

## **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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                   | Program Number          |                 | Program Type      |  |
| OLD BROOKLYN HORIZON EDUCATION | 000000300827            |                 | Child Care Center |  |
| CENTER                         |                         |                 |                   |  |
| Address                        |                         |                 | County            |  |
| 4140 PEARL RD. CLEVELAND       |                         |                 | CUYAHOGA          |  |
| OH 44109                       |                         |                 |                   |  |
|                                |                         |                 |                   |  |
|                                |                         |                 |                   |  |
| Building Approval Date         | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 05/24/2016                     | E                       | 171             |                   |  |
| Fire Inspection Approval Date  | Food Service Risk Level |                 |                   |  |
| 04/10/2017                     | Level II                |                 |                   |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Incident / Injury /        | Illness Partial                |                  | Unannounced       |              |
| Inspection Date 06/30/2021 | Begin Time <sup>2</sup>        | 1:00 PM          | End Time 4:10 PM  |              |
| Reviewer:                  |                                |                  |                   |              |
| Erica Adams                |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 1                          | 1                              | 1                | 0                 | 0            |

| 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)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 14               | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 171              | 0          | 0         | 0     |

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



## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

## **Serious Risk Non-Compliances**

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

Code: The program staff is required to supervise children in their assigned group by sight and hearing.

<u>Finding</u>: During the inspection, it was determined that children were not supervised while outside the program as noted in number 1 below:

- 1. Child(ren) were left unattended outside the facility building.
- 2. Child(ren) were left unattended outside the facility building more than once.
- 3. Child(ren) were left unattended off the program's premises.
- 4. Child(ren) were left unattended during a swimming activity.
- 5. Other [ ].

Children must be supervised and within sight and hearing of a child care staff member at all times. 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: 07/05/2021

| Moderate Risk Non-Compliances   |  |  |
|---|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |
| g   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

| Low Risk Non-Compliances   |
|--|
| No Low Risk Non-Compliances were observed during this inspection |
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## **Rules In-Compliance/Not Verified**

| Rule                        | Status       | Documenting Statement(s), If applicable |
|-----------------------------|--------------|---|
| 5101:2-12-22 Meal and Snack | Not Verified |   |
| Requirements                |              |   |
|                             |              |   |
| Rule                        | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing    | Not Verified |   |
| Requirements                |              |   |
|                             |              |   |
| Rule                        | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Approval  | Not Verified |   |
|                             |              |   |
|                             |              | ,                                       |
| Rule                        | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of  | Not Verified |   |
| Communicable Disease        |              |   |
|                             |              |   |
| Rule                        | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free     | Not Verified |   |
| Environment                 |              |   |
|                             |              |   |
| Rule                        | Status       | Documenting Statement(s), If applicable |

| E101:2 12 07 Administrator           | Not Verified           |  |
|--------------------------------------|------------------------|--|
| 5101:2-12-07 Administrator           | Not verified           |  |
| Qualifications                       |                        |  |
| D. J.                                | Chahara                | Decree estimates that are established      |
| Rule                                 | Status                 | Documenting Statement(s), If applicable    |
| 5101:2-12-08 Child Care Staff Member | Not Verified           |  |
| Educational Requirements             |                        |  |
|                                      |                        | 5 6  |
| Rule                                 | Status Not Verified    | Documenting Statement(s), If applicable    |
| 5101:2-12-14 Transportation - Driver | Not verified           |  |
| Requirements                         |                        |  |
| Pula                                 | Chahira                | Decrees the Chaters and (a) If a miles his |
| Rule                                 | Status Not Verified    | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Written Disaster Plan   | Not verified           |  |
|                                      | <u> </u>               |  |
| Rule                                 | Status                 | Documenting Statement(s), If applicable    |
| 5101:2-12-24 Swimming and Water      | Not Verified           | 2000                                       |
| Safety Requirements                  |                        |  |
| sarety requirements                  |                        |  |
| Rule                                 | Status                 | Documenting Statement(s), If applicable    |
| 5101:2-12-04 Food License            | Not Verified           | bocamenting statement(s), it applicable    |
| 3101.2 12 04 1 00d Electise          | Not vermed             |  |
|                                      |                        |  |
| Rule                                 | Status                 | Documenting Statement(s), If applicable    |
| 5101:2-12-13 Sanitary Equipment and  | Not Verified           |  |
| Environment                          |                        |  |
|                                      |                        |  |
| Rule                                 | Status                 | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Child Guidance          | Not Verified           | S ( ) 11                                   |
|                                      |                        |  |
|                                      |                        |  |
| Rule                                 | Status                 | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified           |  |
|                                      |                        |  |
|                                      |                        |  |
| Rule                                 | Status                 | Documenting Statement(s), If applicable    |
| 5101:2-12-16 First Aid/Standard      | Not Verified           |  |
| Precautions                          |                        |  |
|                                      |                        |  |
| Rule                                 | Status                 | Documenting Statement(s), If applicable    |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified           |  |
|                                      |                        |  |
| Pula                                 | Ctatus                 | Decumenting Statement(s) If a militarials  |
| Rule                                 | Status<br>Not Varified | Documenting Statement(s), If applicable    |
| 5101:2-12-18 License Capacity        | Not Verified           |  |
|                                      |                        |  |
| Rule                                 | Status                 | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Safe Food               | Not Verified           | Documenting statement(s), if applicable    |
|                                      | INOL VEHILLEU          |  |
| Handling/Storage                     |                        |  |

| Rule                                | Status       | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|---|
| 5101:2-12-07 Written Program        | Not Verified | ( // - )                                |
| Policies and Procedures             |              |   |
|                                     | •            |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight  | Not Verified |   |
| Care                                |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space           | Not Verified |   |
| Requirements                        |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills       | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and          | Not Verified | bounding statement(s), if applicable    |
| Equipment                           |              |   |
|                                     | <u> </u>     |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play     | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval      | Not Verified | Documenting Statement(s), if applicable |
| STOTIL TE OF BUILDING Approval      |              |   |
|                                     | •            |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted         | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space          | Not Verified |   |
| Requirements                        |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision            | Not Verified | Documenting Statement(S), if applicable |
| 3101.2 12 13 Supervision            | NOC VEHICL   |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information    | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |

| E101.2 12 22 Infant Battle and English | Nigh Vanific d |  |
|--|----------------|--|
| 5101:2-12-23 Infant Bottle and Food    | Not Verified   |  |
| Preparation                            |                |  |
|  |                |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule            | Not Verified   |  |
|  |                |  |
|  |                |  |
| Dula                                   | Chahus         | Decumenting Statement(s) If applicable   |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping          | Not Verified   |  |
|  |                |  |
|  |                |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Daily Care         | Not Verified   |  |
| ·                                      |                |  |
|  |                |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Child Medical and         | Not Verified   | Socialities of the first of the state of the |
|  | NOT VEHILLA    |  |
| Enrollment Records                     |                |  |
|  |                |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Toothbrushing             | Not Verified   |  |
| Requirements                           |                |  |
| requirements                           |                |  |
|  | I s            |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment            | Not Verified   |  |
|  |                |  |
|  |                |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care     | Not Verified   |  |
| Plans                                  |                |  |
| 1 10113                                |                |  |
|  |                |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs                     | Not Verified   |  |
|  |                |  |
|  |                |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children    | Not Verified   |  |
| Under 2 1/2 Years                      |                |  |
| Officer 2 1/2 rears                    |                |  |
|  |                |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation and Staff     | Not Verified   |  |
| Records                                |                |  |
|  | •              |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
|  | Not Verified   | boodinenting statement(s), it applicable   |
| 5101:2-12-10 Health Training           | NOT AETHIER    |  |
| Requirements                           |                |  |
|  |                |  |
| Rule                                   | Status         | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional              | Not Verified   |  |
| Development Requirements               |                |  |
| Development nequirements               |                |  |

| Rule                                  | Status       | Documenting Statement(s), If applicable |
|---------------------------------------|--------------|---|
| 5101:2-12-12 Safe Environment         | Not Verified | <u> </u>                                |
|                                       |              |   |
| -                                     |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Not Verified |   |
| Requirements                          |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified |   |
| Trip Procedures                       |              |   |
|                                       | <u> </u>     |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury          | Not Verified |   |
| Reporting                             |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and     | Not Verified |   |
| General Emergency Plan                |              |   |
| ,                                     |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records       | Not Verified | <u> </u>                                |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size               | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                    | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet     | Not Verified |   |
| Training                              |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication               | Not Verified |   |
| Administration and Food Supplements   |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check         | Not Verified |   |
| Requirements                          |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection               | Not Verified |   |
| Requirements                          |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
|                                       |              |   |



| 0-0/2/2/2/20                   |              |   |
|--------------------------------|--------------|---|
| 5101:2-12-07 Administrator     | Not Verified |   |
|                                |              |   |
| Responsibilities/Requirements  |              |   |
|                                |              |   |
| Rule                           | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified |   |
|                                | 110010       |   |
|                                |              |   |
|                                |              |   |
| Rule                           | Status       | Documenting Statement(s), If applicable |
| CCCMTL No. 25                  | Not Verified |   |
|                                |              |   |
|                                |              |   |
|                                |              |   |
|                                |              |   |