

## 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 Details                                                |                                   |                                   |                    |
|----------------------------------------------------------------|-----------------------------------|-----------------------------------|--------------------|
| Program Name<br>Right At School at Kinsner Elementary          | Program Number<br>2210024453      | Program Type<br>Child Care Center |                    |
| Address<br>19091 Waterford Parkway Strongsville<br>OH<br>44149 |                                   |                                   | County<br>CUYAHOGA |
| Building Approval Date                                         | Use Group/Code<br>School Building | Occupancy Limit                   | Maximum Under 2 ½  |
| Fire Inspection Approval Date                                  | Food Service Risk Level<br>Exempt |                                   |                    |

| Inspection Information          |                          |                                  |
|---------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual       | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>09/10/2025   | Begin Time<br>3:45 PM    | End Time<br>5:00 PM              |
| Reviewer:<br>PATRICIA REMINGTON |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>1 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>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     |
| <b>Total Under 2 ½ Years</b>                              | 0                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 0          | 36        | 36    |
| <b>Total Capacity/Enrollment</b>                          | 54               | 0          | 36        | 36    |

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

|            |                          |         |         |
|------------|--------------------------|---------|---------|
| School age | School-Age to < 11 years | 2 to 12 | Outside |
| School age | School-Age to < 11 years | 3 to 19 |         |

### 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

**Domain: 09 Children's Files**

Rule: 5180:2-12-15 Child Medical and Enrollment Records

Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

Finding: 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) 15 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 |
|------------------------------------|-----------|-----------------------------------------|
| 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                                                                           |
| 5180:2-12-02 Current Information                              | Compliant |                                                                                                                   |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| 5180:2-12-03 Inspection Requirements                          | Compliant |                                                                                                                   |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| Rule: 5180:2-12-04 Food Service Requirements                  | Compliant | Documenting Statement: The program has obtained a food service exemption status from the local health department. |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| 5180:2-12-07 Administrator Qualifications                     | Compliant |                                                                                                                   |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| 5180:2-12-07 Administrator Responsibilities/Requirements      | Compliant |                                                                                                                   |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| 5180:2-12-07 Written Program Policies and Procedures          | Compliant |                                                                                                                   |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| 5180:2-12-08 Medical Statement                                | Compliant |                                                                                                                   |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant |                                                                                                                   |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |                                                                                                                   |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| 5180:2-12-09 Background Check Requirements                    | Compliant |                                                                                                                   |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                           |
| 5180:2-12-10 Health Training Requirements                     | Compliant |                                                                                                                   |

| Rule                                                  | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-10 Professional Development Requirements    | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space Requirements                | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space Requirements               | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment                           | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment                   | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones                  | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment                         | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment       | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing Requirements                 | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment                   | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care Plans              | Compliant |                                         |



| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills                            | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard Precautions              | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease          | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury Reporting                   | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment                     | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule                              | Compliant |                                         |
| 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 |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play                          | Compliant |                                         |
| 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 |                                         |



**Department of  
Children & Youth**

|                                          |           |                                         |
|------------------------------------------|-----------|-----------------------------------------|
|                                          |           |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance              | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage  | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements     | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication Administration   | Compliant |                                         |