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>Sweet Kiddles flexible childcare center | Program Number<br>2230028812 | | Program Type<br>Child Care Center |
| Address<br>137 American Boulevard Westlake<br>OH<br>44145 | | | County<br>CUYAHOGA |
| | | | |
| Building Approval Date<br>03/27/2024 | Use Group/Code<br>I-4 | Occupancy Limit<br>120 | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>03/21/2025 | Food Service Risk Level<br>Level III | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Annual | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>11/03/2025 | Begin Time<br>9:50 AM | End Time<br>12:37 PM |
| Reviewer:<br>MARY WOODLAND | | |

| 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) | | 14 | 1 | 15 |
| Young Toddler | | 17 | 2 | 19 |
| **Total Under 2 ½ Years** | 56 | 31 | 3 | 34 |
| Older Toddler | | 7 | 0 | 7 |
| Preschool | | 10 | 0 | 10 |
| School Age | | 0 | 0 | 0 |
| **Total Capacity/Enrollment** | 120 | 17 | 0 | 51 |

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

| | | | |
|---|---|---|---|
| Baby Kiddles 1 | 0 to < 12 months | 2 to 9 | At Arrival |
| Baby Kiddles 1 | 0 to < 12 months | 2 to 9 | During Nap & Activities |
| Baby Kiddles 2 | 12 months to < 18 months | 2 to 5 | At Arrival |
| Baby Kiddles 2 | 12 months to < 18 months | 2 to 6 | During Lunch End/Nap |
| Little Kiddles 1 | 18 months to < 30 months | 1 to 7 | At Arrival |
| Little Kiddles 1 | 18 months to < 30 months | 1 to 7 | During Lunch & Nap |
| Little Kiddles 2 | 18 months to < 30 months | 2 to 14 | At Arrival |
| Little Kiddles 2 | 18 months to < 30 months | 2 to 13 | During Lunch/Nap |
| Preschool Kiddles | 3 years to < 4 years | 1 to 5 | At Arrival |
| Preschool Kiddles | 3 years to < 4 years | 1 to 5 | During Outdoor Play |
| Preschool Kiddles | 3 years to < 4 years | 1 to 7 | During Lunch/Nap Prep |

## 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: 07 Diapering & Infant Care**

Rule: 5180:2-12-20 Cribs
Code: The program staff is required to remove any items listed in rule that are a potential suffocation risk from cribs.

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Finding: During the inspection, it was determined that a child had been placed in a crib with an object that created a potential strangulation or suffocation risk, as indicated in number(s) 12 below:

1. Bib
2. Pacifier clip/ribbon
3. Teething jewelry
4. Blanket for infant under twelve months old
5. Pillow
6. Boppie
7. Bumper pad
8. Clothing stored in the crib
9. Diaper bag
10. Object or toy strung over the crib in which a child can pull himself up
11. Stuffed animal that is large/soft enough to conform to the shape of the child's face
12. Other-Pacifier with stuffed bear attached

The rule prohibits any item which obstructs child-care staff's visibility or poses a risk of strangulation or suffocation from being placed on or in a crib. Remove the item(s) immediately. 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: 12/03/2025

**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 person(s) listed on the Employee Record Chart as noted in number(s) 1; 3 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: 12/03/2025

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**Low Risk Non-Compliances**

**Domain: 08 Staff Files**

Rule: 5180:2-12-08 Medical Statement
Code: The program staff's medical statements are required to be completed and on file at the program.

Finding: 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) 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: 12/03/2025

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## Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-02 License Posted | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-04 Building Department Inspection | Compliant | |

| 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 Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-04 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 3/21/26. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: FSO-18-22206 and 3/1/26. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Administrator Qualifications | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Administrator Responsibilities/Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Written Program Policies and Procedures | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-10 Health Training Requirements | Compliant | Documenting Statement: The program 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 |
|---|---|---|
| Rule: 5180:2-12-10 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 | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Indoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed |

| | | |
|---|---|---|
| | | and documented, as required. The most recent inspection report form was dated 10/1/25. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement: The protective material used under outdoor equipment was artificial turf. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Sanitary Equipment and Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Handwashing Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Smoke Free Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records were complete, as required by the rule. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |

| Rule | 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. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 First Aid/Standard Precautions | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Management of Communicable Disease | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Incident/Injury Reporting | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Materials and Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Daily Schedule | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Attendance Records | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Group Size | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Daily Outdoor Play | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 License Capacity | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Ratio | Compliant | |

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| 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 Supervision | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-19 Child Guidance | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Meals served at the program included foods from the four food groups in sufficient amounts. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Safe Food Handling/Storage | Compliant | |

| 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 Infant Daily Care | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: All bottles were labeled as required. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Diapering and Toilet Training | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-25 Medication Administration | Compliant | |