

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 | ails | |
|--|-----------------------------------|-----------------|--------------------|
| Program Name | Program Number | | Program Type |
| KCE Champions LLC @ Lomond | 2200023205 | | Child Care Center |
| Address 17917 Lomond Blvd Shaker Heights OH 44122 | | | County CUYAHOGA |
| Building Approval Date | Use Group/Code School Building | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L Exempt | evel | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 04/23/2024 | 3:30 PM | | 4:40 PM | |
| Reviewer: | | | | |
| LAKESHA ALLEN | | | | |
| Summary of Findings | | | | |
| | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 16 | 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 | 0 | 0 |
| School Age | | 0 | 95 | 95 |
| Total Capacity/Enrollment | 132 | 0 | 95 | 95 |

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

| Younger SA | School-Age to < 11 years | 3 to 25 | Programming at |
|------------|--------------------------|---------|----------------|
| | | | arrival |
| Younger SA | School-Age to < 11 years | 3 to 25 | snack- |
| | | | programming |
| Older SA | School-Age to < 11 years | 3 to 28 | Programming |
| Older SA | School-Age to < 11 years | 3 to 26 | Programming |

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

Low Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in number(s) 2,3 below:

- 1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
- 2. The medication, medical food, or topical product had expired and had not been removed from the program.
- 3. The prescription label had expired.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2024

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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|--|
| 5101:2-12-04 Building Department | Not Verified | 0 (//) |
| Inspection | | |
| • | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Not Verified | |
| · | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
| D. J. | Chatara | Decree while Chahamata 1/ \ 15 15 15 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | |
| Requirements | | |
| Dula | Chahua | Decomposition Chairman (1) |
| 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 | Documenting Statement(3), ii applicable |
| Under 2 1/2 Years | Not verified | |
| Officer 2 1/2 rears | | |
| Dula | Chahua | Decree outing Chatage out/a\ If a police bla |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Not Verified | |
| Requirements | | |
| | | 15 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
| | | |
| 0.1 | C | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
| | | |
| D. I. | Chahara | Decree with a Chatago and a life and include |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | |
| | | |
| Rule | Chatus | Decumenting Statement(s) If applicable |
| 5101:2-12-12 Safe Environment | Status Not Verified | Documenting Statement(s), If applicable |
| 5101.2-12-12 Sale Environment | Not verified | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | Documenting Statement(3), if applicable |
| Environment | Not vermed | |
| LIMIOIIIIEIIC | | |
| Dula | Chahua | Decree outing Chatage out/a\ If a police bla |
| | | Documenting Statement(s), ir applicable |
| _ | NOL VEHILLER | |
| Requirements | | |
| 0.1 | C | |
| | | Documenting Statement(s), If applicable |
| | Not Verified | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | |
| Enrollment Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | | had current information on the medical |
| 5101:2-12-15 Child Medical and Enrollment Records Rule Rule: 5101:2-12-15 Medical/Physical | Not Verified Status | Documenting Statement: The program |

| | | status and the required treatment plan |
|---|------------------------|---|
| | | for the children with health conditions. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
| | 1 | |
| 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 | 3 (" 11 |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | |
| Communicable Disease | | |
| | 1. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not Verified | bocamenting statement(5), it applicable |
| , | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Not Verified | |
| Equipment | | |
| Pula | Chahua | Decumenting Statement (a) If and inchis |
| Rule 5101:2-12-17 Daily Outdoor Play | Status Not Verified | Documenting Statement(s), If applicable |
| 3101.2-12-17 Daily Outdool Flay | Not verified | |
| | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
| | | |
| Dula | Chahus | Decumenting Chalest and A. M. Sandilland |
| Rule: 5101:2-12-18 Ratio | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Staff/child |
| | Compilant | ratios observed during the inspection |
| | | were in compliance. |
| | | were in compliance. |
| <u> </u> | - | |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes observed on the day of the inspection were in compliance. |
|---|---------------------|--|
| Rule | Chatus | Desumenting Statement/s) If applicable |
| 5101:2-12-18 Attendance Records | Status Not Verified | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| | | Members were supervising the children |
| | | and were able to intervene as needed. |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack Requirements | Not Verified | |
| Dulo | Chahua | Design orting Chaterraph(s) If and inchis |
| Rule 5101:2-12-22 Fluid Milk Requirements | Status Not Verified | Documenting Statement(s), If applicable |
| 3101.2-12-22 Fluid Wilk Requirements | Not verified | |
| Rule | Status | Decumenting Statement/s) If applicable |
| 5101:2-12-22 Safe Food | Not Verified | Documenting Statement(s), If applicable |
| Handling/Storage | Not vermed | |
| Rule | Chatus | Desumenting Statement/s) If applicable |
| 5101:2-12-08 Child Care Staff Member | Status Not Verified | Documenting Statement(s), If applicable |
| Educational Requirements | Not vermed | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | Documenting Statement(s), if applicable |
| STOT.2-12-10 WHILLEH DISASLEI FIAH | NOT VEHILEU | |
| | | |