

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 |
| Right At School at Rowland Elementary | 2200022212 | | Child Care Center |
| | | | |
| Address | | | County |
| 4300 Bayard Road South Euclid | | | CUYAHOGA |
| ОН | | | |
| 44121 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | E | - C-F | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| | Level III | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 09/20/2024 | 3:00 PM | | 4:26 PM | |
| Reviewer: | | | | |
| LAKESHA ALLEN | | | | |
| Summary of Findings | | | | |
| | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 2 | 0 | 1 | 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 | 0 | 0 |
| School Age | | 0 | 19 | 19 |
| Total Capacity/Enrollment | 129 | 0 | 19 | 19 |

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



| SA | School-Age to < 11 years | 2 to 16 | Programming at arrival/snack |
|----|--------------------------|---------|------------------------------|
| SA | School-Age to < 11 years | 2 to 15 | gym |

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 |
|--|
| Particular and the particular an |
| No Serious Risk Non-Compliances were observed during this inspection |
| The serious hisk from compliances were asserved during this inspection |
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Moderate Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: 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.

<u>Finding</u>: 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) 26-30 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.
- (Page 2
- 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.

(Page 4)

- 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: 10/20/2024

Low Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child

Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 2 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other []

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.



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 | 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 |
| 5101:2-12-04 Fire Inspection | Compliant | |
| | | |
| Rule | Ctatus | Decumenting Statements If applicable |
| 5101:2-12-04 Food Service | Status | Documenting Statement(s), If applicable |
| 2000 (4 - 40 000 - 40 000) (4 - 50 - 50 000) (50 - 50 000) (4 - 50 000) (50 000) (50 000) | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | Bocumenting Statement(3), if applicable |
| Suspension | Compilant | |
| Suspension | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | (-) |
| Qualifications | | |
| 300 • Communication (1997) (1997) (1997) (1997) (1997) (1997) | L | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | * | |
| Rule | Status | Documenting Statement(s), If applicable |



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|--------------------------------------|--|--|
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| Nule. 3101.2-12-08 Medical Statement | Compilant | had current medical statements on file. |
| | | nad current medical statements on file. |
| | | |
| | 8 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | | the inspection, all child care staff |
| | | members had met orientation training |
| | | requirements. |
| | | Section Beach described to the Section of Section 1 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | 150 | inspection, the required documentation |
| Schedules Lateral Schedules Control | | regarding background checks was on file |
| | | for all employees listed. |
| | | Tot all employees listed. |
| | l. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| Requirements | | with currently valid training in First Aid, |
| | | The second secon |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | | and readily accessible during all hours of |
| | | operation. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | Bocumenting Statement(s), it applicable |
| Development Requirements | Compilant | |
| Development nequirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | bocumenting statement(s), it applicable |
| Requirements | Compilation | |
| Requirements | l. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| onder 2 1/2 redis | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | 0 |
| Requirements | | |
| | I | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| | To Control of the Con | |



| 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 | bocumenting statement(s), if applicable |
| 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 | Compliant | Documenting Statement(s), if applicable |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | Documenting statement(s), if applicable |
| Environment | Compilant | |
| 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 | Compliant | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| Dula | Charles | Described Chahaman and Co. If a contract to |
| Rule 5101:2.12.16 Management of | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant | |
| Dula | Chahua | Documenting States as aut (a) If a multiple |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-16 Incident/Injury Reporting | Compliant | Documenting Statement: The requirements for completing JFS 01299 "Incident/Injury Report For Child Care" reports were discussed during the inspection. |
|--|------------------------------------|---|
| 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 | Sinciplature of the medium and the | equipment was observed in all categories. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| Dile | C | |
| 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 | Documenting Statement(s), if applicable |
| 3101.2 12 18 Group 3/20 | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: During the inspection, attendance records were reviewed. Child Care Staff Members were viewed recording the attendance for each child upon arrival and departure. All attendance records met the requirements of the rule and were kept with the group at all times. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | Documenting Statement(s), it applicable |
| 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 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | 2 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |
| 2.1 | | 10 11 6 11 11 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| | | |