

## **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        | nils            |                   |
|-------------------------------|---------------------|-----------------|-------------------|
| Program Name                  | Program Number      |                 | Program Type      |
| LEARN PLAY AND GROW SCHOOLAGE | 000000300801        |                 | Child Care Center |
| CENTER                        |                     |                 |                   |
| Address                       |                     |                 | County            |
| 381 S. GREEN RD. SOUTH EUCLID |                     |                 | CUYAHOGA          |
| ОН                            |                     |                 |                   |
| 44121                         |                     |                 |                   |
|                               |                     |                 |                   |
| Building Approval Date        | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 02/23/2016                    | E                   | 40              |                   |
| Fire Inspection Approval Date | Food Service Risk L | evel            |                   |
| 05/01/2023                    | Level III           |                 |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Annual              | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 02/26/2024          | 2:45 PM 4:15 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                  | 4                              | 0                | 0                 | 4            |  |

| 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   |                  | 0         | 0          | 0     |
| School Age  |                  | 0         | 18         | 18    |
| Total Capacity/Enrollment                                 | 36               | 0         | 18         | 18    |

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



| School age | School-Age to < 11 years | 2 to 12 | Snack |
|------------|--------------------------|---------|-------|
| School age | School-Age to < 11 years | 2 to 12 |       |

## **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  |  |  |
|---|--|--|
| Serious Misk Herr 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 |  |  |
| No woderate kisk Non-Compilances were observed during this hispection |  |  |
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| Low Pick Non Compliances  |  |  |
| Low Risk Non-Compliances  |  |  |
|   |  |  |



Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements

Code: The program is required to respond to noncompliances by the date noted in the inspection report.

<u>Finding</u>: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 11/23. The rule requires the program to complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/30/2024

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 1,2 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 03/30/2024

**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(s) 1 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: 03/30/2024

## 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(s) 5,6 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;
- 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: 03/30/2024

## **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   |
| 5101:2-12-04 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 5-1-24             |
|                                    |           |   |
|                                    | 1.        |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service    | Compliant | Documenting Statement: The food service   |
| Requirements                       |           | license was observed posted. Following is |
|                                    |           | the audit number and date of expiration:  |
|                                    |           | RKIG-CPRKWD, 3-1-24.                      |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |

| beginning.                           | T =       |   |
|--------------------------------------|-----------|---|
| 5101:2-12-07 Administrator           | Compliant |   |
| Qualifications                       |           |   |
|                                      |           |   |
| 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: 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   |
| 5101:2-12-09 Background Check        | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| 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   |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant | Documenting Statement: The outdoor        |
| Requirements                         |           | play area is separated from traffic and   |
|                                      |           | other hazards by a fence.                 |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant |   |
|                                      |           |   |
| Dula                                 | Chabus    | Decimanding Chahaman the If a well-all    |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant |   |
|                                      | <u> </u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Equipment          | Compliant | bocamenting statement(s), it applicable   |
| 3101.2-12-12 Sale Equipment          | Compilant |   |
|                                      | I .       |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Environment        | Compliant |   |
|                                      | 23        |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|                                      |           | 5(-,, -, -, -, -, -, -, -, -, -, -, -, -, |

| F101:2 12 12 Sanitary Equipment and             | Compliant |   |
|---|-----------|---|
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant |   |
| Liiviioiiiieiit                                 |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Handwashing                        | Compliant | bocamenting statement(s), it applicable   |
| Requirements                                    |           |   |
| Regulieries                                     |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free                         | Compliant |   |
| Environment                                     |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation and Field           | Compliant | , , , , , , , , , , , , , , , , , , ,     |
| Trip Procedures                                 |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation - Driver            | Compliant |   |
| Requirements                                    |           |   |
|   |           | •   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 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 1FDCR5PMOJKA07489- 7-28-        |
|   |           | 23.                                       |
|   |           |   |
| Rule: 5101:2-12-14 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].   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Child Medical and            | Compliant | Documenting Statement: In review of       |
| Enrollment Records                              | Compliant | 25% of the records, at the time of the    |
| Lin olimetic records                            |           | inspection, children's medical statements |
|   |           | were complete and on file, as required by |
|   |           | the rule.                                 |
|   |           | are rule.                                 |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical             | Compliant | Documenting Statement: At the time of     |
| Care Plans                                      |           | the inspection, there were no children    |
|   |           | currently enrolled who had health         |
|   |           | conditions.                               |
|   |           |   |
|   | l .       |   |

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-16 Medical, Dental, and   | Compliant | bocamenting statement(s), it applicable |
| General Emergency Plan              | Compliant |   |
| deficial Efficiency Fian            |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           |   |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation    |
|                                     |           | for completed fire, weather, and        |
|                                     |           | emergency/lockdown drills was verified  |
|                                     |           | during this inspection.                 |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 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                |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury        | Compliant |   |
| Reporting                           |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan  | Compliant | -                                       |
|                                     | ·         |   |
|                                     |           |   |
| 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                           |           |   |
|                                     |           |   |
| 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 |
| 5101:2-12-18 Ratio                  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| 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           | Documenting Statement(s), if applicable   |
| Dula   | Chahara             | Decrease the Chatemant A March Sala       |
| Rule 5101:2-12-19 Supervision                                      | Status<br>Compliant | Documenting Statement(s), If applicable   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance  | Compliant           |   |
| Dula   | Status              | Decumenting Statement(s) If applicable    |
| Rule 5101:2-12-22 Meal and Snack                                   | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Requirements   |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements                               | Compliant           |   |
|  |                     |   |
| Rule 5101:2-12-22 Safe Food  | Status              | Documenting Statement(s), If applicable   |
| Handling/Storage   | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-25 Medication                                      | Compliant           | Documenting Statement: There were no      |
| Administration   |                     | children on medication at the time of the |
|  |                     | inspection; however, the method of        |
|  |                     | storage and practices for the             |
|  |                     | administration were reviewed.             |
|  |                     |   |
|  | CL                  | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), if applicable   |
| Rule 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant           | Documenting Statement(s), if applicable   |