

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 Details | | | | |
|---|---------------------|-----------------|---------------------|--|
| Program Name | Program Number | | Program Type | |
| LOVING CUP KIDS ACADEMY OF GENEVA | 2210025519 | | Child Care Center | |
| Address 839 W Main St Geneva OH 44041 | | | County ASHTABULA | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 10/26/2000 Fire Inspection Approval Date | Food Service Risk L | 76 evel | | |
| 11/30/2021 | Level IV | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Provisional | Full | | Unannounced | |
| Inspection Date | Begin Time 2 | :00 PM | End Time 4:00 PM | |
| 04/05/2022 | | | | |
| Reviewer: | | | | |
| Erica Adams | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 6 | 0 | 1 | 7 |

| 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) | | 8 | 0 | 8 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 21 | 8 | 0 | 8 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 16 | 0 | 16 |
| School Age | | 18 | 0 | 18 |
| Total Capacity/Enrollment | 57 | 34 | 0 | 42 |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|----------------------|---------|-------------|--|
| Group Age Group/Range Ratio Observed Comment | | | | |
| Preschool | 3 years to < 4 years | 2 to 12 | Programming | |

| Preschool | 3 years to < 4 years | 1 to 4 | Programming |
|----------------|--------------------------|---------|--------------|
| Preschool | 3 years to < 4 years | 1 to 3 | Outdoor Play |
| Infant Toddler | 0 to < 12 months | 2 to 6 | Programming |
| Infant Toddler | 0 to < 12 months | 1 to 3 | Programming |
| School Age | School-Age to < 11 years | 1 to 13 | Programming |

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 have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number 3 below:

- 1. Owner;
- 2. Administrator;
- 3. Child Care Staff Member, employee.

Submit the program's corrective action plan, which includes a statement the background check update has been requested, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/05/2022



Low Risk Non-Compliances

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 2 and 3 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 05/05/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/05/2022

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have staff complete training in child abuse and neglect recognition and prevention within sixty days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed training in child abuse and neglect recognition and prevention as noted in number 2 below:

- 1. The training was not completed within sixty days of hire.
- 2. The training was expired, as it is only valid for two years.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete training in child abuse and neglect recognition and prevention. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/05/2022

Domain: 08 Staff Files

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

<u>Code</u>: 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 5 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: 05/05/2022

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

Code: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number 10 below:

- 1. First Aid child care staff members scheduled during the hours of [] and [] had expired training
- 2. First Aid child care staff members scheduled during the hours of [] and [] did not have verification of completion of First Aid
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of [] and [] had expired training
- 5. CPR child care staff scheduled during the hours of [] and [] had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care
- 8. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 9. Communicable Disease child care staff members scheduled during the hours of [] and [] had expired training
- 10. Communicable Disease child care staff scheduled during the hours of 6am and 9am had not taken Communicable Disease training
- 11. Communicable Disease trained child care staff member was not present in each building used by the program
- 12. Child Abuse child care staff members scheduled during the hours of [] and [] had expired training
- 13. Child Abuse child care staff scheduled during the hours of [] and [] had not taken Child Abuse training
- 14. Child Abuse trained child care staff was not in each building used by the program

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/05/2022

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.



<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 1 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases
- required by division 5104.014 of the Revised Code and found in appendix A to this rule
- 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other []

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

Corrective Action Plan Due: 05/05/2022

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 11, 13, 14, and 15 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list

- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. 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: 05/05/2022

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 |
| 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 | · | |
| - P | | |
| 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 11/30/22. |
|--|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: RKRG-CBJS79 and 3/1/23. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and Suspension | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Qualifications | Compliant | December 100 of the content of the c |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program Policies and Procedures | Compliant | Documenting Statement: The written policies and procedures reviewed on the day of the inspection were verified as complete. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Decumenting Statement/s) If applicable |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | bocumenting statement(3), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed |

| | | and documented, as required. The most recent inspection report form was dated 3/16/22. |
|---|---------------------|--|
| Dula | Chahua | Decumenting Chatemant/s) If and inchis |
| Rule 5101:2-12-11 Outdoor Play Equipment | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-12-11 Outdoor Flay Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement(s), if applicable |
| 5101.2-12-11 Outdoor Flay Fair Zolles | Compilant | |
| 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 | O sales and a sale |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | Social menting state ment(s); it appreads |
| Environment | | |
| Dula | Status | Decumenting Chatemant/s) If and inchis |
| Rule 5101:2-12-14 Transportation and Field | Compliant | Documenting Statement(s), If applicable |
| Trip Procedures | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | | had current information on the medical |
| | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Destinants. | | |
|---------------------------------------|---------------------|--|
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | · · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | the inspection and mee the requirements. |
| | ı | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | Southeriting statement(s), it applicable |
| J101.2 12 17 Daily Schedule | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | bocamenting statement(s), it applicable |
| Equipment | Compilant | |
| Едагритент | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play |
| Kule. 5101.2-12-17 Daily Outdoor Play | Compilant | was observed for the Preschool group. |
| | | was observed for the Preschool group. |
| | | |
| Pule | Ctatus | Desumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement(s), If applicable Documenting Statement: Staff/child |
| | Compilatit | ratios observed during the inspection |
| | | o i |
| | | were in compliance. |
| | | |
| Pula | Ctatus | Decumenting Statement (a) If a will all la |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
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| Pule | Ctatus | Decumenting Statement(s) If a well-add |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-18 Attendance Records | Status Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |

| Beginning! | | |
|--------------------------------------|-----------|---|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | Bocamenting statement(s), it applicable |
| 5101.2-12-19 Cilila Galdance | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | <u> </u> |
| 0.000.000 | | |
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| Dule | Ctatus | Desumenting Statement/s) If applicable |
| 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 Fluid Milk Requirements | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| · | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | Bootimenting statement(s), it approads |
| | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate |
| Toilet Training | | diaper changing procedures were |
| 3 | | observed during the inspection in the |
| | | Infant Toddler room. |
| | | infant Toddier room. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Compliant | |
| Safety Requirements | | |
| , , | 1 | |
| Rule | Status | Documenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration | | had complete written documentation for |
| | | administering medication or food |
| | | supplements. |
| | | 0. pp. 0 |

