

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 |
| KCE Champions LLC @ Fernway | 2200023197 | | Child Care Center |
| Address 17420 Fernway Rd Shaker Heights OH 44120 | | | County CUYAHOGA |
| Building Approval Date | Use Group/Code School Building | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L Exempt | evel | · |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | оре | Inspection Notice | |
| Provisional | Full | | Unannounced | |
| Inspection Date 12/13/2021 | Begin Time 2 | :30 PM | End Time 5:42 PM | |
| Reviewer: | | | | |
| Kathryn Noftz | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 8 | 0 | 3 | 6 |

| 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 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 57 | 57 |
| Total Capacity/Enrollment | 66 | 0 | 57 | 57 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Schoolage AM/PM | School-Age to < 11 years | 2 to 34 | |



| Schoolage AM/PM | School-Age to < 11 years | 3 to 36 | |
|-----------------|--------------------------|---------|--|
| Schoolage AM/PM | School-Age to < 11 years | 3 to 20 | |

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 |
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Moderate Risk Non-Compliances

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to

engage in assigned duties or be near children.

<u>Finding</u>: During the inspection, it was determined that individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file as required. Submit the program's corrective action plan, which includes a statement that the approval is now on file or the individual(s) are no longer engaged in assigned duties and are not near children, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/12/2022

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.



<u>Finding</u>: In review of the staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number(s) 1 below:

- 1. Submitting the request for a background check for child care in the OPR.
- 2. Submitting fingerprints electronically according to the process established by BCI.

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

Corrective Action Plan Due: 01/12/2022

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: 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. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 3,10,13,25 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.

- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. 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.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

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.

Corrective Action Plan Due: 01/12/2022

Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements

Code: The program is required to respond to noncompliances by the date noted in the inspection report.

<u>Finding</u>: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 10/29/21. The rule requires the program to complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/12/2022

Domain: 00 License & Approvals

Rule: 5101:2-12-02 Current Information



<u>Code</u>: The rule requires the program to request an administrator amendment, and submit qualifications for a new administrator, within thirty days of the change.

<u>Finding</u>: During the inspection, it was determined that a change of administrator had been made and the owner or administrator had failed to provide notification of this change to the Department and/or submit qualifications for the new administrator within 30 days. A license is only valid for the licensee, administrator, address and license capacity designated on the license. Technical assistance was provided, and as discussed, submit the request to amend the license and any required documentation, if applicable, through the licensing system, OCLOS.

Corrective Action Plan Due: 01/12/2022

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to have the information listed in rule on all attendance records.

<u>Finding</u>: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 5 below:

- 1. The name of the child.
- 2. The birth date of the child.
- 3. The assigned group.
- 4. The child's weekly schedule.
- 5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

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

Corrective Action Plan Due: 01/12/2022

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.

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

- 1. Within 30 days of starting employment at the program as a child care staff member.
- 2. No documentation of completing the training after December 31, 2016.
- 3. Completion of the training was not verified in the OPR.

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

Corrective Action Plan Due: 01/12/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 2,3-AC,4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test
- 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 4a;
- 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: 01/12/2022

Domain: 08 Staff Files

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

Code: 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) 4,5,7 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: 01/12/2022

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 |
|-----------------------------|-----------|--|
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: This program |
| Department Inspection | | serves only school age children in a public or chartered non-public school building. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: This program |
| · | · | serves only school age children in a public |
| | | or chartered non-public school building. |
| | | |
| | | |
| 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 |
| 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 | | |
| Dula | Ctatus | Decumenting States and (a) If a multiple |
| Rule 5101:2-12-10 Health Training | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training Requirements | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | bocumenting statement(s), it applicable |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| Dula | Ctatus | Decumenting Statement (a) If any live late |
| Rule 5101:2-12-12 Handwashing | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Requirements | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Nule | Status | Documenting Statement(s), if applicable |

| 5101:2-12-13 Smoke Free | Compliant | |
|-------------------------------------|-------------|---|
| | Compilant | |
| Environment | | |
| 0.1 | C | D :: (1) 1/ \ If I: 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| | | |
| 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 Emergency Drills | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | S (" 11 |
| Communicable Disease | · · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | Compilation | |
| neporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | bocumenting statement(s), if applicable |
| 3101.2-12-17 Daily Schedule | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | Compilant | equipment was observed in all categories. |
| Equipment | | equipment was observed in all categories. |
| | | |
| Rule | Status | Documenting Statement/c) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-12-18 Group Size | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | 1 | |
| 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 Safe Food | Compliant | |
| Handling/Storage | | |
| Rule | Status | Decumenting Statement/s) If applicable |
| | 510.10.0 | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |