

# **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 Det         | ails                    |                    |  |
|--|---------------------|-------------------------|--------------------|--|
| Program Name                                   | Program Number      |                         | Program Type       |  |
| UKRAINIAN ACADEMY INC                          | 000000300866        |                         | Child Care Center  |  |
| Address<br>6155 PEARL RD PARMA HTS<br>OH 44130 |                     |                         | County<br>CUYAHOGA |  |
| Building Approval Date                         | Use Group/Code      | Occupancy Limit         | Maximum Under 2 ½  |  |
| Fire Inspection Approval Date                  | Food Service Risk I | Food Service Risk Level |                    |  |
| 09/02/2022                                     | Level IV            | Level IV                |                    |  |

| Inspection Information     |                       |               |                  |                   |              |
|----------------------------|-----------------------|---------------|------------------|-------------------|--------------|
| Inspection Type            |                       | Inspection Sc | ope              | Inspection Notice |              |
| Annual                     |                       | Full          |                  | Unannounced       |              |
| Inspection Date 11/02/2022 |                       | Begin Time 8  | :30 AM           | End Time 2:00 PM  |              |
| Inspection Date 11/04/2022 |                       | Begin Time 2  | :30 PM           | End Time 3:30 PM  |              |
| Reviewer:                  |                       |               |                  |                   |              |
| PATRICIA REMINGTON         |                       |               |                  |                   |              |
| Reviewer:                  |                       |               |                  |                   |              |
| PATRICIA REMINGTON         |                       |               |                  |                   |              |
|                            | Summary of Findings   |               |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-co | ompliances    | No. Serious Risk | No. Moderate Risk | No. Low Risk |

| License Capacity and Enrollment at the Time of Inspection |                  |           |           |         |
|---|------------------|-----------|-----------|---------|
| Age Group   | License Capacity |           | Enr       | ollment |
|   | Totals           | Full Time | Part Time | Total   |
| Infant (Birth to < 18 m)                                  |                  | 12        | 0         | 12      |
| Young Toddler   |                  | 19        | 0         | 19      |
| Total Under 2 ½ Years                                     | 113              | 31        | 0         | 31      |
| Older Toddler   |                  | 12        | 0         | 12      |
| Preschool   |                  | 74        | 0         | 74      |
| School Age  |                  | 0         | 0         | 0       |

| Total Capacity/Enrollment | 189 | 86 | 0 | 117             |
|---------------------------|-----|----|---|-----------------|
|                           |     |    | _ | _ <del> :</del> |

|                      | Staff-Child Ratios at the Time of Inspection |                |         |  |  |
|----------------------|--|----------------|---------|--|--|
| Group                | Age Group/Range                              | Ratio Observed | Comment |  |  |
| Room 1 Young PS      | 3 years to < 4 years                         | 1 to 9         |         |  |  |
| Room 1 Young PS      | 3 years to < 4 years                         | 1 to 9         | Lunch   |  |  |
| Room 7- PS           | 3 years to < 4 years                         | 2 to 12        |         |  |  |
| Room 7- PS           | 3 years to < 4 years                         | 2 to 12        | Lunch   |  |  |
| Room 8- 4 and 5's    | 4 years to < 5 years                         | 1 to 9         |         |  |  |
| Room 8- 4 and 5's    | 4 years to < 5 years                         | 1 to 9         | Lunch   |  |  |
| Infant room          | 0 to < 12 months                             | 2 to 10        |         |  |  |
| Infant room          | 0 to < 12 months                             | 2 to 10        |         |  |  |
| Younger Toddler room | 18 months to < 30 months                     | 2 to 9         |         |  |  |
| Younger Toddler room | 18 months to < 30 months                     | 2 to 9         | Lunch   |  |  |
| Older Toddlers       | 30 months to < 36 months                     | 2 to 11        |         |  |  |
| Older Toddlers       | 30 months to < 36 months                     | 2 to 11        | Lunch   |  |  |
| 3 year olds          | 3 years to < 4 years                         | 2 to 15        |         |  |  |
| 3 year olds          | 3 years to < 4 years                         | 2 to 13        | Lunch   |  |  |

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

| Moderate Risk Non-Compliances | Moderate | <b>Risk Non-</b> | -Compliances |
|-------------------------------|----------|------------------|--------------|
|-------------------------------|----------|------------------|--------------|

No Moderate Risk Non-Compliances were observed during this inspection

| objection. |
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|            |

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

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

<u>Code</u>: The program is required to provide a clean restroom with the appropriate materials available.

<u>Finding</u>: During the inspection, it was determined that unsanitary conditions, as noted in number(s) 4 below, was in the Older Toddlers restroom:

- 1. There was no liquid soap.
- 2. There was no toilet paper.
- 3. There were no paper towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet(s) were not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [ ].

The restroom(s) must be kept sanitary at all times. 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 not required at this time.

**Domain: 07 Diapering & Infant Care** 

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program is required to provide clean sheets for all cribs that are not too large or too small for the crib.

<u>Finding</u>: During the inspection, it was determined that sheets did not meet the rule requirement as noted in number(s) 2 below:

- 1. At least one crib did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. At least one sheet was torn.
- 5. Crib sheets were not clean.

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 not required at this time.

### **Rules In-Compliance/Not Verified**

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-12-02 License Posted        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| 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    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department   | Compliant |   |
| Inspection                         |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 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 9/2/22.            |
|                                      |             |   |
|                                      | T           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service      | Compliant   | Documenting Statement: The food service   |
| Requirements                         |             | license was observed posted. Following is |
|                                      |             | the audit number and date of expiration:  |
|                                      |             | THAR-CC3PZG 3/1/23.                       |
|                                      |             | , , ,                                     |
|                                      | L           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator           | Compliant   |   |
| Qualifications                       | Compilant   |   |
| Qualifications                       |             |   |
| Rule                                 | Status      | Decumenting Statement/s) If applicable    |
|                                      | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator           | Compliant   |   |
| Responsibilities/Requirements        |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program         | Compliant   |   |
| Policies and Procedures              |             |   |
|                                      | •           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Medical Statement       | Compliant   | 0 (7)                                     |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member | Compliant   | 0 (7)                                     |
| Educational Requirements             | Compilation |   |
| Eddedional Requirements              |             |   |
| Rule                                 | Ctatus      | Documenting Statement(s), If applicable   |
|                                      | Status      | Documenting statement(s), if applicable   |
| 5101:2-12-08 Orientation Training &  | Compliant   |   |
| Whistle Blower Protection            |             |   |
|                                      | -           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-09 Background Check        | Compliant   |   |
| Requirements                         |             |   |
|                                      | <del></del> |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Health Training         | Compliant   |   |
| Requirements                         |             |   |
| - 4                                  | l           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Professional            | Compliant   | bocamenting statement(s), it applicable   |
|                                      | Compilant   |   |
| Development Requirements             |             |   |
|                                      |             |   |

| Rule   | Status           | Documenting Statement(s), If applicable                                    |
|--|------------------|--|
| 5101:2-12-11 Indoor Space                                | Compliant        | , , , , , , , , , , , , , , , , , , ,                                      |
| Requirements   |                  |  |
|  |                  |  |
| 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 Requirements                  | Compliant        |  |
| Requirements   |                  |  |
| Rule   | Status           | Documenting Statement(s), If applicable                                    |
| 5101:2-12-11 Outdoor Play Equipment                      | Compliant        | bocamenting statement(3), ii applicable                                    |
| 3101.2 12 11 Outdoor Hay Equipment                       | Compliant        |  |
|  |                  |  |
| Rule   | Status           | Documenting Statement(s), If applicable                                    |
| 5101:2-12-11 Outdoor Play Fall Zones                     | Compliant        |  |
|  |                  |  |
| Dulo   | Ctatus           | Decumenting Statement/s) If a relicable                                    |
| Rule 5101:2-12-12 Safe Equipment                         | Status Compliant | Documenting Statement(s), If applicable                                    |
| 3101.2-12-12 Sale Equipment                              | Соттриант        |  |
|  |                  |  |
| Rule   | Status           | Documenting Statement(s), If applicable                                    |
| 5101:2-12-12 Safe Environment                            | Compliant        |  |
|  |                  |  |
|  | Laur             |  |
| Rule   | Status           | Documenting Statement(s), If applicable                                    |
| 5101:2-12-13 Handwashing Requirements                    | Compliant        |  |
| Requirements   |                  |  |
| Rule   | Status           | Documenting Statement(s), If applicable                                    |
| 5101:2-12-13 Smoke Free                                  | Compliant        | bounding statement(3), it applicable                                       |
| Environment  |                  |  |
|  | ı                | ,  |
| Rule   | Status           | Documenting Statement(s), If applicable                                    |
| 5101:2-12-14 Transportation and Field                    | Compliant        |  |
| Trip Procedures  |                  |  |
|  |                  |  |
| Rule   | Status           | Documenting Statement(s), If applicable                                    |
| 5101:2-12-14 Transportation - Driver                     | Compliant        |  |
| Requirements   |                  |  |
| Dulo   | Ctatus           | Decumenting States and A. If and I all a                                   |
| Rule   | Status           | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-14 Transportation - Vehicle Requirements | Compliant        | Documenting Statement: An annual safety check of the vehicle(s), using the |
| venicle requirements                                     |                  | JFS 01230 "Vehicle Inspection Report For                                   |
|  |                  | Child Care Centers" form, were verified                                    |
|  |                  | Child Care Centers Torrii, were verified                                   |

|  |                     | and dated Chevy 9/19/22,<br>IGBHG31C181208682, Chevy- |
|--|---------------------|---|
|  |                     | 3114261232402-5/31/22, Chevy-                         |
|  |                     | IGBHG31V971222295, 9/19/22, Chevy-                    |
|  |                     | IGBHG31C181- 3/28/22.                                 |
| Rule                                   | Status              | Documenting Statement(s), If applicable               |
| 5101:2-12-15 Child Medical and         | Compliant           |   |
| Enrollment Records                     |                     |   |
| Rule                                   | Ctatus              | Decumenting Statement(e) If applicable                |
| 5101:2-12-16 Medical, Dental, and      | Status<br>Compliant | Documenting Statement(s), If applicable               |
| General Emergency Plan                 | Compilant           |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable               |
| 5101:2-12-16 Emergency Drills          | Compliant           |   |
|  | 1                   |   |
| 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           | 0 (" 11   |
| Communicable Disease                   | ·                   |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable               |
| 5101:2-12-16 Incident/Injury Reporting | Compliant           |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable               |
| 5101:2-12-16 Written Disaster Plan     | Compliant           |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable               |
| 5101:2-12-17 Daily Schedule            | Compliant           |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable               |
| 5101:2-12-17 Materials and             | Compliant           |   |
| Equipment                              |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable               |
| 5101:2-12-17 Daily Outdoor Play        | Compliant           |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable               |
| 5101:2-12-18 License Capacity          | Compliant           |   |

| oeginning:                           |           |   |
|--------------------------------------|-----------|---|
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-18 Ratio                   | Compliant |   |
| 3101.2 12 10 Natio                   | Compilant |   |
|                                      | 1         |   |
| Dula                                 | Chahua    | Decres outing Chatage out/o) If a pulicable |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-18 Group Size              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-18 Attendance Records      | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-19 Supervision             | Compliant | 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -     |
| 0_01/2 12 13 3dpc/1/3/3//            |           |   |
| L                                    | 1         |   |
| Dula                                 | Chahua    | Decumenting Statement (a) If a pulicable    |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-19 Child Guidance          | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-20 Cots and Napping        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-22 Meal and Snack          | Compliant |   |
| Requirements                         |           |   |
| Requirements                         |           |   |
|                                      |           | 5 () (5                                     |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
| ,                                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
|                                      |           | Documenting Statement(s), it applicable     |
| 5101:2-12-23 Infant Daily Care       | Compliant |   |
|                                      | 1         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-23 Infant Bottle and Food  | Compliant |   |
| Preparation                          |           |   |
| •                                    | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-23 Diapering and Toilet    |           | bocamenting statement(s), it applicable     |
| 1 SIUL.Z-IZ-ZS DIADELIUS AUG LOUEL   | Compliant |   |
|                                      | •         |   |
| Training                             | ,         |   |