         |                 |         |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |
| Pre-license            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 03/25/2025             | 10:15 AM                       |                  | 11:45 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Heather Sanchez        |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 2                              | 0                | 1                 | 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)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     |                  | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 |                  | 0          | 0         | 0     |

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



### **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 |  |
|                     |  |  |
|                     |  |  |
|                     |  |  |
|                     |  |  |
|                     |  |  |
|                     |  |  |

### **Moderate Risk Non-Compliances**

Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-12-11 Outdoor Play Fall Zones

<u>Code</u>: The program is required to provide adequate fall surface for the outdoor play space.

<u>Finding</u>: During the inspection, it was determined that the playground did not have adequate fall surface under and around equipment as noted in numbers 2,3 below for the following pieces of equipment: Preschool sidemerry go round, bike merry go round, yellow bike. School age side- under swings, around merry go round, climbing wall

- 1. No fall surface
- 2. Adequate fall surface to soften the impact of a fall
- 3. Adequate fall surface to soften the impact of a fall that extended the length of the required fall zone
- 4. Other [ ]

With any equipment designed for climbing, swinging, bouncing, or sliding, resilient material, as specified in Appendix A, needs to be added in order to protect children in the event of a fall. Submit the program's corrective action plan, which includes written verification of the discontinued use of this equipment until corrections are made along with a description of the resilient material added, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/24/2025



#### **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5180:2-12-08 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 numbers 1, 5 b 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: 04/24/2025



# Rules In-Compliance/Not Verified

| Rule                                | Status      | Documenting Statement(s), If applicable    |
|-------------------------------------|-------------|--|
| Rule: 5180:2-12-16 Written Disaster | Compliant   | Documenting Statement: The program's       |
| Plan                                | Compilation | written disaster plan was reviewed during  |
|                                     |             | the inspection and met the requirements.   |
|                                     |             | the inspection and meetine requirements.   |
| Rule: 5180:2-12-16 Written Disaster | Compliant   | Documenting Statement: During the          |
| Plan                                |             | inspection, the requirements of the rule   |
|                                     |             | regarding the written disaster plan were   |
|                                     |             | discussed.                                 |
|                                     |             | allocation                                 |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-04 Building         | Compliant   | Documenting Statement: A copy of the       |
| Department Inspection               |             | certificate of occupancy was available on- |
|                                     |             | site for review.                           |
|                                     |             |  |
|                                     |             |  |
| 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 3/29/26             |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-04 Food Service     | Compliant   | Documenting Statement: The food service    |
| Requirements                        | Januaria    | license was observed posted. Following is  |
|                                     |             | the audit number and date of expiration:   |
|                                     |             | BKRR-DDUQ5H; 3/1/26                        |
|                                     |             | 3 22 2 20.1, 2, 2, 2                       |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-07 Administrator    | Compliant   | Documenting Statement: The                 |
| Qualifications                      |             | administrator has completed the rules      |
|                                     |             | review course.                             |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable    |



| Bules E190:2 12 07 Administrator     | Compliant  | Decumenting Statement: The   |
|--------------------------------------|--|--|
| Rule: 5180:2-12-07 Administrator     | Compliant  | Documenting Statement: The   |
| Responsibilities/Requirements        |  | administrator's hours of availability to   |
|                                      |  | meet with parents were posted in a   |
|                                      |  | noticeable location.   |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-07 Written Program   | Compliant  | Documenting Statement: The written   |
| Policies and Procedures              | and the state of t | policies and procedures reviewed on the  |
|                                      |  | day of the inspection were verified as   |
|                                      |  | complete.  |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-08 Child Care Staff  | Compliant  | Documenting Statement: All Child Care  |
| Member Educational Requirements      |  | Staff Members had verification of  |
|                                      |  | educational requirements on file at the  |
|                                      |  | program.   |
|                                      | ļ  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-08 Orientation       | Compliant  | Documenting Statement: On the day of   |
| Training & Whistle Blower Protection |  | the inspection, all child care staff   |
|                                      |  | members had met orientation training   |
|                                      |  | requirements.  |
|                                      |  | The state of the s |
| Dula                                 | Chahara  | D  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-09 Background Check  | Compliant  | Documenting Statement: During the  |
| Requirements                         |  | inspection, the required documentation   |
|                                      |  | regarding background checks was on file  |
|                                      |  | for all employees listed.  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-10 Health Training   | Compliant  | Documenting Statement: The program   |
| Requirements                         |  | had at least one Child Care Staff Member   |
|                                      |  | with currently valid training in First Aid,  |
|                                      |  | Management of Communicable Disease,  |
|                                      |  | CPR, and Child Abuse Prevention present  |
|                                      |  | and readily accessible during all hours of   |
|                                      |  | operation.   |
|                                      |  | -  |
| Pule                                 | Chatus   | Decumenting Statement(-) If!   |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-11 Outdoor Play      | Compliant  | Documenting Statement: All equipment in  |
| Equipment                            |  | the outdoor play space was observed to   |
|                                      |  | be anchored and stable.  |
|                                      |  |  |



| Rule: 5180:2-12-11 Outdoor Play        | Compliant   | Documenting Statement: Outdoor   |
|--|-------------|--|
| Equipment                              | 3           | equipment was viewed to be safe and  |
|  |             | free of rust, sharp points, and other  |
|  |             | hazards.   |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-11 Outdoor Space       | Compliant   | Documenting Statement: The outdoor   |
| Requirements                           |             | play area is separated from traffic and  |
|  |             | other hazards by a fence   |
| Rule: 5180:2-12-11 Outdoor Space       | Compliant   | Documenting Statement: Shade is  |
| Requirements                           |             | provided by means of trees   |
|  |             |  |
| Rule: 5180:2-12-11 Outdoor Space       | Compliant   | Documenting Statement: During the  |
| Requirements                           |             | inspection, the requirements of the rule   |
|  |             | regarding outdoor space were discussed.  |
|  | k .         | ,  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-12 Safe Environment    | Compliant   | Documenting Statement: Cleaning  |
|  |             | supplies were viewed stored out of the reach of children.                          |
|  |             | reach of children.   |
| Rule: 5180:2-12-12 Safe Environment    | Compliant   | Documenting Statement: All electrical  |
|  |             | outlets were covered with safety   |
|  |             | receptacles.   |
| Rule: 5180:2-12-12 Safe Environment    | Compliant   | Documenting Statement: All area rugs   |
| Haler 918812 12 12 sale Elivinolimient | Compilation | had nonskid backing.   |
|  |             | _  |
| Rule: 5180:2-12-12 Safe Environment    | Compliant   | Documenting Statement: A safe  |
|  |             | environment was observed during the  |
|  |             | inspection. Children were protected from items and conditions which threaten their |
|  |             | health, safety and well-being.   |
|  |             | nearth, sarety and wen-being.  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-12 Safe Equipment      | Compliant   | Documenting Statement: Equipment was   |
|  |             | observed to be in good condition.  |
| Rule: 5180:2-12-12 Safe Equipment      | Compliant   | Documenting Statement: Written   |
|  |             | approval from the fire department for  |
|  |             | space heaters was on file.   |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |



| Rule: 5180:2-12-13 Sanitary<br>Equipment and Environment          | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included                                    |
|---|-----------|---|
| Rule  | Status    | the furniture, materials and equipment.  Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-13 Smoke Free<br>Environment                      | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program.  |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-14 Transportation -<br>Driver Requirements        | Compliant | Documenting Statement: The driver(s) had completed the required ODJFS driver training.  |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-14 Transportation -<br>Vehicle Requirements       | Compliant | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated 11/4/24               |
|   | Charles   |   |
| Rule  Rule F190/2 12 16 Medical Dental                            | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-16 Medical, Dental,<br>and General Emergency Plan | Compliant | Documenting Statement: On the day of 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   |
| Rule: 5180:2-12-17 Daily Schedule                                 | Compliant | Documenting Statement: Daily schedules were observed posted.  |
| Rule  | Status    | Decumenting States  |
| Rule: 5180:2-12-16 Management of<br>Communicable Disease          | Compliant | Documenting Statement(s), If applicable  Documenting Statement: The JFS 08087  "Communicable Disease Chart" was posted and was readily available to staff                                   |
| P. J. 5100 2 12 16 M  | Committee | and parents.  |
| Rule: 5180:2-12-16 Management of Communicable Disease             | Compliant | Documenting Statement: The program staff stated parents were informed when  |



|  |                     | their child had any exposure to a contagious illness by number 1 below:  1. A posted notice; 2. Verbal communication; 3. A written notice sent home; 4. A note posted on the classroom door; 5. Other [ ]. |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 First Aid/Standard<br>Precautions | Compliant           | Documenting Statement: During the inspection, the program had complete first aid kits available as required.   |
|  | T c.                |  |
| Rule: 5180:2-12-17 Materials and                     | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Sufficient   |
| Equipment  | Compilant           | equipment was observed in all categories.  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-18 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.  |
| Rule: 5180:2-12-18 Ratio                             | Compliant           | Documenting Statement: During the inspection, the requirements of the rule regarding staff/child ratios were discussed.  |