

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 | ails | |
|---|---------------------|-----------------|--------------------|
| Program Name | Program Number | | Program Type |
| WISHING WELL PRESCHOOL | 00000305162 | | Child Care Center |
| Address 19419 ROYALTON RD STRONGSVILLE OH 44136 | | | County CUYAHOGA |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 08/24/2021 | Food Service Risk L | evel | |

| | Insp | ection Information | | |
|---------------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 10/27/2021 | Begin Time 8 | :45 AM | End Time 1:15 PM | |
| Inspection Date 11/02/2021 | Begin Time 2 | 2:00 PM | End Time 2:45 PM | |
| Reviewer: PATRICIA REMING | STON | | | |
| Reviewer: PATRICIA REMINGTON | | | | |
| | Sui | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 0 | 0 | 0 | 0 |

| Li | cense Capacity ar | nd Enrollme | ent at the Time of In | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group | License Capacity | | Enr | ollment |
| | 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 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 150 | 150 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 143 | 0 | 150 | 150 |



| | Staff-Child Ratios at the Time of Inspection | | |
|------------|--|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| 4's- 4 day | 4 years to < 5 years | 2 to 17 | |
| 4's T,TH | 4 years to < 5 years | 2 to 14 | |
| 3's M,W | 3 years to < 4 years | 2 to 13 | |
| 4's MW am | 4 years to < 5 years | 2 to 14 | |
| young 5's | 4 years to < 5 years | 2 to 12 | |
| 3's MW am | 3 years to < 4 years | 2 to 14 | |

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection



Low Risk Non-Compliances

No Low Risk Non-Compliances were observed during this inspection

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|--|
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Approval | Compliant | Documenting Statement: Please Note: An annual fire inspection approval must be secured for the program. Secure a new approval by 8/24/22. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| SIDI.2-12-10 WHILEH DISASLEI FIAM | Compliant | |
| | | |
| Rule | Ctatus | Desumanting Statement(c) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food License | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| 5101.2-12-18 License capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | Documenting statement(s), if applicable |
| | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | |



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| 5101:2-12-16 Emergency Drills | Compliant | |
|--|---------------------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | |
| | | |
| D. J. | Chature | |
| Rule 5101:2-12-02 License Posted | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-12-02 License Posted | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| D. I. | Chathan | |
| Rule 5101:2-12-02 Current Information | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| <u></u> | _1 | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff | Compliant | |
| Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|--|---|
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| <u> </u> | 1 | J |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| Rule | Status | Documenting Statement(c) If applicable |
| 5101:2-12-18 Attendance Records | Compliant | Documenting Statement(s), If applicable |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-18 Ratio | Status Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| 5101:2-12-18 Ratio | Compliant Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio Rule 5101:2-12-25 Medication | Compliant | |
| 5101:2-12-18 Ratio | Compliant Status | |
| 5101:2-12-18 Ratio Rule 5101:2-12-25 Medication Administration and Food Supplements | Compliant Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio Rule 5101:2-12-25 Medication Administration and Food Supplements Rule | Compliant Status Compliant Status | |
| 5101:2-12-18 Ratio Rule 5101:2-12-25 Medication Administration and Food Supplements | Compliant Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio Rule 5101:2-12-25 Medication Administration and Food Supplements Rule 5101:2-12-09 Background Check | Compliant Status Compliant Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio Rule 5101:2-12-25 Medication Administration and Food Supplements Rule 5101:2-12-09 Background Check | Compliant Status Compliant Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio Rule 5101:2-12-25 Medication Administration and Food Supplements Rule 5101:2-12-09 Background Check Requirements | Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
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