

## **Center Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

|   | Program Deta                         | ails            |                    |
|---|--------------------------------------|-----------------|--------------------|
| Program Name  | Program Number                       |                 | Program Type       |
| Kiddie Company Landerhaven  | 2200021500                           |                 | Child Care Center  |
| Address 6005 Landerhaven Drive, Suite B Mayfield Heights OH 44124 |                                      |                 | County<br>CUYAHOGA |
| Building Approval Date<br>11/28/2022                              | Use Group/Code<br>E                  | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date 01/17/2022                          | Food Service Risk Level<br>Level III |                 |                    |

| Inspection Information     |                      |               |                  |                   |              |
|----------------------------|----------------------|---------------|------------------|-------------------|--------------|
| Inspection Type            |                      | Inspection So | cope             | Inspection Notice |              |
| Amendment - chang          | ge of capacity       | Partial       |                  | Unannounced       |              |
| Inspection Date 01/05/2023 |                      | Begin Time 1  | 2:45 PM          | End Time 1:15 PM  |              |
| Inspection Date 03/07/2023 |                      | Begin Time 4  | :30 PM           | End Time 5:00 PM  |              |
| Reviewer:                  | Reviewer:            |               |                  |                   |              |
| CYNTHIA PAYNE              | CYNTHIA PAYNE        |               |                  |                   |              |
| Reviewer:                  |                      |               |                  |                   |              |
| CYNTHIA PAYNE              | CYNTHIA PAYNE        |               |                  |                   |              |
| Summary of Findings        |                      |               |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-c | ompliances    | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 8                          | 0                    |               | 0                | 0                 | 0            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant (Birth to < 18 m)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 65               | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |

| Total Capacity/Enrollment 101 | 0 | 0 | 0 |
|-------------------------------|---|---|---|
|-------------------------------|---|---|---|

| Staff-Child Ratios at the Time of Inspection |                          |                |         |  |
|--|--------------------------|----------------|---------|--|
| Group  | Age Group/Range          | Ratio Observed | Comment |  |
| Infant l                                     | 0 to < 12 months         | 2 to 8         |         |  |
| Infant II                                    | 12 months to < 18 months | 2 to 4         |         |  |
| Toddler l                                    | 18 months to < 30 months | 1 to 6         |         |  |
| Toddler II                                   | 30 months to < 36 months | 2 to 11        |         |  |
| Preschool                                    | 3 years to < 4 years     | 2 to 15        |         |  |
| Pre-K-S/A                                    | 4 years to < 5 years     | 2 to 11        |         |  |

## **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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| Moderate Risk Non-Compliances   |  |  |
|---|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

| Low Risk Non-Compliances   |  |
|--|--|
| No Low Risk Non-Compliances were observed during this inspection |  |
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## **Rules In-Compliance/Not Verified**

| Rule                             | Status       | Documenting Statement(s), If applicable |
|----------------------------------|--------------|---|
| 5101:2-12-02 License Posted      | Not Verified |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified |   |
|                                  |              |   |
|                                  | 1            |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection          | Not Verified |   |
| Requirements                     |              |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building      | Compliant    | Documenting Statement: The program's    |
| Department Inspection            |              | future plans to secure additional space |
|                                  |              | and building approval for [ ] were      |
|                                  |              | discussed during the inspection.        |

| Rule: 5101:2-12-04 Building Department Inspection                  | Compliant    | Documenting Statement: The following rooms were approved for children less than two and one-half years of age: Toddler 1: 10 Children Toddler 2: 14 Children Toddler 3: 14 Children  |
|--|--------------|--|
| Rule   | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Fire Inspection                                 | Compliant    | Documenting Statement: During the inspection, documentation of a fire inspection without any uncorrected violations for the following additional space was reviewed:  Toddler 1  Toddler 2  Toddler 3  Fire approval dated 11/17/2022  |
|  |              |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Food Service<br>Requirements                          | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator<br>Qualifications                       | Not Verified | boomening statement(s), it approaches  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator Responsibilities/Requirements           | Not Verified | Documenting Statement(s), if applicable  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program Policies and Procedures               | Not Verified | and the state of t |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Medical Statement                                     | Not Verified |  |
| Dula   | Status       | Decumenting Statement(s) If a selice le  |
| Rule 5101:2-12-08 Child Care Staff Member Educational Requirements | Not Verified | Documenting Statement(s), If applicable  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection      | Not Verified | Documenting Statement(s), if applicable  |

| Rule                                 | Status       | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-12-09 Background Check        | Not Verified | . , , , , , , , ,                       |
| Requirements                         |              |   |
| ·                                    |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training         | Not Verified |   |
| Requirements                         |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional            | Not Verified |   |
| Development Requirements             |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Not Verified |   |
| Requirements                         |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children  | Not Verified |   |
| Under 2 1/2 Years                    |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space           | Not Verified |   |
| Requirements                         |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment  | Not Verified |   |
|                                      |              |   |
|                                      | I a          |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment          | Not Verified | Documenting statement(s), it applicable |
| JIOI.2 12 12 Said Equipment          | Not vermed   |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment        | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and  | Not Verified |   |
| Environment                          |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing             | Not Verified |   |
| Requirements                         |              |   |
|                                      |              |   |

| Rule  | Status              | Documenting Statement(s), If applicable  |
|---|---------------------|--|
| 5101:2-12-13 Smoke Free                         | Not Verified        | 2 comment of the control of the cont |
| Environment                                     |                     |  |
|   | 1                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Toothbrushing                      | Not Verified        |  |
| Requirements                                    |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field           | Not Verified        |  |
| Trip Procedures                                 |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Driver            | Not Verified        |  |
| Requirements                                    |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle           | Not Verified        |  |
| Requirements                                    |                     |  |
|   | 1.                  | 1  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Child Medical and                  | Not Verified        |  |
| Enrollment Records                              |                     |  |
| Dula  | Chabina             | Decrees a time Chateman and (a) If a maliagh la  |
| Rule  E101:2.12.15 Modical/Physical Caro        | Status Not Verified | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care Plans        | Not verified        |  |
| Fidits  |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Medical, Dental,             | Compliant           | Documenting Statement: On the day of   |
| and General Emergency Plan                      |                     | the inspection, the complete prescribed  |
| and concrat intergency than                     |                     | JFS 01242 "Medical, Dental, and General  |
|   |                     | Emergency Plan For Child Care" were  |
|   |                     | posted in the program as required.   |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills                   | Not Verified        |  |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard                 | Not Verified        |  |
| Precautions                                     |                     |  |
| Pulo  | Chatus              | Decumenting Statement(s) If a reliable   |
| Rule  | Status Not Verified | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of Communicable Disease | Not verified        |  |
| Communicable Disease                            | l .                 |  |
|   |                     |  |



| Rule                                | Status       | Documenting Statement(s), If applicable    |
|-------------------------------------|--------------|--|
| 5101:2-12-16 Incident/Injury        | Not Verified |  |
| Reporting                           |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Written Disaster Plan  | Not Verified |  |
|                                     |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-17 Daily Schedule   | Compliant    | Documenting Statement: Daily schedules     |
|                                     |              | were observed posted.                      |
|                                     |              |  |
|                                     | I a          |  |
| Rule                                | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-17 Materials and    | Compliant    | Documenting Statement: Sufficient          |
| Equipment                           |              | equipment was observed in all categories.  |
| L                                   |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable    |
| 5101:2-12-17 Daily Outdoor Play     | Not Verified | Documenting Statement(s), if applicable    |
| 3101.2 12 17 bany Gutagor riay      | Not vermed   |  |
|                                     | l            |  |
| Rule                                | Status       | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-18 License Capacity | Compliant    | Documenting Statement: During the          |
|                                     | ·            | inspection, it was determined that the     |
|                                     |              | program had requested a change in the      |
|                                     |              | program's license capacity. Please be      |
|                                     |              | reminded the license capacity change       |
|                                     |              | shall not be in effect until Departmental  |
|                                     |              | approval is received in writing by the     |
|                                     |              | program.                                   |
|                                     |              |  |
| Rule: 5101:2-12-18 License Capacity | Compliant    | Documenting Statement: During the          |
|                                     |              | inspection, the requirements of the rule   |
|                                     |              | regarding license capacity were discussed. |
|                                     |              |  |
|                                     | Ta           |  |
| 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             | Not Verified | Documenting statement(s), if applicable    |
| 3101.2-12-10 Gloup 3126             | 1400 VEITHEU |  |
|                                     | <u> </u>     |  |
| Rule                                | Status       | Documenting Statement(s), If applicable    |
| 5101:2-12-18 Attendance Records     | Not Verified |  |
|                                     |              |  |

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|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision             | Not Verified |  |
|                                      |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance          | Not Verified |  |
| 310112 12 13 0a ca.dado              | 100 100      |  |
|                                      | 1            |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping        | Not Verified | bocamenting statement(s), it applicable  |
| 3101.2-12-20 Cots and Napping        | Not verified |  |
|                                      | <u>l</u>     |  |
| Rule                                 | Status       | Documenting Statement(s) If applicable   |
|                                      | 0.10.10.0    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs                   | Not Verified |  |
|                                      | <u> </u>     |  |
| 2.1                                  |              | D 1: 6: 1 1/ ) If 1: 11                  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-21 Evening and Overnight   | Not Verified |  |
| Care                                 |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack          | Not Verified |  |
| Requirements                         |              |  |
| - 4-                                 | 1            |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | Booking statement(s)) is approach        |
| JIOI.2 12 22 Hala Will Requirements  | Not verified |  |
|                                      | L            |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food               | Not Verified | Documenting statement(s), it applicable  |
|                                      | Not verified |  |
| Handling/Storage                     | <u> </u>     |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Daily Care       | Not Verified |  |
|                                      |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Bottle and Food  | Not Verified |  |
| Preparation                          |              |  |
|                                      |              | <u> </u>                                 |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-23 Diapering and     | Not Verified | Documenting Statement: During the        |
| Toilet Training                      | 100 102      | inspection, the requirements of the rule |
| Tollet Halling                       |              | regarding diapering and toilet training  |
|                                      |              |  |
|                                      |              | were discussed.                          |
|                                      | <u> </u>     |  |
|                                      |              |  |



| Rule                            | Status       | Documenting Statement(s), If applicable |
|---------------------------------|--------------|---|
| 5101:2-12-24 Swimming and Water | Not Verified |   |
| Safety Requirements             |              |   |

| Rule                    | Status       | Documenting Statement(s), If applicable |
|-------------------------|--------------|---|
| 5101:2-12-25 Medication | Not Verified |   |
| Administration          |              |   |