

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 Type
BRILLIANT START ACADEMY	000000307463		Child Care Center
Address	1,00		County
901 LIBERTY BELL DRIVE AMHERST			LORAIN
ОН			
44001			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
03/11/2008	E	197	
Fire Inspection Approval Date	Food Service Risk Level		
10/24/2024	Level III		

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date	Begin Time		End Time	
11/26/2024	8:45 AM		4 8:45 AM 10:45 AM	
Reviewer:				
Brittani Aloi				
Summary 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				
Age Group	License Capacity	Enrollment		
	Totals	Full Time	Part Time	Total
Infant (Birth to < 18 m)		6	0	6
Young Toddler		10	0	10
Total Under 2 ½ Years	37	16	0	16
Older Toddler		7	0	7
Preschool		24	0	24
School Age		0	13	13
Total Capacity/Enrollment	179	31	13	60

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



Infants	0 to < 12 months	1 to 2	
Infants	0 to < 12 months	1 to 2	
Toddler A	18 months to < 30 months	2 to 11	Toddler A/Toddler B
			combined
Toddler A	18 months to < 30 months	3 to 13	Toddler A/Toddler B
			combined
PreK 2	3 years to < 4 years	2 to 12	PreK2/PreK3/School
	0000 MOO		age combined
PreK 2	3 years to < 4 years	2 to 13	PreK2/PreK3/School
			age combined

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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to use equipment, that is safe and hazard free, according to the manufacturer's guidelines. Fans, air conditioners, heat pumps, and space heaters must be inaccessible to children. The program is required to refrain from using trampolines, ball pits and inflatable equipment intended for climbing and bouncing, including but not limited to slides and bounce houses.

<u>Finding</u>: During the inspection, equipment was determined to be unsafe, hazardous to children, or in need of repair as noted in number(s) 18 below:

- 1. Manufacturer's guidelines for the [] were not followed in that [].
- 2. The straps were missing on the [].
- 3. The straps were attached, but were not used on the [].
- 4. The straps were attached and were used, but were not used in a safe manner.
- 5. The equipment had sharp points or corners.
- 6. The equipment had splinters.
- 7. The equipment had protruding nails.
- 8. The equipment had loose or rusty parts.
- 9. The equipment had paint which contains lead or other poisonous materials.
- 10. The equipment had hazardous features.
- 11. A fan was unstable and could easily tip over.
- 12. A fan had openings a finger could enter.
- 13. The pipes from the heat pump felt hot to the touch
- 14. A space heater felt hot to the touch
- 15. The position of a space heater was a tripping hazard
- 16. The air conditioning unit was not enclosed and was accessible to children on the playground.
- 17. A ball pit, trampoline, inflatable bounce house, inflatable slide, or inflatable equipment used for climbing and bouncing was used.
- 18. Other- the plastic changing table surface in the Toddler room was cracked.

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

Corrective Action Plan Due: 12/26/2024



Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: 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) 4 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: 12/26/2024

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to store medical foods and topical products out of the reach of children.

<u>Finding</u>: During the inspection, it was determined that a medical food or topical product, diaper cream, was within the reach of children in the Infant room. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.



Rules In-Compliance/Not Verified

Rule	Ctatus	Degumenting Statement/s) If smalle-lile
	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Dula	Chahua	Description Characteristics (Action and A) If a realizable
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	Dodamenti (S deate in en (D)) in applicable
Requirements	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Department	Compliant	bocamenting statement(s), it applicable
Inspection	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Fire Inspection	Compliant	Documenting Statement: Please Note:
raie. 5101.2-12-04 Fire inspection	Compilant	Documentation of a fire inspection
		without any uncorrected violations must
		be secured for the program. Secure a
		new fire inspection by 10/24/25.
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:
		SLOH-D3GR5X, 3/1/25.
Rule	Status	Documenting Statement(s), If applicable
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 Policies and Procedures	Compliant	Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.
Rule	Status	Decumenting Statement(s) If applicable
5101:2-12-08 Orientation Training &	Compliant	Documenting Statement(s), If applicable
Whistle Blower Protection	Compilant	
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	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
5101:2-12-11 Separation of Children	Compliant	Documenting Statement(s), if applicable
Under 2 1/2 Years	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space Requirements	Compliant	
requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
L		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	



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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		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
Self-less de la descriva de la descripción de dels		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation and Field	Compliant	bootinenting statement(s), it approaches
Trip Procedures	Compliant	
The Hocedures		
Rule	Status	Desumenting Statement/s) If amplicable
5101:2-12-15 Child Medical and		Documenting Statement(s), If applicable
Particulation of the Control of the	Compliant	
Enrollment Records		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Medical/Physical Care	Compliant	
Plans		
	2	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
		<u> </u>
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	
Precautions		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of	Compliant	
Communicable Disease	Joinpliant	
Communicable blocase	<u> </u>	
Rule	Status	Documenting Statement(s), If applicable
700000000	1 Communication	Documenting Statement(s), if applicable
5101:2-12-16 Incident/Injury	Compliant	
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	



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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Compliant	
Equipment		
	<u>.</u>	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	becamenting statement(s), it approaches
Jioi.2 12 17 Daily Gatagor Flay	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	bocumenting statement(3), if applicable
3101.2-12-10 License Capacity	Compliant	
		L
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 Ratio	ra VVV	
Rule: 5101:2-12-18 Ratio	Compliant	Documenting Statement: Staff/child
		ratios observed during the inspection
		were in compliance.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Compliant	
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	
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	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cribs	Compliant	
	ı	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Compliant	Booking Statement(5), it applicable
And the control of th	Compilant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	



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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		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-23 Diapering and	Compliant	Documenting Statement: During the
Toilet Training		inspection, the requirements of the rule
		regarding diapering and toilet training
		were discussed.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Compliant	
Educational Requirements	~	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Written Disaster	Compliant	Documenting Statement: No changes
Plan		have been made to the written policies
		and procedures since it was last approved
		by this Department.
Rule: 5101:2-12-16 Written Disaster	Compliant	Documenting Statement: The program's
Plan		written disaster plan was reviewed during
		the inspection and met the requirements.
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