

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 BROOKLYN | 00000300406 | | Child Care Center | | |
| | | | | | |
| Address | | | County | | |
| 4476 RIDGE RD. BROOKLYN | | | CUYAHOGA | | |
| OH 44144 | | | | | |
| | | | | | |
| | | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | | |
| 10/13/2015 | E | | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | | |
| 08/04/2023 | Level III | | | | |

| Inspection Information | | | | |
|-------------------------------|--------------------------------|---|----------------------------------|--------------|
| Inspection Type Annual | Inspection So Full | cope | Inspection Notice Unannounced | |
| Inspection Date 12/12/2023 | Begin Time S | :30 AM | End Time 12:05 PM | |
| Reviewer: Erica Adams | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Rules with Non-compliances No. Serious Risk N | | No. Low Risk |
| 58 | 3 | 0 | 0 | 3 |

| 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) | | 10 | 0 | 10 |
| Young Toddler | | 12 | 0 | 12 |
| Total Under 2 ½ Years | 32 | 22 | 0 | 22 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 15 | 0 | 15 |
| School Age | | 2 | 0 | 2 |
| Total Capacity/Enrollment | 106 | 17 | 0 | 39 |

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



Department of Education Department of Job and Family Services

| Infant | 0 to < 12 months | 2 to 8 | Programming |
|-----------|--------------------------|---------|-------------|
| Infant | 0 to < 12 months | 2 to 8 | Programming |
| Toddler | 18 months to < 30 months | 2 to 7 | Programming |
| Toddler | 18 months to < 30 months | 2 to 7 | Lunch |
| Preschool | 3 years to < 4 years | 1 to 11 | Programming |
| Preschool | 3 years to < 4 years | 2 to 11 | Programming |
| Preschool | 3 years to < 4 years | 2 to 12 | 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 | | |
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| | | |

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection



Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 2 below:

1. No attendance record was being maintained.

2. The attendance record was not being consistently completed.

- 3. The record did not include the name of at least one child.
- 4. The record did not include the birth date of at least one child.
- 5. The record did not include the assigned group.
- 6. The record did not include the child's weekly schedule.

7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 01/11/2024

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Fall Zones

<u>Code</u>: The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

<u>Finding</u>: During the inspection, it was determined the fall zone under and around equipment designated for climbing, swinging, balancing and sliding did not meet the requirements as noted in number(s) 1 and 4 below:

1. The fall surface material had not been properly distributed or raked as needed to retain proper depth under and around equipment.

2. A fall zone hazard was present, in that, the [] posed a risk of injury if a child were to fall from a piece of equipment.

3. The fall zone was less than 3 feet from the fence for equipment used by children 23 months of age and younger.

4. The fall zone was less than 6 feet from the fence for equipment used by children 24 months of age and older.

5. There was not a fall zone of 3 feet in all directions from the perimeter of the equipment used by children 23 months of age and younger.



6. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment used by children 24 months of age and older.

7. The fall zone was less than 4 1/2 feet from each piece of applicable equipment used by children 23 months of age and younger.

8. The fall zone was less than 9 feet from each piece of applicable equipment used by children 24 months of age and older.

9. Other [].

The program is required to provide adequate fall zones under and around outdoor play equipment at all times. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/11/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number 5c below.

1. A medical statement was not on file for at least one employee;

2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;

3. Date of examination was missing;

4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;

5. A statement was missing that verifies 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);

6. Tuberculosis (TB) screening/test information was missing:

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 6a.

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: 01/11/2024

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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| 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 8/4/24. |
| | | |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the |
| | | |
| | | program had documentation of a current |
| | | fire inspection without any uncorrected |
| | | fire inspection without any uncorrected violations at the time of the licensing |
| | | fire inspection without any uncorrected |
| | | fire inspection without any uncorrected violations at the time of the licensing |
| | | fire inspection without any uncorrected violations at the time of the licensing inspection, the program did not have the |
| | | fire inspection without any uncorrected violations at the time of the licensing inspection, the program did not have the fire inspection completed within 12 |



| | | inspections are completed in accordance with the rule requirements. |
|--|---------------------|---|
| 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: THAR-CPJHNZ and 3/1/24. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and Suspension | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Qualifications | Compliant | |
| Dulo | Status | |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements | Status Compliant | Documenting Statement(s), If applicable |
| 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. |
| Pulo | Status | Desumenting Statement(s) If empliciple |
| Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional Development Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-12-11 Separation of ChildrenCoUnder 2 1/2 YearsRuleSt | atus ompliant atus ompliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The quarterly playground inspections were completed |
|--|--------------------------------------|--|
| 5101:2-12-11 Separation of Children Under 2 1/2 YearsCoRuleStRule: 5101:2-12-11 Outdoor SpaceCo | ompliant ratus | Documenting Statement(s), If applicable Documenting Statement: The quarterly |
| 5101:2-12-11 Separation of Children Under 2 1/2 YearsCoRuleStRule: 5101:2-12-11 Outdoor SpaceCo | ompliant ratus | Documenting Statement(s), If applicable Documenting Statement: The quarterly |
| Under 2 1/2 Years Rule St Rule: 5101:2-12-11 Outdoor Space Co | atus | Documenting Statement: The quarterly |
| RuleStRule: 5101:2-12-11 Outdoor SpaceCo | | Documenting Statement: The quarterly |
| Rule: 5101:2-12-11 Outdoor Space Co | | Documenting Statement: The quarterly |
| Rule: 5101:2-12-11 Outdoor Space Co | | Documenting Statement: The quarterly |
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| | | |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 7/5/23. |
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| Rule St | atus | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment Co | ompliant | |
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| | | |
| | atus | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment Co | ompliant | |
| | | |
| Rule St | atus | Documenting Statement(s), If applicable |
| | ompliant | Documenting statement(s), it applicable |
| | ompilant | |
| | | |
| Rule St | atus | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and Co | ompliant | |
| Environment | | |
| | | |
| Rule St | atus | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Co | ompliant | |
| Requirements | | |
| | | |
| Rule St | atus | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Co | ompliant | |
| Environment | | |
| | | |
| | atus | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing Co | ompliant | |
| Requirements | | |
| | | |
| | atus | Documenting Statement(s), If applicable |
| | ompliant | |
| Trip Procedures | | |
| | | |
| Rule St | atus | Documenting Statement(s), If applicable |



| 5101:2-12-14 Transportation - Driver Requirements | Compliant | |
|---|---------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - Vehicle Requirements | Compliant | Documenting Statements), in applicable Documenting Statement: An annual safety check of the vehicle, VIN ending 4878, using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, was verified and dated 9/2/23. |
| | - | |
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Status Compliant | Documenting Statement(s), If applicableDocumenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records were complete, as required by the rule. |
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: In review of 25% of the records, at the time of the inspection, children's medical statements were complete and on file, as required by the rule. |
| Rule | Status | Desumenting $f(x)$ if applies $h(x)$ |
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement(s), If applicableDocumenting Statement: The programhad current information on the medicalstatus and the required treatment planfor the children with health conditions. |
| Dula | Chatura | Descriptions (theters out(a)) if any listic |
| Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 First Aid/Standard | Status Compliant | Documenting Statement(s), If applicable |
| Precautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-12-16 Incident/Injury | Compliant | |
|--|---------------------|---|
| Reporting | compliant | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | |
| | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | |
| Dula | Chatria | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| | | |
| 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 |
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| Dula | Status | Desumenting Statement/s) If smilles his |
| Rule 5101:2-12-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| | Compliant | |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | |
| 51(1), $51(1)$, 5 | | |
| 5101:2-12-20 Cots and Napping | Compliant | |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | Documenting Statement(s). If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-21 Evening and Overnight | Compliant | |
| Care | | |
| | • | |
| 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 |
| 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 | |
| Preparation | compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| 0 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Compliant | |
| Safety Requirements | | |
| | | |
| Rule | Status | 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. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | |
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