

## 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<br>TUTOR TIME CHILD CARE/LEARNING CENTER    | Program Number<br>000000307018       |                        | Program Type<br>Child Care Center |
| Address<br>19880 WEST 130TH STREET STRONGSVILLE OH 44136 |                                      |                        | County<br>CUYAHOGA                |
|  |                                      |                        |                                   |
| Building Approval Date<br>10/12/2001                     | Use Group/Code<br>E                  | Occupancy Limit<br>210 | Maximum Under 2 ½                 |
| Fire Inspection Approval Date<br>12/26/2024              | Food Service Risk Level<br>Level III |                        |                                   |

| Inspection Information        |                                     |                          |                        |                                  |
|-------------------------------|-------------------------------------|--------------------------|------------------------|----------------------------------|
| Inspection Type<br>Follow-up  |                                     | Inspection Scope<br>Full |                        | Inspection Notice<br>Unannounced |
| Inspection Date<br>05/02/2025 |                                     | Begin Time<br>10:05 AM   |                        | End Time<br>1:50 PM              |
| Reviewer:<br>Kathryn Noftz    |                                     |                          |                        |                                  |
| Summary of Findings           |                                     |                          |                        |                                  |
| No. Rules Verified<br>19      | No. Rules with Non-compliances<br>6 | No. Serious Risk<br>0    | No. Moderate Risk<br>1 | No. Low Risk<br>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)                                 |                  | 9          | 0         | 9     |
| Young Toddler   |                  | 9          | 1         | 10    |
| <b>Total Under 2 ½ Years</b>                              | 33               | 18         | 1         | 19    |
| Older Toddler   |                  | 20         | 0         | 20    |
| Preschool   |                  | 46         | 0         | 46    |
| School Age  |                  | 1          | 0         | 1     |
| <b>Total Capacity/Enrollment</b>                          | 175              | 67         | 0         | 86    |

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

|                 |                          |         |   |
|-----------------|--------------------------|---------|---|
| Infant          | 0 to < 12 months         | 2 to 6  |   |
| Toddler 1       | 18 months to < 30 months | 1 to 5  |   |
| Toddler 2       | 30 months to < 36 months | 2 to 12 | Toddler 2/Early<br>Preschool<br>combined-<br>Outdoor play |
| Early Preschool | 30 months to < 36 months | 1 to 8  |   |
| Pre-K           | 4 years to < 5 years     | 1 to 17 | Pre-K/ Jr K<br>combined- Nap                              |
| Preschool       | 3 years to < 4 years     | 3 to 29 | Preschool/Pre-<br>K/Jr- K combined-<br>Outdoor play       |
| Preschool       | 3 years to < 4 years     | 1 to 11 | Nap   |

### 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 5180:2-12-03 and 5180:2-13-03 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

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

Finding: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 1,20-31,45 below:

1. No plan was on file.

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2. Child's name was missing.

3. Name of the condition was missing.

4. Indication if medication or medical food is required was missing.

5. Signs, symptoms or situations that require staff to take action were missing.

6. Activities, foods, environmental conditions to avoid were missing.

7. Training instructions for procedures for staff to follow were missing or incomplete.

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8. Child's name was missing or not attached.

9. Child's date of birth was missing or not attached.

10. Child's weight was missing or not attached.

11. Name of the medication/medical food was missing or not attached.

12. Dosage of medication/medical food to be administered was missing or not attached.

13. Time for medication/medical food to be administered was missing or not attached.

14. Expiration date for medication/medical food was missing or not attached.

15. Symptoms that require staff to administer medication/medical food were missing or not attached.

16. Specific instructions to administer the medication/medical food were missing or not attached.

17. Actions to be taken if the symptoms do not subside were missing or not attached.

18. Physician's signature was missing or not attached.

19. The date of the physician's signature was missing or not attached.

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20. Child's name was missing.

21. Instructions regarding emergency evacuation, if applicable, were missing.

22. Signature of parent granting permission to implement the plan and verifying training was missing.

23. Date of parent signature was missing.

24. Certified Professional Trainer information was missing.

25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.

26. Date of trainer signature was missing.

27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.

28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.

29. Date of staff signature was missing.

30. Administrator/Provider signature was missing

31. Date of administrator/Provider was missing.

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32. Child's name was missing.

33. Name of medication or medical food was missing.

34. Date the medication/medical food was administered was missing.

35. Time medication/medical food was administered was missing.

36. Dosage of medication/medical food that was administered was missing.

37. Signature of person administering medication/medical food was missing.

38. The plan was not followed or implemented.

39. The plan was not able to be implemented due to conflicting information.

40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
45. Other- A care plan contained whited out information and validity could not be confirmed.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/01/2025

### Low Risk Non-Compliances

#### Domain: 00 License & Approvals

Rule: 5180:2-12-03 Inspection Requirements

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

Finding: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 12-5-24. 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: 06/01/2025

#### Domain: 01 Ratio & Supervision

Rule: 5180:2-12-18 Attendance Records

Code: 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.

Finding: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 7 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: 06/01/2025

#### **Domain: 04 Indoor/Outdoor Space**

Rule: 5180:2-12-11 Outdoor Play Fall Zones

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

Finding: 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) 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 and sidewalk for equipment used by children 24 months of age and older. (Toddler- slide/climber)
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: 06/01/2025

**Domain: 04 Indoor/Outdoor Space**

Rule: 5180:2-12-11 Outdoor Space Requirements

Code: The program is required to have an outdoor play space free from immediate risk.

Finding: During the inspection, it was determined that an outdoor play area was used which was not protected from traffic and other hazards by a fence in good repair, or other barrier. Although the fence or natural barrier was not meeting the rule requirements, it was determined to not present an immediate risk for a child to be able to leave the playground. The fence or gate was not in good repair and/or being used inappropriately as noted in number(s) 6 below:

1. The fencing had missing slat boards.
2. The fencing was broken.
3. The fencing was loose.
4. The fencing was rotting.
5. The gate was broken and did not close.
6. The gates were locked.
7. The latch on the gate was broken.
8. The latch was easily opened by children on the playground.
9. The latch was not engaged to prevent children from opening the gate.
10. The gate had no latch.
11. There were bolts with more than two threads exposed along a fence line or gate on a playground.

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

Corrective Action Plan Due: 06/01/2025

**Domain: 09 Children's Files**

**Rule:** 5180:2-12-25 Medication Administration

**Code:** The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

**Finding:** During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in number(s) 3 below:

1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
2. The medication, medical food, or topical product had expired and had not been removed from the program.
3. The prescription label had expired.

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

Corrective Action Plan Due: 06/01/2025

### Rules In-Compliance/Not Verified

| Rule  | Status       | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-16 Written Disaster Plan          | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted                 | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information            | Not Verified |   |

| 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 12-26-25.   |
| 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. |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5180:2-12-04 Food Service Requirements                        | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator Qualifications                     | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator Responsibilities/Requirements      | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Written Program Policies and Procedures          | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Medical Statement                                | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |

|   |               |  |
|---|---------------|--|
| 5180:2-12-09 Background Check Requirements            | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-10 Health Training Requirements             | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-10 Professional Development Requirements    | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-11 Indoor Space Requirements                | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-11 Outdoor Play Equipment                   | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-12 Safe Equipment                           | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-12 Safe Environment                         | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-13 Sanitary Equipment and Environment       | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-13 Handwashing Requirements                 | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-13 Toothbrushing Requirements               | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-13 Smoke Free Environment                   | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |

|  |               |  |
|--|---------------|--|
| 5180:2-12-14 Transportation and Field Trip Procedures    | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-15 Child Medical and Enrollment Records        | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 Emergency Drills                            | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 Incident/Injury Reporting                   | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 First Aid/Standard Precautions              | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 Management of Communicable Disease          | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-17 Materials and Equipment                     | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-18 License Capacity                            | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-18 Ratio                                       | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-17 Daily Schedule                              | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-17 Daily Outdoor Play                          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-18 Group Size                                  | Compliant     |  |

| Rule  | Status       | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-20 Cots and Napping                       | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance                         | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision                            | Compliant    |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements                | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs                                  | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements            | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage             | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care                      | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food Preparation     | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet Training          | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-24 Swimming and Water Safety Requirements | Not Verified |   |