

Center Licensing Inspection Full Report

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

	Program Deta	ils	
Program Name	Program Number		Program Type
Cleveland Metroparks Nature Preschool at	2200021851		Child Care Center
North Chagrin Reservation			
Address	County		
401 Buttermilk Falls Parkway Mayfield Village	CUYAHOGA		
ОН			
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		
05/16/2025	Exempt		

Inspection Information				
Inspection Type	Inspection Sc	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date	Begin Time		End Time	
09/22/2025	11:00 AM		1:04 PM	
Reviewer:				
Kathryn Noftz				
Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
58	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	0	0	0	0
Older Toddler		0	0	0
Preschool		0	27	27
School Age		0	0	0
Total Capacity/Enrollment	12	0	27	27

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



Nature PS- A	3 years to < 4 years	2 to 10	
Nature PS- A	3 years to < 4 years	2 to 10	
Nature PS-B	3 years to < 4 years	1 to 2	
Nature PS-B	3 years to < 4 years	2 to 12	

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 5180:2-12-03 and 5180:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

Serious Risk Non-Compliances
No Serious Risk Non-Compliances were observed during this inspection
Moderate Risk Non-Compliances
No Moderate Risk Non-Compliances were observed during this inspection
Low Risk Non-Compliances



Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Written Disaster Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Building Department Inspection	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-03 Inspection	Compliant	
Requirements	150	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-04 Fire Inspection	Compliant	Documenting Statement: Please Note:
55	8	Documentation of a fire inspection
		without any uncorrected violations must
		be secured for the program. Secure a
		new fire inspection by 5-16-26.
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-04 Food Service	Compliant	Documenting Statement: The program
Requirements		has obtained a food service exemption
		status from the local health department.
2		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Written Program	Compliant	
Policies and Procedures	.59	
Dula	Chatus	Decumenting Ctst
Rule 5180:2-12-08 Medical Statement	Status	Documenting Statement(s), If applicable
5180:2-12-08 Medical Statement	Compliant	
	I.	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Child Care Staff Member	Compliant	(,,, , , , , , , , , , , , , , , , , ,
Educational Requirements	Simpliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-09 Background Check	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Health Training	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Professional	Compliant	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Indoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Equipment	Compliant	



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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Environment		Bocumenting Statement(3), if applicable
5180:2-12-12 Safe Environment	Compliant	
	2	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Sanitary Equipment and	Compliant	
Environment		
Environment		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-13 Handwashing	Compliant	Documenting Statement: Children were
Requirements		viewed washing their hands, as required
Trequire ments		by the rule.
		by the rule.
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Smoke Free	Compliant	
Environment		
Environment		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-14 Transportation and Field	Compliant	
Trip Procedures		
Trip Frocedures		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-15 Child Medical and	Compliant	
Enrollment Records	,	
Emolificit records		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-15 Medical/Physical Care	Compliant	
Plans		
Tidis		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
8-11-1		
Dule	Chahus	Decumenting Statement A. M. Complete L.
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Emergency Drills	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
		Doddinenting Statement(3), it applicable
5180:2-12-16 First Aid/Standard	Compliant	
Precautions		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Management of	Compliant	
Communicable Disease		
Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-16 Incident/Injury	Compliant	
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Materials and Equipment	Compliant	
Rule	Chahua	Desumenting Statement(s) If applicable
5180:2-12-17 Daily Schedule	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Attendance Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Group Size	Compliant	Documenting statement(s), it approaches
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 License Capacity	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Ratio	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-19 Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-19 Child Guidance	Compliant	
Dula	Chabina	Downsonting Chat.
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-25 Medication Administration	Compliant	