



Family Child Care 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 First Glance Enrichment Center | Program Number 2240031081 | Program Type FCC - Type B Home |
| Address 1670 Delia Ave akron OH 44320 | | County SUMMIT |

| Inspection Information | | |
|--------------------------------|--------------------------|----------------------------------|
| Inspection Type Provisional | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 01/29/2026 | Begin Time 10:15 AM | End Time 11:55 AM |
| Inspection Date 02/17/2026 | Begin Time 7:15 PM | End Time 7:20 PM |
| Reviewer: Amber Brooks | | |
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| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 65 | No. Rules with Non-compliances 3 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 3 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | Total |
| | Totals | Full Time | Part Time | |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 1 | 1 |
| School Age | | 3 | 16 | 19 |
| Total Capacity/Enrollment | 7 | 3 | 17 | 20 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|---------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| First Glance | 5 years to < Kindergarten | 1 to 1 | |

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: 08 Staff Files

Rule: 5180:2-13-08 Child Care Staff Requirements

Code: The program staff is required to obtain the required trainings to meet the requirements.

Findings: In review of the staff records, it was determined the training requirements were not met for the Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes copies of verification of training, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/28/2026

Domain: 08 Staff Files

Rule: 5180:2-13-08 Employee Requirements

Code: The program is required to obtain completed medical statements for all program staff.

Findings: In review of the staff records, it was determined that the medical statements for those individuals listed on the Employee Record Chart did not include the required information listed below in number 1.

1. A medical statement was not on file;
2. The medical statement(s) on file were not dated within 12 months of the individual'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 individual 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);

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

Corrective Action Plan Due: 02/28/2026

Domain: 09 Children's Files

Rule: 5180:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care

- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
- 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
- 11. Other []

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

Corrective Action Plan Due: 02/28/2026

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-02 Voluntary Temporary Closure | Compliant | |
| 5180:2-13-02 License Visible | Compliant | |
| 5180:2-13-02 Change of Location | Compliant | |
| 5180:2-13-02 Information in OCLQS | Compliant | |
| 5180:2-13-02 Provider Medical | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-03 Inspection Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements for Type B Homes | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B Homes | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B Home | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and Procedures | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster Parent | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5180:2-13-09 Background Checks | Compliant | |
| 5180:2-13-10 Health Training | Compliant | |
| 5180:2-13-10 Professional Development | Compliant | |
| 5180:2-13-11 Indoor Space | Compliant | |
| 5180:2-13-11 Outdoor Equipment | Not Verified | |
| 5180:2-13-11 Outdoor Space | Not Verified | |
| 5180:2-13-11 Fall Zone | Not Verified | |
| 5180:2-13-12 Safe Equipment | Compliant | |
| 5180:2-13-12 Safe Environment | Compliant | |
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |

| | | |
|--|---------------|--|
| 5180:2-13-12 Pets | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Handwashing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Health Conditions | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant | |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| 5180:2-13-16 Emergency Drills | Compliant | |
| 5180:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
| 5180:2-13-16 Communicable Diseases | Compliant | |
| 5180:2-13-16 Incident/Injury | Compliant | |
| 5180:2-13-16 Emergency Preparedness and Response Plan | Compliant | |
| 5180:2-13-17 Programming | Compliant | |
| 5180:2-13-17 Materials and Equipment | Compliant | |
| 5180:2-13-18 Group Size and Ratios | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-18 Attendance | Compliant | |
| 5180:2-13-19 Supervision | Compliant | |
| 5180:2-13-19 School Age Supervision | Compliant | |
| 5180:2-13-19 Child Guidance | Compliant | |
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| 5180:2-13-20 Sleep and Nap Requirements | Compliant | |
| 5180:2-13-20 Crib and Playpen Requirements | Compliant | |
| 5180:2-13-21 Evening and Overnight Care | Compliant | |
| 5180:2-13-22 Meals and Snacks | Compliant | |
| 5180:2-13-22 Fluid Milk | Compliant | |
| 5180:2-13-22 Food Handling | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-23 Infant Daily Care | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for Swimming | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication Requirements | Compliant | |