

## **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 Details                               |                         |                 |                   |  |
|---|-------------------------|-----------------|-------------------|--|
| Program Name                                  | Program Number          |                 | Program Type      |  |
| Cleveland Metroparks Nature Preschool at      | 2200021851              |                 | Child Care Center |  |
| North Chagrin Reservation                     |                         |                 |                   |  |
| Address                                       |                         |                 | County            |  |
| 401 Buttermilk Falls Parkway Mayfield Village | e                       |                 | CUYAHOGA          |  |
| OH 44143                                      |                         |                 |                   |  |
|   |                         |                 |                   |  |
|   |                         |                 |                   |  |
| Building Approval Date                        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 06/15/2020                                    | E                       | 217             |                   |  |
| Fire Inspection Approval Date                 | Food Service Risk Level |                 |                   |  |
| 07/13/2022                                    | Exempt                  |                 |                   |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 10/04/2022 | Begin Time 9                   | :25 AM           | End Time 11:20 AM |              |
| Reviewer:                  |                                |                  |                   |              |
| Kathryn Noftz              |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 1                              | 0                | 0                 | 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     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 29        | 29    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 12               | 0          | 29        | 29    |

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



| North Chagrin-A | 3 years to < 4 years | 1 to 9  |  |
|-----------------|----------------------|---------|--|
| North Chagrin-A | 3 years to < 4 years | 2 to 10 |  |

## **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 |
| No Moderate Mak Non Compilances were observed during this hispection  |
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|   |
| Low Risk Non-Compliances  |
| LOW Mak Hon-compliances   |

## Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 2,3 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/03/2022

## **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          | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |

| 5101:2-12-04 Building Department                                 | Compliant        |   |
|--|------------------|---|
| Inspection   |                  |   |
| 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 7-13-23. |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service<br>Requirements                  | Compliant        | Documenting Statement: The program has obtained a food service exemption status from the local health department.   |
| P.J.   | Chabina          | Decree of a Chaterer of a March 1   |
| Rule 5101:2-12-07 Administrator Qualifications                   | Status Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator Responsibilities/Requirements         | Compliant        | bocumenting statement(s), if applicable   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program Policies and Procedures             | Compliant        | J ( // 1.1  |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Medical Statement                                   | Compliant        | Documenting statement(3), if applicable   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member<br>Educational Requirements | Compliant        | Documenting statement(3), if applicable   |
| 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<br>Requirements                    | Compliant        |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Professional Development Requirements               | Compliant        | Documenting statement(s), it applicable   |

| Rule                                  | Status              | Documenting Statement(s), If applicable    |
|---------------------------------------|---------------------|--|
| 5101:2-12-11 Indoor Space             | Compliant           |  |
| Requirements                          |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-12 Safe Equipment           | Compliant           |  |
|                                       |                     |  |
| Dula                                  | Ctatus              | Decree outing Chatera out/a\ If a reliable |
| Rule 5101:2-12-12 Safe Environment    | Status<br>Compliant | Documenting Statement(s), If applicable    |
| 3101.2-12-12 Sale Elivironinent       | Compilant           |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-13 Sanitary Equipment and   | Compliant           |  |
| Environment                           |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-13 Handwashing        | Compliant           | Documenting Statement: Children were       |
| Requirements                          |                     | viewed washing their hands, as required    |
|                                       |                     | by the rule.                               |
|                                       |                     |  |
| Dula                                  | Chahua              | Decumenting Chaterrant/ Auf and itself     |
| Rule 5101:2-12-13 Smoke Free          | Status              | Documenting Statement(s), If applicable    |
| Environment                           | Compliant           |  |
| Liviloilileit                         |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-14 Transportation and Field | Compliant           | O destamontal) in applicable               |
| Trip Procedures                       |                     |  |
|                                       | ı                   |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-15 Child Medical and  | Compliant           | Documenting Statement: At the time of      |
| Enrollment Records                    |                     | the inspection, 25% of the children's      |
|                                       |                     | records were reviewed, and the records     |
|                                       |                     | were complete, as required by the rule.    |
|                                       |                     |  |
| 0.1                                   | C: .                |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-15 Medical/Physical Care    | Compliant           |  |
| Plans                                 |                     |  |
| Rule                                  | Status              | Documenting Statement(c) If applicable     |
| 5101:2-12-16 Medical, Dental, and     | Compliant           | Documenting Statement(s), If applicable    |
| General Emergency Plan                | Compilant           |  |
| General Emergency Flam                | <u> </u>            |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Emergency Drills         | Compliant           | 2 oca                                      |
|                                       |                     |  |
|                                       | •                   |  |

| Rule                                  | Status    | Documenting Statement(s), If applicable     |
|---------------------------------------|-----------|---|
| 5101:2-12-16 First Aid/Standard       | Compliant | (-),  |
| Precautions                           | '         |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-16 Management of            | Compliant | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \     |
| Communicable Disease                  | '         |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-16 Incident/Injury          | Compliant | , , , , , , , , , , , , , , , , , , ,       |
| Reporting                             |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-16 Written Disaster Plan    | Compliant | , , , , , , , , , , , , , , , , , , ,       |
|                                       |           |   |
|                                       | •         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-17 Daily Schedule           | Compliant | -   |
| ,                                     | ·         |   |
|                                       |           |   |
| 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.   |
|                                       |           |   |
|                                       |           |   |
| 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 |   |
|                                       |           |   |
| D. J.                                 | Chahara   | Danima atia - Chatana ant/a) If a miliantia |
| 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 | booking statement(s), if applicable         |
| 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 30        |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-19 Supervision              | Compliant |   |
|                                       | <u>'</u>  |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-19 Child Guidance           | Compliant |   |
|                                       |           |   |
|                                       |           |   |



| Rule                            | Status    | Documenting Statement(s), If applicable |
|---------------------------------|-----------|---|
| 5101:2-12-22 Safe Food          | Compliant |   |
| Handling/Storage                |           |   |
|                                 |           |   |
| Rule                            | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Compliant |   |
| Safety Requirements             |           |   |
|                                 |           |   |
| Rule                            | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication         | Compliant |   |
| Administration                  |           |   |
|                                 |           |   |
|                                 |           |   |