Department of Education
Department of Job and Family Services

Center Complaint Inspection Summary 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 JRC LEARNING CENTER	Program Number 000000100788	Program Type Child Care Center
Address 2213 14TH STREET NE CANTON OH 44705		County STARK

Inspection Information			
Inspection Type Complaint		Inspection Scope Partial	Inspection Notice Unannounced
Reviewer(s) TONYA WASHINGTON	Inspection Day 08/15/2024	Begin Time 1:15 PM	End Time 4:30 PM

Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
8	6	0	2	4

Staff-Child Ratios at the Time of Inspection			
Group	**Age Group/Range**	**Ratio Observed**	**Comment**
ps 7	3 years to < 4 years	1 to 7	nap
ehs 4	30 months to < 36 months	1 to 4	nap
school age	School-Age to < 11 years	1 to 11	snack
infant 1	0 to < 12 months	1 to 3	nap
toddlers	18 months to < 30 months	1 to 7	nap
ps 9	3 years to < 4 years	1 to 10	nap
ehs 2	0 to < 12 months	1 to 4	nap
ehs 3	30 months to < 36 months	2 to 5	nap
ps 8	3 years to < 4 years	2 to 9	nap

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Complaint Allegations

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.

Domain:01 Ratio & Supervision

Rule: 5101:2-12-19 Child Guidance
Code: The program staff shall use developmentally appropriate techniques when managing children's behavior. Corporal punishment is prohibited, as well as any cruel, harsh, unusual or extreme techniques.

Allegation: The CCSM's are using inappropriate guidance and management techniques.

Determination: Substantiated

Findings: During the inspection, it was determined that a child care staff member used a discipline technique to guide or discipline children that was not developmentally appropriate, consistent, or occurred at the time of the incident. 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.

Risk Level: Low

Corrective Action Plan Due: 09/15/2024

Domain:01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision
Code: The program staff is required to protect or remove a child from a situation and/or person that are determined to be unsafe or inappropriate.

Allegation: CCSM's exposed children to inappropriate media by witnessing CCSM's yelling and using foul language.

Determination: Substantiated

Findings: During the inspection, it was determined the administrator, child care staff, and/or employees of the program did not protect or remove children from a situation and/or person determined to be unsafe or inappropriate as noted in number 1 below:

1. Verbal argument involving adults.
2. Staff member(s) allowed child(ren) to do something unsafe.
3. Staff member(s) did something unsafe.
4. Children were exposed to inappropriate [language; conversation; behavior; video; music; DVD] by a [staff member/child/parent].
5. Other [ ].

While the program did not protect the children from an unsafe or inappropriate situation and/or person, it was determined the situation would not or did not result in a serious incident or injury to a child. All program employees must take actions to protect children in care. 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.

Risk Level: Low

Domain:09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans
Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

Allegation: The CCSM are not following care plans as required.

Determination: Substantiated

Findings: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number 38 below:

1. No plan was on file.
(Page 1)
2. Child's name was missing.
3. Name of the condition was missing.
4. Indication if medication or medical food is required was missing.
5. Signs, symptoms or situations that require staff to take action were missing.
6. Activities, foods, environmental conditions to avoid were missing.
7. Training instructions for procedures for staff to follow were missing or incomplete.
(Page 2)
8. Child's name was missing or not attached.
9. Child's date of birth was missing or not attached.
10. Child's weight was missing or not attached.
11. Name of the medication/medical food was missing or not attached.
12. Dosage of medication/medical food to be administered was missing or not attached.
13. Time for medication/medical food to be administered was missing or not attached.
14. Expiration date for medication/medical food was missing or not attached.
15. Symptoms that require staff to administer medication/medical food were missing or not attached.
16. Specific instructions to administer the medication/medical food were missing or not attached.
17. Actions to be taken if the symptoms do not subside were missing or not attached.
18. Physician's signature was missing or not attached.
19. The date of the physician's signature was missing or not attached.
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20. Child's name was missing.
21. Instructions regarding emergency evacuation, if applicable, were missing.
22. Signature of parent granting permission to implement the plan and verifying training was missing.
23. Date of parent signature was missing.
24. Certified Professional Trainer information was missing.
25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
26. Date of trainer signature was missing.
27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
29. Date of staff signature was missing.
30. Administrator/Provider signature was missing

31. Date of administrator/Provider was missing.
(Page 4)
32. Child's name was missing.
33. Name of medication or medical food was missing.
34. Date the medication/medical food was administered was missing.
35. Time medication/medical food was administered was missing.
36. Dosage of medication/medical food that was administered was missing.
37. Signature of person administering medication/medical food was missing.
38. The plan was not followed or implemented as required/daily.
39. The plan was not able to be implemented due to conflicting information.
40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 09/15/2024

Summary of Additional Non-Compliances

Serious Risk Non-Compliances

No Additional Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

Domain:08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

Code: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

Findings: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person listed on the Employee Record Chart as noted in number 1 below:

1. The request for a background check for child care was not submitted in the OPR.
2. The fingerprints were not submitted electronically according to the process established by BCI.
3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/18/2024

Low Risk Non-Compliances

Domain:05 Health & Safety

Rule: 5101:2-12-16 Incident/Injury Reporting
Code: The program is required to complete the JFS 01299 "Incident/Injury Report" for injuries and incidents at the program, provide a copy to the person who picks the child up on the day of the incident, and retain a copy of the form onsite at the program for one year.

Findings: In review of the records, it was determined the program did not meet the requirements for completing a JFS 01299 "Incident/Injury Report" as noted in number 4 below:

1. The JFS 01299 was not completed when a child became ill or received an injury which required first aid treatment.
2.The JFS 01299 was not completed when a child was transported to a source for emergency assistance.
3. The JFS 01299 was not completed when a child received a bump or blow to the head.
4. The JFS 01299 was not completed when an unusual or unexpected incident occurred when children were exposed to inappropriate media.
5. The parent or a person picking up the child did not receive the JFS 01299 on the day of the incident.
6. The program information (program name, number, address) was incomplete on the JFS 01299.
7. Child's name was incomplete on the JFS 01299.
8. Child's birthdate was incomplete on the JFS 01299.
9. Name of person(s) responsible for the child at the time of the incident was incomplete on the JFS 01299.
10. Number of children present in the group at the time of the incident was incomplete on the JFS 01299.
11. Date and/or time of the incident was incomplete on the JFS 01299.
12. Whether or not parents were contacted was incomplete on the JFS 01299.
13. Complete summary of the incident was incomplete on the JFS 01299.
14. Accurate summary of the incident was incomplete on the JFS 01299.
15. Name and/or signature of the person completing the form was incomplete on the JFS 01299.
16. The JFS 01299 was not kept on file at the program for at least one year.
17. Other [ ].

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 09/15/2024

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.

Findings: 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 1 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: 09/18/2024