## 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://ifs.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 Papillion Enrichment Center | Program Number $2170014279$ |  | Program Type Child Care Center |
| Address <br> 12596 Chillicothe Rd. Chesterland <br> OH <br> 44026 |  |  | County GEAUGA |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under $21 / 2$ |
| Fire Inspection Approval Date $02 / 08 / 2024$ | Food Service Risk Level |  |  |


| Inspection Information |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Inspection Type Annual |  | Inspection Scope Full | Inspection Notice Unannounced |  |
| Inspection Date 07/18/2024 |  | Begin Time 9:10 AM | $\begin{aligned} & \text { End Time } \\ & \text { 12:38 PM } \end{aligned}$ |  |
| Reviewer: SHELLY WILLIAM |  |  |  |  |
| Summary of Findings |  |  |  |  |
| No. Rules Verified 58 | No. Rules with Non-compliances 2 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 2 |

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) |  | 11 | 0 | 11 |
| Young Toddler |  | 11 | 0 | 11 |
| Total Under $21 / 2$ Years | 50 | 22 | 0 | 22 |
| Older Toddler |  | 13 | 0 | 13 |
| Preschool |  | 42 | 0 | 42 |
| School Age |  | 0 | 0 | 0 |
| Total Capacity/Enrollment | 75 | 55 | 0 | 77 |

## Staff-Child Ratios at the Time of Inspection

Group

| Yellow Toddlers | 30 months to < 36 months | 2 to 11 |  |
| :---: | :---: | :---: | :---: |
| Yellow Toddlers | 30 months to < 36 months | 2 to 11 |  |
| Blue PS | 4 years to < 5 years | 1 to 15 |  |
| Blue PS | 4 years to < 5 years | 1 to 15 |  |
| Pink PS | 3 years to < 4 years | 1 to 12 |  |
| Pink PS | 3 years to < 4 years | 1 to 12 |  |
| Green PS | 3 years to < 4 years | 1 to 9 |  |
| Green PS | 3 years to < 4 years | 1 to 8 |  |
| Purple Toddlers | 18 months to < 30 months | 2 to 10 |  |
| Purple Toddlers | 18 months to < 30 months | 2 to 10 |  |
| Orange Infant | 0 to < 12 months | 2 to 8 |  |
| Orange Infant | 0 to < 12 months | 2 to 8 |  |

## 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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$\square$

## Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

## Low Risk Non-Compliances

## 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.

Finding: 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) 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;
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: 08/17/2024

## Domain: 09 Children's Files

## Rule: 5101:2-12-25 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 and physician permission 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: 08/17/2024

## 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 <br> Requirements | Compliant |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| Rule: 5101:2-12-04 Building <br> Department Inspection | Compliant | Documenting Statement: A copy of the <br> certificate of occupancy was available on- <br> site for review. |


|  |  |  |
| :---: | :---: | :---: |
| 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 Reinspection date 2/8/24. |
| Rule: 5101:2-12-04 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 |
| 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: \#9976531 and expires 3/1/25. |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| $5101: 2-12-05 ~ D e n i a l, ~ R e v o c a t i o n ~ a n d ~$ <br> Suspension | Compliant |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| 5101:2-12-07 Administrator <br> Qualifications | Compliant |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| 5101:2-12-07 Administrator <br> Responsibilities/Requirements | Compliant |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| Rule: 5101:2-12-07 Written Program <br> Policies and Procedures | Compliant | Documenting Statement: No changes <br> have been made to the written policies <br> and procedures since it was last approved <br> by this Department. |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
|  <br> Whistle Blower Protection | Compliant |  |
| Rule | Status |  |
| 5101:2-12-09 Background Check <br> Requirements | Compliant |  |
| Rule Status Documenting Statement(s), If applicable <br> 5101:2-12-10 Health Training <br> Requirements Compliant Documenting Statement(s), If applicable <br> Rule Status  <br> 5101:2-12-10 Professional <br> Development Requirements Compliant  <br> Rule Status Documenting Statement(s), If applicable <br> 5101:2-12-11 Indoor Space <br> Requirements Compliant  <br> Rule Status  <br> 5101:2-12-11 Separation of Children <br> Under 2 1/2 Years Compliant  |  |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly <br> Requirements <br> playground inspections were completed <br> and documented, as required. The most <br> recent inspection report form was dated <br> $7 / 3 / 24$. |
|  |  |  |


| 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 |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| 5101:2-12-12 Safe Equipment | Compliant |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| 5101:2-12-12 Safe Environment | Compliant |  |

[^0]| 5101:2-12-13 Sanitary Equipment and Environment | Compliant |  |
| :---: | :---: | :---: |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Requirements | Compliant |  |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free <br> Environment | Compliant |  |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing Requirements | Compliant |  |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and Enrollment Records | Compliant |  |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation <br> for completed fire, weather, and <br> emergency/lockdown drills was verified <br> during this inspection. |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| 5101:2-12-16 First Aid/Standard <br> Precautions | Compliant |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| 5101:2-12-16 Management of <br> Communicable Disease | Compliant |  |


| Rule | Status | Documenting Statement(s), If applicable |
| :--- | :--- | :--- |
| 5101:2-12-16 Incident/Injury <br> Reporting | 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 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 |
| 5101:2-12-18 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 |  |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant |  |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack Requirements | Compliant |  |


| 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 Handling/Storage | Compliant |  |
| 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 Preparation | Compliant |  |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet Training | Compliant |  |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant |  |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements. |


[^0]:    Rule

