Department of Children & Youth

# 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>Young Explorers Twinsburg | Program Number<br>2230028858 | | Program Type<br>Child Care Center |
| Address<br>8903 Twin Hills Parkway Twinsburg<br>OH<br>44087 | | | County<br>SUMMIT |
| | | | |
| Building Approval Date<br>11/15/2015 | Use Group/Code<br>E | Occupancy Limit<br>162 | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>11/20/2023 | Food Service Risk Level<br>Level III | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Follow-up | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>04/22/2026 | Begin Time<br>9:15 AM | End Time<br>11:17 AM |
| Reviewer:<br>AQILA BROWN | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 8 | 3 | 0 | 3 | 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) | | 24 | 0 | 24 |
| Young Toddler | | 43 | 0 | 43 |
| **Total Under 2 ½ Years** | 69 | 67 | 0 | 67 |
| Older Toddler | | 9 | 0 | 9 |
| Preschool | | 104 | 0 | 104 |
| School Age | | 0 | 0 | 0 |
| **Total Capacity/Enrollment** | 243 | 113 | 0 | 180 |

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

| | | | |
|---|---|---|---|
| Vikings | 18 months to < 30 months | 2 to 11 | 9:47 am |
| Cadets | 0 to < 12 months | 2 to 10 | 9:35 am |
| Scouts | 12 months to < 18 months | 2 to 10 | 9:39 am |
| Sailors | 18 months to < 30 months | 2 to 9 | 9:43 am |
| Knights | 18 months to < 30 months | 2 to 13 | 9:51 am |
| Pirates | 3 years to < 4 years | 2 to 19 | 9:55 am |
| Buccaneers | 3 years to < 4 years | 2 to 22 | 10:00 am |
| Navigators | 3 years to < 4 years | 2 to 16 | 10:05 am |
| Pioneers | 3 years to < 4 years | 2 to 20 | 10:10 am |
| Captains | 30 months to < 36 months | 1 to 8 | 10:15 am |

## 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

**Domain: 08 Staff Files**

Rule: 5180:2-12-09 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 persons listed on the Employee Record Chart as noted in numbers 1 and 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.

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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 individuals 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: 05/22/2026

**Domain: 09 Children's Files**

Rule: 5180:2-12-15 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 numbers 2, 3, 5, 6, 7, 28, 29 and 30 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: 05/22/2026

**Domain: 09 Children's Files**

Rule: 5180:2-12-25 Medication Administration
Code: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and

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retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

Finding: During the inspection, it was determined the program did not meet the requirements for administering a medication or medical food or a prescription topical product to a child as noted in numbers 8 and 9 below:

1. The JFS 01217 “Request for Administration of Medication for Child Care” was not on file for a medication, medical food, or prescription topical product that was not required by a JFS 1236 ""Child Medical/Physical Care Plan for Child Care"".
2. The child’s name was missing on the JFS 01217.
3. The child’s date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
4. The child’s weight was missing on the JFS 01217 and was needed to determine the correct dosage.
5. The name of the medication was missing on the JFS 01217.
6. The exact dose was missing on the JFS 01217.
7. The time to administer was missing on the JFS 01217.
8. The time period to administer was missing on the JFS 01217.
9. The medication's expiration date was missing on the JFS 01217.
10. The Parent/Guardian’s dated signature was missing on the JFS 01217.
11. Physician instructions were missing on the JFS 01217.
12. Possible side effects were missing on the JFS 01217.
13. Physician’s dated signature was missing on the JFS 01217.
14. Physician’s phone number was missing on the JFS 01217.
15. Date medication was administered was missing on the JFS 01217.
16. Time medication was administered was missing on the JFS 01217.
17. Dosage administered was missing on the JFS 01217.
18. Staff member’s signature was missing on the JFS 01217.
19. A prescription label was not attached to the prescription medication.
20. The medication or product, [ ], was not brought to the program in its original container.
21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program’s corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/22/2026

**Low Risk Non-Compliances**

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**Domain: 09 Children's Files**

Rule: 5180:2-12-25 Medication Administration
Code: 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.

Finding: 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 3 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: 05/22/2026

## Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Written Disaster Plan | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-02 License Posted | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-04 Building Department Inspection | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-02 Current Information | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-03 Inspection Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-04 Fire Inspection | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-04 Food Service Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Administrator Qualifications | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Administrator Responsibilities/Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Written Program Policies and Procedures | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Medical Statement | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-10 Health Training Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-10 Professional Development Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Play Fall Zones | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Indoor Space Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Space Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Play Equipment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Equipment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Sanitary Equipment and Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Handwashing Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Smoke Free Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-14 Transportation - Driver Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-14 Transportation and Field Trip Procedures | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-14 Transportation - Vehicle Requirements | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-15 Child Medical and Enrollment Records | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Emergency Drills | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Incident/Injury Reporting | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 First Aid/Standard Precautions | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Management of Communicable Disease | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Materials and Equipment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 License Capacity | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Daily Schedule | Not Verified | |

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

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|---|---|---|
| 5180:2-12-17 Daily Outdoor Play | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes observed on the day of the inspection were in compliance. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Attendance Records | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-20 Cots and Napping | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-19 Child Guidance | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Fluid Milk Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-20 Cribs | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-21 Evening and Overnight Care | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Meal and Snack Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Safe Food Handling/Storage | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Infant Daily Care | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Infant Bottle and Food Preparation | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Diapering and Toilet Training | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-24 Swimming and Water Safety Requirements | Not Verified | |