

# **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 Deta        | ils             |                   |
|--------------------------------|---------------------|-----------------|-------------------|
| Program Name                   | Program Number      |                 | Program Type      |
| METHODIST PRESCHOOL            | 00000300170         |                 | Child Care Center |
|                                |                     |                 |                   |
| Address                        |                     |                 | County            |
| 20 S FRANKLIN ST CHAGRIN FALLS |                     |                 | CUYAHOGA          |
| ОН                             |                     |                 |                   |
| 44022                          |                     |                 |                   |
|                                |                     |                 | *                 |
| Building Approval Date         | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 07/07/1990                     | 16314               |                 |                   |
| Fire Inspection Approval Date  | Food Service Risk L | evel            |                   |
| 04/15/2024                     | Exempt              |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection Sc                  | оре                | Inspection Notice |              |
| Annual             | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 10/08/2024         | 9:40 AM                        |                    | 12:00 PM          |              |
| Reviewer:          |                                |                    |                   |              |
| Erica Adams        |                                |                    |                   |              |
|                    | Sur                            | nmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                 | 3                              | 0                  | 0                 | 3            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           | spection |
|---|------------------|------------|-----------|----------|
| 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          | 64        | 64       |
| School Age  |                  | 0          | 0         | 0        |
| Total Capacity/Enrollment                                 | 128              | 0          | 64        | 64       |

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



| 3's - 204 | 3 years to < 4 years      | 2 to 14 | Programming |
|-----------|---------------------------|---------|-------------|
| 3's - 204 | 3 years to < 4 years      | 2 to 17 | Programming |
| 4's - 205 | 4 years to < 5 years      | 2 to 17 | Programming |
| 4's - 205 | 4 years to < 5 years      | 2 to 15 | Programming |
| 5's - 207 | 5 years to < Kindergarten | 2 to 13 | Programming |
| 5's - 207 | 5 years to < Kindergarten | 2 to 14 | Programming |
| 4's - 206 | 4 years to < 5 years      | 2 to 15 | Programming |
| 4's - 206 | 4 years to < 5 years      | 2 to 15 | Programming |

#### **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: 5101:2-12-04 Building Department Inspection

<u>Code</u>: The program is required to maintain a copy of the certificate of occupancy on file at the center for review.

<u>Finding</u>: During the inspection, it was determined the program did not have a copy of the certificate of occupancy available on-site for review. Submit the program's corrective action plan, which includes a copy of the certificate of occupancy, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/07/2024

## 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) 1, 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: 11/07/2024

## **Domain: 08 Staff Files**

Rule: 5101:2-12-10 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: 11/07/2024

## **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                       |           |   |
|                                    | 5.        |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note:     |
| 21                                 |           | Documentation of a fire inspection      |
|                                    |           | without any uncorrected violations must |
|                                    |           | be secured for the program. Secure a    |
|                                    |           | new fire inspection by 4/15/25.         |



| Rule: 5101:2-12-04 Fire Inspection  | Compliant | Documenting Statement: Although the<br>program had documentation of a current<br>fire inspection without any uncorrected<br>violations at the time of the licensing<br>inspection, the program did not have the<br>fire inspection completed within 12<br>months from the date of the last fire<br>inspection without any uncorrected<br>violations. Please ensure that fire<br>inspections are completed in accordance<br>with the rule requirements. |
|-------------------------------------|-----------|--|
| Dula                                | Chature   |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Food Service     | Compliant | Documenting Statement: The program<br>has obtained a food service exemption  |
| Requirements                        |           | CONTRACTOR AND   |
|                                     |           | status from the local health department.   |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-05 Denial, Revocation and | Compliant |  |
| Suspension                          |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator          | Compliant | boeumenting statement(s), ir upplicasie  |
| Qualifications                      |           |  |
|                                     | Ĩ         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator          | Compliant |  |
| Responsibilities/Requirements       |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-07 Written Program  | Compliant | Documenting Statement: The written   |
| Policies and Procedures             |           | 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 Medical Statement      | Compliant |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation Training & | Compliant |  |
| Whistle Blower Protection           |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |



| ~~                                    |           | 1  |
|---------------------------------------|-----------|--|
| 5101:2-12-09 Background Check         | Compliant |  |
| Requirements                          | 5<br>5    |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional             | Compliant |  |
| 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 Play Equipment   | Compliant |  |
|                                       | 20<br>20  |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones  | Compliant |  |
|                                       | 18        |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment           | Compliant |  |
|                                       |           |  |
| Rule                                  | Status    | Decumenting Statement(a) If applicable   |
| 5101:2-12-12 Safe Environment         |           | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Sale Environment         | Compliant |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and   | Compliant |  |
| Environment                           |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing              | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free               | Compliant | bocumenting statement(s), it applicable  |
| Environment                           |           |  |
|                                       |           |  |
| Dulo                                  | Status    | Documenting Statement(a) If any lice bla |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field | Compliant |  |
| Trip Procedures                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |



| Rule: 5101:2-12-15 Child Medical and                        | - u                 |  |
|---|---------------------|--|
| Enrollment Records  | Compliant           | Documenting Statement: At the time of<br>the inspection, 25% of the children's<br>records were reviewed, and the records<br>were complete, as required by the rule.                  |
| Rule: 5101:2-12-15 Child Medical and<br>Enrollment Records  | Compliant           | Documenting Statement: In review of<br>25% of the records, at the time of the<br>inspection, children's medical statements<br>were complete and on file, as required by<br>the rule. |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans           | Compliant           | Documenting Statement: The program<br>had current information on the medical<br>status and the required treatment plan<br>for the children with health conditions.                   |
| Rule  | Chatua              | Decumenting Statement(a) If emplicable   |
| 5101:2-12-16 Medical, Dental, and<br>General Emergency Plan | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule<br>5101:2-12-16 First Aid/Standard<br>Precautions      | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   | -                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of<br>Communicable Disease          | Compliant           |  |
|   | -                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury<br>Reporting                   | Compliant           |  |
|   | - 45                |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule                                 | Compliant           |  |
| Dula  | Chabura             |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and Equipment                        | Compliant           |  |
| Dula  | Chattan             |  |
| Rule<br>5101:2-12-17 Daily Outdoor Play                     | Status<br>Compliant | Documenting 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: Staff/child      |
|  |  | ratios observed during the inspection   |
|  |  | were in compliance.                     |
|  |  |   |
| 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  | 0 (7, 11                                |
|  |  |   |
| 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  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping                | Compliant  |   |
|  | Card Color H of International Action Pro-  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack                  | Compliant  |   |
| Requirements                                 | Caling Caling Caling And And Caling C |   |
| 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                             | compliant  |   |
| Dule   | Status   |   |
| Rule<br>Rule: 5101:2-12-25 Medication        | Status   | Documenting Statement(s), If applicable |
| Administration                               | Compliant  | Documenting Statement: The program      |
| Authinistration                              |  | had complete written documentation for  |
|  |  | administering medication or food        |
|  |  | supplements.                            |
| Dula   | Chatura  |   |
| Rule<br>5101:2-12-08 Child Care Staff Member | Status   | Documenting Statement(s), If applicable |
|  | Compliant  |   |
| Educational Requirements                     |  |   |



| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5101:2-12-16 Written Disaster<br>Plan | Compliant | Documenting Statement: Annual training<br>of the written disaster plan was<br>completed by staff.                             |
| Rule: 5101:2-12-16 Written Disaster<br>Plan | Compliant | Documenting Statement: The program's<br>written disaster plan was reviewed during<br>the inspection and met the requirements. |