Department of Education
Department of Job and Family Services

# 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>NORTH OLMSTED HORIZON EDUCATION CENTER | Program Number<br>000000305253 | Program Type<br>Child Care Center |
| Address<br>4001 DAVID DRIVE NORTH OLMSTED<br>OH 44070 | | County<br>CUYAHOGA |

| | | | |
|---|---|---|---|
| Building Approval Date<br>01/01/2001 | Use Group/Code<br>E | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>12/06/2023 | Food Service Risk Level<br>Level III | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Annual | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>12/11/2023 | Begin Time 10:00 AM | End Time 1:33 PM |
| Reviewer:<br>Erica Adams | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 3 | 0 | 2 | 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) | | 9 | 0 | 9 |
| Young Toddler | | 12 | 0 | 12 |
| **Total Under 2 ½ Years** | 28 | 21 | 0 | 21 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 43 | 0 | 43 |
| School Age | | 56 | 0 | 56 |
| **Total Capacity/Enrollment** | 240 | 99 | 0 | 120 |

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

| | | | |
|---|---|---|---|
| Infant | 0 to < 12 months | 3 to 8 | Programming |
| Infant | 0 to < 12 months | 2 to 8 | Programming |
| Toddler | 18 months to < 30 months | 2 to 10 | Programming |
| Toddler | 18 months to < 30 months | 2 to 11 | Lunch |
| Preschool Busy Bees | 3 years to < 4 years | 2 to 21 | Indoor Gross Motor - PS Busy Bees and PS Dinos combined |
| Preschool Busy Bees | 3 years to < 4 years | 2 to 14 | Indoor Gross Motor |
| Preschool Dinos | 3 years to < 4 years | 1 to 6 | Nap |
| Preschool Elephants | 3 years to < 4 years | 3 to 11 | Programming |
| Preschool Elephants | 3 years to < 4 years | 3 to 12 | Lunch |

## 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

**Domain: 08 Staff Files**

Rule: 5101:2-12-09 Background Check Requirements
Code: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

Finding: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number 4 below:

1. The request for a background check for child care was not submitted in the OPR.
2. The fingerprints were not submitted electronically according to the process established by BCI.
3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/10/2024

**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 44 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: 01/10/2024

## Low Risk Non-Compliances

**Domain: 08 Staff Files**

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection
Code: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

Finding: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number 3 below:

1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
2. Documentation of completing the training after December 31, 2016 was not on file.
3. Completion of the training was not verified in the OPR.
4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 01/10/2024

## Rules In-Compliance/Not Verified

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-02 Current Information | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding maintaining current information in the Ohio Child Licensing and Quality System were discussed. Rates |

| | | |
|---|---|---|
| | | must be kept current and accurate in OCLQS. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-03 Inspection Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-04 Building Department Inspection | Compliant | |

| 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 12/6/24. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: THAR-CPAL5X and 3/1/24. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-05 Denial, Revocation and Suspension | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Administrator Qualifications | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-07 Written Program Policies and Procedures | Compliant | Documenting Statement: The written policies and procedures reviewed on the day of the inspection were verified as complete. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-08 Medical Statement | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-10 Health Training Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-10 Professional Development Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Indoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |

| 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 7/18/23. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-12 Safe Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-12 Safe Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Handwashing Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Smoke Free Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Toothbrushing Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation - Driver Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-14 Transportation - Vehicle Requirements | Compliant | Documenting Statement: An annual safety check of the vehicle(s), VIN(s) ending 3683, 1197, and 6710, using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and all dated 4/20/23. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: In review of 25% of the records, at the time of the inspection, children's medical statements were complete and on file, as required by the rule. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Emergency Drills | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 First Aid/Standard Precautions | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Management of Communicable Disease | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Incident/Injury Reporting | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements. |

| 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 |
|---|---|---|
| 5101:2-12-18 License Capacity | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-18 Group Size | Compliant | |

| 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 |
|---|---|---|

| | | |
|---|---|---|
| 5101:2-12-20 Cots and Napping | Compliant | |

| 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 Requirements | Compliant | Documenting Statement: Meals served at the program included foods from the four food groups in sufficient amounts. |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The menu posted reflected the meal served. |

| 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 Handling/Storage | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-23 Infant Daily Care | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-23 Diapering and Toilet Training | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-24 Swimming and Water Safety Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-25 Medication Administration | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | |