

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 | ils | | |
|-------------------------------|--|-----------------|------------|----------------|
| Program Name | Program Number | | Program | Туре |
| APPLES OF GOLD CHILDCARE 2 | 000000300411 | | Child Care | e Center |
| | | | | |
| Address | | | County | |
| 10370 ST.CLAIR CLEVELAND | | | CUYAHO | GA |
| ОН | | | | |
| 44108 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maxi | imum Under 2 ½ |
| | and the second s | 147 64 | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 09/16/2024 | Level III | | | |

| Inspection Information | | | | |
|-------------------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date Begin Time End Time | | End Time | | |
| 03/07/2025 | 10:00 AM 1:45 PM | | | |
| Reviewer: | | | | |
| PATRICIA REMINGTON | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 1 | 0 | 0 | 1 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|---------|
| Age Group | License Capacity | Enrollment | | ollment |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 2 | 0 | 2 |
| Young Toddler | | 7 | 0 | 7 |
| Total Under 2 ½ Years | 38 | 9 | 0 | 9 |
| Older Toddler | | 10 | 0 | 10 |
| Preschool | | 20 | 0 | 20 |
| School Age | | 0 | 8 | 8 |
| Total Capacity/Enrollment | 173 | 30 | 8 | 47 |

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



| Preschool- Redbirds and Bluejays combined | 3 years to < 4 years | 2 to 11 | |
|---|--------------------------|---------|-------|
| Preschool- Redbirds and Bluejays combined | 3 years to < 4 years | 2 to 11 | Lunch |
| Toddlers B and Toddlers A combined | 18 months to < 30 months | 2 to 12 | Lunch |
| Toddlers B and Toddlers A combined | 18 months to < 30 months | 2 to 12 | |
| Infant | 12 months to < 18 months | 1 to 1 | |
| Infant | 12 months to < 18 months | 1 to 1 | |
| School age | School-Age to < 11 years | 1 to 1 | |

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

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(s) 6 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: 04/11/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5180:2-12-16 Written Disaster Plan | Compliant | |
| | 16 | |
| Rule | Status | Documenting Statement(s) If applicable |



| 5180:2-12-02 License Posted | Compliant | |
|---|---------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection Requirements | Compliant | became the grace that |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 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 9/16/25. |
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the program had documentation of a current fire inspection without any uncorrected violations at the time of the licensing inspection, the program did not have the fire inspection completed within 12 months from the date of the last fire inspection without any uncorrected violations. Please ensure that fire inspections are completed in accordance with the rule requirements. |
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| Rule: 5180:2-12-04 Food Service Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 3/1/25 AANS-DDZNGV. |
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| Rule 5180:2-12-07 Administrator Qualifications | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5180:2-12-07 Administrator Responsibilities/Requirements | Status Compliant | Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5180:2-12-07 Written Program | Compliant | |
| Policies and Procedures | * | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Medical Statement | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Compliant | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing | Compliant | |
| Requirements | * | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Driver | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation - | Compliant | Documenting Statement: An annual |
| Vehicle Requirements | * | safety check of the vehicle(s), using the |
| | | JFS 01230 "Vehicle Inspection Report for |
| | | Child Care Centers" form, was verified |
| | | and dated 10/21/24. |
| | | IGDHG31U231124041- GMC |
| | | |
| Rule: 5180:2-12-14 Transportation - | Compliant | Documenting Statement: During the |
| Vehicle Requirements | | inspection, weekly safety inspections |
| * | | and/or monthly emergency exiting drills |
| | | were completed and documented, as |
| | | required [using the ODJFS sample form]. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



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| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | <u></u> | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of | Compliant | |
| Communicable Disease | 1 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | |
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| D. I. | Charles | D C/ \ IS 15 15 |
| Rule 5100 2 12 10 C | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | bocamenting statement(s), if applicable |
| 5160.2-12-17 Daily Outdoor Flay | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | Season on the season of the se |
| 3100.2 12 10 License capacity | Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio | Compliant | |
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| Rule | Status | Documenting Statement(s). If applicable |
| Rule 5180:2-12-20 Cots and Napping | Status Compliant | Documenting Statement(s), If applicable |



| Rule | Status | Decumenting Statement(s) If applicable |
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| | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-21 Evening and Overnight | Compliant | |
| Care | | |
| - | | - |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Compliant | 0 |
| Requirements | Compilant | |
| requirements | | |
| 0.1 | C | D 6: 1 ./) If I: 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care | Compliant | |
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| | to the state of th | * |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| PROCESS (SEC.) | | bocumenting statement(s), it applicable |
| 5180:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |
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