

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 |
| KidsFirst Learning Center | 2210025347 | | Child Care Center |
| | | | |
| Address | | | County |
| 26184 Bagley Road Olmsted Falls | | | CUYAHOGA |
| ОН | | | |
| 44138 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 02/10/2000 | E | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 09/08/2023 | Level III | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 07/29/2024 | 9:10 AM | | 12:56 PM | |
| Reviewer: | Reviewer: | | | |
| MARY WOODLAND | | | | |
| | Summary of Findings | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 4 | 0 | 1 | 3 |

| 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) | | 13 | 1 | 14 |
| Young Toddler | | 17 | 0 | 17 |
| Total Under 2 ½ Years | 75 | 30 | 1 | 31 |
| Older Toddler | | 15 | 0 | 15 |
| Preschool | | 51 | 0 | 51 |
| School Age | | 61 | 0 | 61 |
| Total Capacity/Enrollment | 204 | 127 | 0 | 158 |

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

| Upper Purple (SA) | School-Age to < 11 years | 1 to 17 | Upper Purple & Middle |
|--------------------|--------------------------|---------|--------------------------|
| | | | Blue Combined at Arrival |
| Upper Purple (SA) | School-Age to < 11 years | 1 to 18 | Upper Purple & Middle |
| 000-00755 20 80 87 | 100 200 | | Blue Combined at Lunch |
| Lower Red (T) | 18 months to < 30 months | 2 to 7 | At Arrival |
| Lower Yellow (I) | 0 to < 12 months | 3 to 11 | At Arrival |
| Lower Yellow (I) | 0 to < 12 months | 3 to 11 | During |
| Assess | | | Napping/Feeding/Changing |
| Lower Pink (T) | 18 months to < 30 months | 1 to 5 | At Arrival |
| Lower Pink (T) | 18 months to < 30 months | 2 to 13 | Lower Pink & Lower Red |
| | | | Combined at Lunch/Nap |
| | | | Prep |
| Lower Teal (T) | 12 months to < 18 months | 2 to 11 | At Arrival |
| Lower Teal (T) | 12 months to < 18 months | 2 to 11 | At Lunch/Nap Prep |
| Middle Yellow (PS) | 3 years to < 4 years | 1 to 6 | At Arrival |
| Middle Yellow (PS) | 3 years to < 4 years | 1 to 6 | At Lunch/Nap Prep |
| Middle Purple | 18 months to < 30 months | 2 to 13 | At Lunch/Nap Prep |
| Upper Teal (PS) | 3 years to < 4 years | 2 to 8 | At Arrival |
| Upper Teal (PS) | 3 years to < 4 years | 2 to 8 | At Lunch/Nap Prep |
| Upper Pink (PS) | 3 years to < 4 years | 1 to 9 | At Lunch |
| Upper Red (PS) | 4 years to < 5 years | 1 to 3 | At Arrival |
| Upper Red (PS) | 4 years to < 5 years | 1 to 7 | At Lunch/Nap Prep |
| Upper Yellow | 4 years to < 5 years | 1 to 12 | At Lunch/Play |
| Upper Blue (SA) | School-Age to < 11 years | 2 to 6 | At Arrival |
| Upper Blue (SA) | School-Age to < 11 years | 2 to 9 | At Lunch (Includes 1 |
| | | | Middle Blue) |
| Upper Yellow | 4 years to < 5 years | 1 to 12 | At Arrival |
| Middle Purple | 18 months to < 30 months | 2 to 13 | At Arrival |
| Upper Pink (PS) | 3 years to < 4 years | 1 to 8 | At Arrival |

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-Co | mpliances were observed 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

Code: 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.

Finding: 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) 1; 7 below:

1. No plan was on file.

(Page 1)

- 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.

(Page 3)

- 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: 08/28/2024

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff's medical statements are required to be completed and on file at the program.



<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 2; 5b; 5c; 6 below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:
- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/28/2024

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; 4 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: 08/28/2024

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 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: 08/28/2024

Rules In-Compliance/Not Verified

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|----|-----------------------------|-----------|---|
| | Rule | Status | Documenting Statement(s), If applicable |
| | 5101:2-12-02 License Posted | Compliant | |

| | T | |
|-------------------------------------|-----------|---|
| | | |
| - 1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Decumenting Statement/s) If applicable |
| 2007-2007-20 | Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Status | Decimentia Chatamantia If analisable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | [S. / | D (1 C) 1 (1) 1 (1) |
| 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 9/8/24. |
| | | |
| | F | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | INV5671 and 3/1/25. |
| | | |
| | - T | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | - | · · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| die blewei i locection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| _ | Compilant | |
| Requirements | <u> </u> | inspection, the required documentation |

| | | regarding background checks was on file for all employees listed. |
|--|--------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |
| | | |
| Rule 5101:2-12-11 Indoor Space Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | Documenting Statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 7/1/24. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | , , , , , , , , , , , , , , , , , , , |
| | | |
| Rule: 5101:2-12-11 Outdoor Play Fall Zones | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The protective material used under outdoor equipment was pea gravel. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: The indoor temperature of the program during the inspection was comfortable and met rule compliance. |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The form(s) |
| Field Trip Procedures | | used by the program for routine and/or |
| | | field trips were verified to meet the |
| | | requirements of the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | Documentally states and the states are states as the states are states are states as the states are states |
| Enrollment Records | | |
| The state of the s | <u></u> | <u>,</u> |
| 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 | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | |
| D.I. | City | D C |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified during this inspection. |
| | | during this inspection. |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | 200 | inspection, the program had complete |
| | | first aid kits available as required. |
| | | , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| - Comments | · | |
|---|-----------|---|
| Rule: 5101:2-12-16 Incident/Injury Reporting | Compliant | Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| | | was operating within their license |
| | | capacity limits. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| D. J. | Chahara | Decrease the Chateres and (a) If a make a large |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time. |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| 5101:2-12-20 Cribs | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals served a |
| Requirements | Compliant | the program included foods from the fou |
| Requirements | | food groups in sufficient amounts. |
| | | 100d groups in sufficient amounts. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were |
| Food Preparation | | labeled as required. |
| and the second s | | The state of the s |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | Documenting statement(s), it applicable |
| Training | Compliant | |
| Training | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Compliant | 3 (" 11 |
| Safety Requirements | | |
| | | |
| 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 |
| D : 5404 0 40 46 W/ ' D' | Compliant | Documenting Statement: Annual training |
| Rule: 5101:2-12-16 Written Disaster | | l of the continue of the cross of an array |
| Plan | | of the written disaster plan was completed by staff. |

