



## 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>Let's Play Together Childcare and Learning Center | Program Number<br>2190020622         |                        | Program Type<br>Child Care Center |
| Address<br>8601 Sauer Ave Cleveland<br>OH<br>44102                |                                      |                        | County<br>CUYAHOGA                |
|                                                                   |                                      |                        |                                   |
| Building Approval Date<br>09/23/2019                              | Use Group/Code                       | Occupancy Limit<br>121 | Maximum Under 2 ½                 |
| Fire Inspection Approval Date<br>01/19/2024                       | Food Service Risk Level<br>Level III |                        |                                   |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>09/10/2024 | Begin Time<br>8:30 AM    | End Time<br>11:45 AM             |
| Reviewer:<br>Akeea Nelson     |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>3 | No. Serious Risk<br>0 | No. Moderate Risk<br>2 | No. Low Risk<br>1 |

| 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         | 0     |
| Young Toddler                                             |                  | 0          | 0         | 0     |
| <b>Total Under 2 ½ Years</b>                              |                  | 0          | 0         | 0     |
| Older Toddler                                             | 121              | 3          | 0         | 3     |
| Preschool                                                 |                  | 17         | 0         | 17    |
| School Age                                                |                  | 0          | 33        | 33    |
| <b>Total Capacity/Enrollment</b>                          | 121              | 20         | 33        | 53    |

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



|             |                           |        |               |
|-------------|---------------------------|--------|---------------|
| Toddlers    | 18 months to < 30 months  | 1 to 2 | Arrival Ratio |
| Toddlers    | 18 months to < 30 months  | 1 to 3 | 2nd Ratio     |
| Preschool A | 3 years to < 4 years      | 2 to 9 | Arrival Ratio |
| Preschool A | 3 years to < 4 years      | 2 to 9 | 2nd Ratio     |
| Preschool B | 4 years to < 5 years      | 2 to 6 | Arrival Ratio |
| Preschool B | 4 years to < 5 years      | 2 to 6 | 2nd Ratio     |
| School-age  | 5 years to < Kindergarten | 1 to 5 | Arrival Ratio |

### 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

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 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) 44 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.

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: 10/10/2024

#### Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

Code: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

Finding: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication or medical food or a prescription topical product to a child as noted in number(s) 19 below:

1. The JFS 01217 "Request for Administration of Medication for Child Care" was not on file for a medication, medical food, or prescription topical product that was not required by a JFS 1236 ""Child Medical/Physical Care Plan for Child Care"".
2. The child's name was missing on the JFS 01217.
3. The child's date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
5. The name of the medication was missing on the JFS 01217.
6. The exact dose was missing on the JFS 01217.
7. The time to administer was missing on the JFS 01217.
8. The time period to administer was missing on the JFS 01217.
9. The medication's expiration date was missing on the JFS 01217.
10. The Parent/Guardian's dated signature was missing on the JFS 01217.
11. Physician instructions were missing on the JFS 01217.
12. Possible side effects were missing on the JFS 01217.
13. Physician's dated signature was missing on the JFS 01217.
14. Physician's phone number was missing on the JFS 01217.
15. Date medication was administered was missing on the JFS 01217.
16. Time medication was administered was missing on the JFS 01217.
17. Dosage administered was missing on the JFS 01217.



18. Staff member's signature was missing on the JFS 01217.
  19. A prescription label was not attached to the prescription medication.
  20. The medication or product, [ ], was not brought to the program in its original container.
  21. Parent instructions conflict with either the manufacturer or physician instructions.
- Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/10/2024

### Low Risk Non-Compliances

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

Finding: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 6 below:

1. Surge protectors/outlets did not have childproof receptacle covers.
2. Open pull cords that are not closed loop.
3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
5. Stacked chairs.
6. Employee(s) purse(s).
7. Diaper bags.
8. Television not securely anchored.
9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
10. Smoke detector needing batteries replaced.
11. An area rug did not have a nonskid backing.
12. An area rug presented a tripping hazard.
13. A floor surface that was unsafe in that [ ].
14. No platform was provided for the sink or toilet in the [ ] classroom.
15. The platform provided for the sink or toilet in the [ ] classroom was not sturdy.
16. The platform provided for the sink or toilet in the [ ] classroom posed a safety hazard in that [ ].
17. Telephone cords.



18. Staff member stepped over a barrier/gate while holding a child.
19. Emergency exits were blocked by the following classroom furniture: [ ].
20. A mercury thermometer was being used to take a child's temperature.
21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
22. Other [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/10/2024

#### Rules In-Compliance/Not Verified

| Rule                                              | Status    | Documenting Statement(s), If applicable                                                                        |
|---------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------|
| Rule: 5101:2-12-02 License Posted                 | Compliant | Documenting Statement: The license was in a location visible to parents as required.                           |
| 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 Requirements              | Compliant |                                                                                                                |
| Rule                                              | Status    | Documenting Statement(s), If applicable                                                                        |
| Rule: 5101:2-12-04 Building Department Inspection | Compliant | Documenting Statement: A copy of the certificate of occupancy was available on-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 1/19/25.                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: AANS-D28UH4 3/1/25.                                                                                                                                                                                                                                                                           |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                  |
| 5101:2-12-07 Administrator Qualifications                     | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                  |
| 5101:2-12-07 Administrator Responsibilities/Requirements      | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                  |
| 5101:2-12-07 Written Program Policies and Procedures          | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                  |
| 5101:2-12-08 Medical Statement                                | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                  |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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 Requirements             | Compliant |                                                                                                                                                                   |
| Rule                                                  | Status    | Documenting Statement(s), If applicable                                                                                                                           |
| 5101:2-12-10 Professional Development Requirements    | Compliant |                                                                                                                                                                   |
| Rule                                                  | Status    | Documenting Statement(s), If applicable                                                                                                                           |
| 5101:2-12-11 Indoor Space Requirements                | Compliant |                                                                                                                                                                   |
| Rule                                                  | Status    | Documenting Statement(s), If applicable                                                                                                                           |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant |                                                                                                                                                                   |
| Rule                                                  | Status    | Documenting Statement(s), If applicable                                                                                                                           |
| Rule: 5101:2-12-11 Outdoor Space Requirements         | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 6/30/24. |
| 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                                                                                                                           |
| 5101:2-12-13 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 Environment                   | Compliant |                                                                                                                                                                   |
| Rule                                                  | Status    | Documenting Statement(s), If applicable                                                                                                                           |





|                                                          |           |                                                                                                                                                            |
|----------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rule: 5101:2-12-13 Toothbrushing Requirements            | Compliant | Documenting Statement: Tooth brushing is practiced by the program and it was determined to meet the requirements outlined in the rule.                     |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                    |
| 5101:2-12-14 Transportation and Field Trip Procedures    | Compliant |                                                                                                                                                            |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                    |
| 5101:2-12-14 Transportation - Driver Requirements        | Compliant |                                                                                                                                                            |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                    |
| 5101:2-12-14 Transportation - Vehicle Requirements       | Compliant |                                                                                                                                                            |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                    |
| Rule: 5101:2-12-15 Child Medical and Enrollment Records  | Compliant | Documenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records were complete, as required by the rule. |
| 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 for completed fire, weather, and emergency/lockdown drills was verified during this inspection.                       |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                    |
| Rule: 5101:2-12-16 First Aid/Standard Precautions        | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required.                                               |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                    |
| Rule: 5101:2-12-16 Management of Communicable Disease    | Compliant | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents.                               |



| Rule                                    | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------|-----------|-----------------------------------------|
| 5101:2-12-16 Incident/Injury 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 |
| 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 |                                         |
| 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 |
| 5101:2-12-21 Evening and Overnight Care | 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 |
| 5101:2-12-24 Swimming and Water Safety Requirements           | 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 |
| 5101:2-12-16 Written Disaster Plan                            | Compliant |                                         |