

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 | |
| LOLLIPOP COOPERATIVE PRESCHOOL | 000000104255 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 1280 E AURORA RD MACEDONIA | | | SUMMIT | |
| ОН | | | | |
| 44056 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 08/11/2020 | E | 60 | 0 | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 08/21/2024 | Exempt | | | |

| | Inspection Information | | | | |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection : | Scope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 01/28/2025 | 9:50 AM | | 2:00 PM | | |
| Reviewer: | | | | | |
| MICHELE FAKAN | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 4 | 0 | 0 | 5 | |

| 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 | | 56 | 0 | 56 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 58 | 56 | 0 | 56 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| 4 Day PreK AM | 4 years to < 5 years | 2 to 14 | |
|---------------|----------------------|---------|--|
| 4 Day PreK AM | 4 years to < 5 years | 2 to 14 | |

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 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Moderate Risk Non-Compliances | | |
| No Moderate Risk Non-Compliances were observed during this inspection | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Low Risk Non-Compliances | | |
| | | |



Domain: 00 License & Approvals

Rule: 5180:2-12-02 Current Information

Code: The rule requires the program to keep their information current in OCLQS.

<u>Finding</u>: During the inspection, it was determined the information in number 7 below was not up to date in the Ohio Child Licensing and Quality System (OCLQS):

- 1. Mailing address
- 2. Telephone number
- 3. Email address
- 4. Days and hours of operation
- 5. Services offered
- 6. Name of program
- 7. Private pay rates

Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

Corrective Action Plan Due: 02/27/2025

Domain: 08 Staff Files

Rule: 5180:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety 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 required health and safety training as noted in number 4 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

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

Corrective Action Plan Due: 02/27/2025



Domain: 08 Staff Files

Rule: 5180:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [].

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

Corrective Action Plan Due: 02/27/2025

Domain: 10 Written Policies & Procedures

Rule: 5180:2-12-16 Written Disaster Plan

Code: The program is required to have a written disaster plan.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number 20 below:

Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. The plan was not used to respond to an emergency or disaster situation
- 4. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 5. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
- 6. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 7. Outbreaks, epidemics or other infectious disease emergencies
- 8. Loss of power, water, or heat
- 9. Other threatening situations that may pose a health or safety hazard to the children in the program



Details

- 10. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 11. A designated safe site where staff and children can safely remain when evacuated.
- 12. Assisting infants, toddlers and children with special needs and/or health conditions
- 13. Emergency contact information for parents and the program
- 14. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 15. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 16. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 17. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 18. Making the plan available to all child care staff members and employees
- 19. Training of staff or reassignment of staff duties as appropriate
- 20. Updating the plan on a yearly basis
- 21. Contact with local emergency management officials

Make the necessary revisions to the disaster plan. Submit the program's corrective action plan, which includes the revised information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/27/2025

Domain: 10 Written Policies & Procedures

Rule: 5180:2-12-16 Written Disaster Plan

<u>Code</u>: The program is required to train child care staff members and employees on the written disaster plan annually and keep written documentation of the training on-site.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in number 1 below:

- 1. Child care staff members and employees were not trained annually.
- 2. Written documentation of the training was not kept on file.

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

Corrective Action Plan Due: 02/27/2025



Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|--|--|
| Rule: 5180:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | in a location visible to parents as |
| | | required. |
| | | of the Control of the |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
| Rule: 5180:2-12-04 Building | Compliant | Documenting Statement: On the day of |
| Department Inspection | · ' | the inspection, the program was |
| | | operating in compliance with the current |
| | | building approval(s). |
| | | 5 11 17 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| | - Compilation | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by 8/21/2025. |
| | | new me inspection by 6/21/2023. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 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 |
| 5180:2-12-07 Administrator | Compliant | |
| Qualifications | and the second s | |
| 13 * January 126 (126 (126 (126 (126 (126 (126 (126 | <u>.</u> | Į. |
| Rule | Status | Documenting Statement(s), If applicable |



| ~~ | 1 50 Woo | |
|--|--------------|---|
| 5180:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| 1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | | have been made to the written policies |
| | | and procedures since it was last approved |
| | | by this Department. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Medical Statement | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | Compilant | Staff Members had verification of |
| Weitber Educational Requirements | | |
| | | educational requirements on file at the |
| | | program. |
| | Į. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | | the inspection, all child care staff |
| ACCORDINATION OF THE SECOND SE | | members had met orientation training |
| | | requirements. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| 5180:2-12-11 Indoor Space | Compliant | Documenting Statement(s), If applicable |
| | Compilant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | -51116113114 | playground inspections were completed |
| - Negali elliello | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 11/13/2024. |
| | | 11/13/2024. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
| | <u> </u> | |



| ~~ | | |
|---|--|--|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | , technique and technique | Bocumenting Statement(s), if applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| | 2 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | Somphania | |
| | 1 | <u> </u> |
| | | 15 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | botamenting statement(s), it applicable |
| 5180:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| (4.0.400) | 2 | bootheriting statement(s), it applicable |
| 5180:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | The second secon | Bocamenting statement(s), it applicable |
| \$2000-4-2000-00-3904-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Compliant | |
| 1000 | Compilant | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | Compilario | |
| Linoillient necords | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care | Compliant | |
| Plans | The state of the s | |
| 1 Idilis | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| | 1 | |
| i General Emergency Plan | | |
| General Emergency Plan | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Status Compliant | Documenting Statement(s), If applicable |
| Rule | | Documenting Statement(s), If applicable |
| Rule | | Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Emergency Drills | Compliant | |
| Rule 5180:2-12-16 Emergency Drills Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Emergency Drills | Compliant | |
| Rule 5180:2-12-16 Emergency Drills Rule | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------|-----------|--|
| 5180:2-12-16 Management of | Compliant | |
| Communicable Disease | * | |
| | 17 · | * |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | 2 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | |
| - | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | Described States and Applicable |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
| | | |
| | 2299, 224 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | bootine it in gotte in and on a private in |
| | | |
| | 8 | * |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| | | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| B + 5400 0 40 40 5 ** | | |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| L | I, | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | Documenting Statement(s), it applicable |
| 3100.2 12 13 Supervision | Compliant | |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | , , , , , , , , , , |



| 5180:2-12-19 Child Guidance | Compliant | |
|--------------------------------------|-----------|---|
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |
| | | |
| | | |