

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 |
| Jireh Learning Center 2 | 2240030964 | | Child Care Center |
| | | | |
| Address | | | County |
| 6144 Broadview Rd Parma | | | CUYAHOGA |
| ОН | | | |
| 44134 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 06/10/2024 | E | 77 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 01/09/2024 | Level III | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Provisional | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 02/10/2025 | 7:20 AM | | 1:30 PM | |
| Reviewer: | | | | |
| ELAINE OBRIEN | | | | |
| C of Findings | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 3 | 0 | 1 | 2 |

| 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) | | 9 | 0 | 9 |
| Young Toddler | | 9 | 0 | 9 |
| Total Under 2 ½ Years | 18 | 18 | 0 | 18 |
| Older Toddler | | 2 | 0 | 2 |
| Preschool | | 5 | 0 | 5 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 60 | 7 | 0 | 25 |

| S | taff-Child Ratios at the Time of I | nspection | |
|-------|------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| Young Toddler | 18 months to < 30 months | 2 to 6 | Lunch |
|---------------|--------------------------|--------|-------------|
| Young Toddler | 18 months to < 30 months | 1 to 2 | Arrival |
| Infant | 0 to < 12 months | 2 to 2 | Arrival |
| Infant | 0 to < 12 months | 3 to 6 | Programming |
| Over 2.5 | Mixed Age Group | 1 to 3 | Lunch |
| Over 2.5 | Mixed Age Group | 1 to 3 | 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 |
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Moderate Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5180:2-12-04 Fire Inspection

<u>Code</u>: The program is required to have all spaces used for child care inspected by the fire department or the state fire marshal's office prior to serving children. The program is required to obtain a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection. If violations are noted during the inspection, the program is required to have all violations corrected and have the program reinspected to obtain a completed fire form.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for fire inspection as noted in number(s) 1 below:

- 1. The program did not have documentation on file for a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection and the request for the new inspection was not made at least 30 days prior to the expiration of the previous fire inspection.
- 2. The documentation for the most recent fire inspection contained violations that had not been corrected.



3. The [] space was being used and had not been approved by the fire department or the state fire marshal's office for child care.

Submit the program's corrective action plan, which includes an updated fire inspection without any uncorrected violations, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/12/2025

Low Risk Non-Compliances

Domain: 07 Diapering & Infant Care

Rule: 5180:2-12-20 Cribs

<u>Code</u>: The program is required to provide cribs with mattresses in good condition and sheets that are not too large or too small for the crib.

<u>Finding</u>: During the inspection, it was determined that sheets, mattresses and/or mattress covers did not meet the rule requirement as noted in number(s) 3 below:

- 1. At least one crib did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. At least one sheet was torn.
- 5. The mattress was not at least one and one-half inches thick.
- 6. The mattress was not firm.
- 7. There was space between the mattress and the sides and end panels of the crib which exceeded one and one-half inches.
- 8. The mattress cover was not waterproof.
- 9. The mattress cover was torn.
- 10. Other: [].

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

Corrective Action Plan Due: 03/12/2025



Domain: 07 Diapering & Infant Care

Rule: 5180:2-12-23 Infant Daily Care

<u>Code</u>: The program staff is required to hold infants or have the infant sitting up while feeding. The program staff may not place an infant in a crib with a bottle.

<u>Finding</u>: During the inspection, it was determined that the program did not meet the requirements for bottle feeding as noted in number(s) 2 below:

- 1. A bottle was propped for an infant feeding.
- 2. An infant was placed in a crib with a bottle.
- 3. An infant was not held or fed sitting up for bottle feedings.

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/12/2025

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 | (-// |
| | | |
| 2.1 | | |
| 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



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|--------------------------------------|---------------|---------------------------------------------|
| 5180:2-12-04 Food Service | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and | Compliant | bodinenting statement(s), ii approasie |
| Suspension | Compilant | |
| Suspension | | |
| Rule | Status | Designation Chatage ant/a) If a malicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | E APPLICATION | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | | have been made to the written policies |
| | | and procedures since it was last approved |
| | | by this Department. |
| | | 200 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | 19 | had current medical statements on file. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | 19 | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | 1 0 |
| | | - |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | ' | |
| | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check | Compliant | B ctate(-)) ii applicante |
| Requirements | Johnson | |
| Requirements | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| | 20 | |
| Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| | | with currently valid training in First Aid, |
| | | 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 |
| 5180:2-12-10 Professional | Compliant | boddinenting statement(s), it applicable |
| Development Requirements | Sherry Ambatas Sherring Ambatas | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | bocumenting statement(s), it applicable |
| Requirements | - Somphane | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement(s), if applicable |
| 3100.2 12 12 Said Equipment | Compilant | |
| | , | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | |
| | * | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | Joniphane | children were observed washing hands as |
| 1 | | required by the rule. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and | Compliant | 222 |
| Enrollment Records | ceruit autra Perendena de 10 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



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|---------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------|
| Rule: 5180:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions. |
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| | _l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | bootimenting statement (s), it applicable |
| General Emergency Plan | Compilation | |
| General Emergency Fian | | |
| Rule | Ctatus | Decompositing Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| | T == | |
| Rule | Status | Documenting Statement(s), If 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 | * | |
| 1 | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | becamenting statement(s), it approase |
| 5100.2 12 10 Attendance Records | Compilation | |
| | I . | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | becamenang statement(s), in applicable |
| 310012 12 10 010 up 0120 | Compilation | |
| | 2 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | 2 |
| Significant Sun, somedime | Compilarit | |
| | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Compliant | Dodanie |
| 00000 Has | Compilant | |
| Equipment | | |
| D. L. | C | D C |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
| L | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| Rule: 5180:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| , , | | was operating within their license |
| | | capacity limits. |
| | | State of the state |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| Dolo | Chabina | D |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-19 Supervision | Compliant | Documenting Statement: During the inspection, child care staff were observed |
| | | assisting children throughout the day. |
| | | assisting children throughout the day. |
| | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were |
| | | placed appropriately and safely during |
| | | nap time. |
| | | · |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Compliant | (2) |
| Requirements | | |
| | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet | Compliant | bocumenting statement(s), if applicable |
| Training | Compilant | |
| Traning | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | www.discogrammadfi) | |
| Liberton II Special Section (1997) | | ļ |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-25 Medication | Compliant | |
|---------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------|
| Administration | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Building Department Inspection | Compliant | Documenting Statement: On the day of the inspection, the program was operating in compliance with the current building approval(s). |