

# **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 Deta                    | nils            |                    |
|--|---------------------------------|-----------------|--------------------|
| Program Name   | Program Number                  |                 | Program Type       |
| EARLY STEPS LEARNING CENTER                            | 000000306124                    |                 | Child Care Center  |
| Address<br>27027 CHARDON ROAD RICHMOND HTS<br>OH 44143 |                                 |                 | County<br>CUYAHOGA |
| Building Approval Date<br>06/27/2003                   | Use Group/Code<br>E             | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date 10/30/2020               | Food Service Risk L<br>Level IV | evel            |                    |

| Inspection Information     |  |                  |                   |              |
|----------------------------|--|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                                  | cope             | Inspection Notice |              |
| Annual                     | Full   |                  | Unannounced       |              |
| Inspection Date 09/09/2021 | Begin Time 8                                   | :30 AM           | End Time 11:52 AM |              |
| Reviewer:                  | <u>,                                      </u> |                  | •                 |              |
| Erica Adams                |  |                  |                   |              |
| Summary of Findings        |  |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances                 | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                         | 5  | 0                | 1                 | 5            |

| 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)                                  |                  | 5          | 0         | 5     |
| Young Toddler   |                  | 8          | 0         | 8     |
| Total Under 2 ½ Years                                     | 40               | 13         | 0         | 13    |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 28         | 0         | 28    |
| School Age  |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 140              | 28         | 0         | 41    |

| Staff-Child Ratios at the Time of Inspection |                  |                |             |
|--|------------------|----------------|-------------|
| Group  | Age Group/Range  | Ratio Observed | Comment     |
| Infant                                       | 0 to < 12 months | 1 to 5         | Programming |

| Infant                     | 0 to < 12 months         | 2 to 5  | Programming  |
|----------------------------|--------------------------|---------|--------------|
| Toddler                    | 18 months to < 30 months | 1 to 4  | Programming  |
| Toddler                    | 18 months to < 30 months | 1 to 5  | Programming  |
| Toddler                    | 18 months to < 30 months | 2 to 6  | Outdoor Play |
| Preschool - Skill Builders | 3 years to < 4 years     | 2 to 8  | Programming  |
| Preschool - Skill Builders | 3 years to < 4 years     | 1 to 10 | Outdoor Play |
| Kindergarten Enrichment    | 4 years to < 5 years     | 1 to 13 | Programming  |
| Kindergarten Enrichment    | 4 years to < 5 years     | 1 to 13 | Programming  |

# **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   |  |  |
|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

#### **Moderate Risk Non-Compliances**

# Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration and Food Supplements

<u>Code</u>: 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 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.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication, food supplement or medical food to a child as noted in number 4 below:

- 1. No JFS 01217 "Request for Administration of Medication for Child Care" was on file.
- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217.

- 4. The child's weight was missing on the JFS 01217.
- 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 Parent/Guardian's dated signature was missing on the JFS 01217.
- 10. Possible side effects were missing on the JFS 01217.
- 11. Expiration date was missing on the JFS 01217.
- 12. Physician instructions 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: 10/09/2021

#### **Low Risk Non-Compliances**

# **Domain: 03 Postings & Equipment**

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

<u>Code</u>: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number 2 below:

- 1. The plan was not posted by each telephone.
- 2. The plan was not posted in the Skill Builders classroom.
- 3. The plan was not posted in other spaces used by children.
- 4. The name, address and telephone number of the program were not complete.

- 5. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 6. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
- 7. Location of children's records was not complete.
- 8. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 9. The current version of the prescribed form was not used.
- 10. The plan was not implemented when necessary in that [ ].

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

Corrective Action Plan Due: 10/09/2021

#### Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number 2 below:

- 1. Monthly fire drills;
- 2. Monthly weather emergency drills (March through September);
- 3. Quarterly emergency/lockdown drills.

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

Corrective Action Plan Due: 10/09/2021

### **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

Code: The program staff is required to clean the bottle warmer daily.

<u>Finding</u>: During the inspection, it was determined that the container used for heating bottles was not emptied and cleaned each day, as required. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

#### Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

<u>Code</u>: The program staff is required to label and store bottles with breast milk following the requirements in rule.

<u>Finding</u>: During the inspection, it was determined that breast milk provided by the parent was not stored appropriately as noted in number 1 below:

- 1. Not labeled with infant's name, date pumped, and date bottle was prepared;
- 2. Not immediately refrigerated or frozen;
- 3. Stored at room temperature longer than eight hours;
- 4. Stored at the program for more than five days after it was expressed;
- 5. Stored longer than two weeks in the freezer compartment of the refrigerator;
- 6. Stored longer than six months in the refrigerator/freezer;
- 7. Stored longer than twelve months in the deep freezer;
- 8. Other [ ].

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

Corrective Action Plan Due: 10/09/2021

# Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% 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) 5 and 6 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file were 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. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 6. 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
- 7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 8. 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
- 9. 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

10. Other [ ]

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

Corrective Action Plan Due: 10/09/2021

# **Rules In-Compliance/Not Verified**

| Rule                             | Status    | Documenting Statement(s), If applicable  |
|----------------------------------|-----------|--|
| 5101:2-12-22 Meal and Snack      | Compliant |  |
| Requirements                     |           |  |
|                                  |           |  |
| Rule                             | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing         | Compliant |  |
| Requirements                     |           |  |
|                                  |           |  |
| Rule                             | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Fire Approval | Compliant | Documenting Statement: Please Note: An annual fire inspection approval must be secured for the program. Secure a new approval by 10/30/21. |

| 0.1                                  | C         | D C/ \ If       .                         |
|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of           | Compliant |   |
| Communicable Disease                 |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free              | Compliant |   |
| Environment                          |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator           | Compliant |   |
| Qualifications                       |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member | Compliant |   |
| Educational Requirements             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation - Driver | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan   | Compliant | - · · · · · · · · · · · · · · · · · · ·   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-24 Swimming and Water      | Compliant |   |
| Safety Requirements                  |           |   |
| <u> </u>                             |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food License      | Compliant | Documenting Statement: The food service   |
|                                      | ·         | license was observed posted. Following is |
|                                      |           | the audit number and date of expiration:  |
|                                      |           | MJAE-BYHQNz and 3/1/22.                   |
|                                      |           |   |
| 1                                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and  | Compliant | 177 - 11                                  |
| Environment                          | · ·       |   |
| <u> </u>                             | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance          | Compliant | , , , , , , , , , , , , , , , , , , ,     |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
|                                      | ·         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard      | Compliant |   |
| Precautions                          |           |   |
| _L                                   | 1         |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|---------------------------------------|-----------|--|
| 5101:2-12-11 Outdoor Play Fall Zones  | Compliant |  |
| 3101.2 12 11 outdoor ridy run zones   | Compilant |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity         | Compliant | Decamend State Medical Company           |
| 3101.2 12 10 Electise capacity        | Compilant |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food                | Compliant | Bootimenting statement(5), it approaches |
| Handling/Storage                      | Compilant |  |
| Hariding/Storage                      |           |  |
| Rule                                  | Ctatus    | Decumenting Statement(s) If applicable   |
|                                       | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program          | Compliant |  |
| Policies and Procedures               |           |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space             | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and            | Compliant |  |
| Equipment                             |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment   | Compliant |  |
|                                       | -         |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play      |
|                                       |           | was observed for the Toddler and         |
|                                       |           | Preschool-Skill Builders group(s).       |
|                                       |           |  |
|                                       | -         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Building Approval        | Compliant |  |
|                                       | ·         |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02 License Posted           | Compliant |  |
|                                       | <u>'</u>  |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Space      | Compliant | Documenting Statement: The outdoor       |
| Requirements                          | 1         | play area is separated from traffic and  |
| 1                                     |           | other hazards by a fence.                |
|                                       |           | 2  |
| Rule: 5101:2-12-11 Outdoor Space      | Compliant | Documenting Statement: The quarterly     |
| •                                     | Compliant | , ,                                      |
| Requirements                          |           | playground inspection(s) were completed  |

|  |                     | and documented, as required. The most recent inspection report form was dated 6/7/21.                                  |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision                                 | Compliant           | Documenting Statement(s), if applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-02 Current Information                         | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule                              | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping                            | Compliant           | bocumenting statement(s), ii applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Daily Care                           | Compliant           | Documenting Statement(s), if applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                              | Compliant           |  |
|  | 1-                  |  |
| Rule  Rule: F101:2-12-15 Modical/Physical                | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The program  |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans        | Compliant           | had current information on the medical status and the required treatment plan for the children with health conditions. |
| Dula   | Chahus              | Decumenting Chake an entire) If a multiple   |
| Rule 5101:2-12-20 Cribs                                  | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years | Compliant           | , , , , , , , , , , , , , , , , , , ,  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation and Staff<br>Records            | Compliant           | Documenting Statement(s), it applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |

| Deglinang:                            | T           |  |
|---------------------------------------|-------------|--|
| 5101:2-12-10 Health Training          | Compliant   |  |
| Requirements                          |             |  |
|                                       | •           |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional             | Compliant   | Dodamentally statement(e); it approach   |
| Development Requirements              | Compilant   |  |
| Development Requirements              |             |  |
|                                       | Τ.          |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment         | Compliant   |  |
|                                       |             |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle | Compliant   |  |
| Requirements                          |             |  |
| •                                     |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field | Compliant   | 2 commendation approach  |
| Trip Procedures                       | Compilant   |  |
| The Flocedules                        |             |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury          | Compliant   |  |
| Reporting                             |             |  |
|                                       |             | <u> </u>   |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records       | Compliant   |  |
| 3101.2 12 10 Attendance Records       | Compilation |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 110110                                |             | Documenting Statement(s), if applicable  |
| 5101:2-12-18 Group Size               | Compliant   |  |
|                                       |             |  |
|                                       | Τ.          |  |
| 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.  |
|                                       |             |  |
|                                       | 1           | ,  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Diapering and Toilet     | Compliant   | 2 out the state of |
|                                       | Compilant   |  |
| Training                              | 1           |  |
|                                       | 1-          |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check         | Compliant   |  |
| Requirements                          |             |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection               | Compliant   | g = 1(-/) wpp  |
| ·                                     | Compilant   |  |
| Requirements                          | 1           |  |
|                                       | 1-          |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |



| 5101:2-12-07 Administrator<br>Responsibilities/Requirements | Compliant           |   |
|---|---------------------|---|
| Rule 5101:2-12-08 Medical Statement                         | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |