

## **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 Det           | ails                          |                    |  |
|---|-----------------------|-------------------------------|--------------------|--|
| Program Name                                  | Program Number        |                               | Program Type       |  |
| ST. IGNATIUS HEAD START                       | 00000306404           |                               | Child Care Center  |  |
| Address<br>10205 LORAIN CLEVELAND<br>OH 44111 |                       |                               | County<br>CUYAHOGA |  |
| Building Approval Date                        | Use Group/Code        | Occupancy Limit               | Maximum Under 2 ½  |  |
| 06/27/2007 Fire Inspection Approval Date      | E Food Service Risk I | E 176 Food Service Risk Level |                    |  |
| 11/02/2021                                    | Level III             |                               |                    |  |

|                            | Inspection Information         |                  |                   |              |  |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |  |
| Annual                     | Full                           |                  | Unannounced       |              |  |
| Inspection Date 03/15/2022 | Begin Time 9                   | :30 AM           | End Time 2:30 PM  |              |  |
| Reviewer: REBECCA KOTEWICZ |                                |                  |                   |              |  |
| Summary of Findings        |                                |                  |                   |              |  |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                         | 2                              | 0                | 0                 | 2            |  |

| 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                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 61         | 0         | 61    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 108              | 61         | 0         | 61    |

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| PS 1   | 3 years to < 4 years | 2 to 11        |         |

| PS 1 | 3 years to < 4 years | 2 to 11 |         |
|------|----------------------|---------|---------|
| PS2  | 3 years to < 4 years | 2 to 12 |         |
| PS2  | 3 years to < 4 years | 2 to 12 |         |
| PS 4 | 3 years to < 4 years | 2 to 10 |         |
| PS 4 | 3 years to < 4 years | 2 to 9  | ARRIVAL |
| PK 5 | 3 years to < 4 years | 2 to 8  |         |
| PK 5 | 3 years to < 4 years | 2 to 8  |         |
| PS 6 | 3 years to < 4 years | 2 to 10 |         |
| PS 6 | 3 years to < 4 years | 2 to 10 |         |

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

Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements

Code: The program staff is required to provide true and accurate information.

<u>Finding</u>: During the inspection, it was determined that the program provided false information, in that a Child's Care plan was falsified. The rule requires the program to provide accurate and truthful information to the Department. 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: 04/17/2022

## Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to maintain a complete JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file for any child having a health condition.

<u>Finding</u>: In review of the children's records, it was determined that the JFS 01236 "Child Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number(s) 1 below:

- 1. The JFS 01236 had not been updated as needed and at least annually.
- 2. A separate JFS 01236 had not been used for each condition.
- 3. The program used an old version of the JFS 01236.

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

Corrective Action Plan Due: 04/17/2022

| Rule                                 | Status      | Documenting Statement(s), If applicable    |
|--------------------------------------|-------------|--|
| 5101:2-12-02 License Posted          | Compliant   | Dodamental & statement (e)) in approach    |
|                                      |             |  |
|                                      | •           | <u> </u>                                   |
| Rule                                 | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-02 Current Information     | Compliant   |  |
|                                      | •           |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Building          | Compliant   | Documenting Statement: On the day of       |
| Department Inspection                |             | the inspection, the program was            |
|                                      |             | operating in compliance with the current   |
|                                      |             | building approval(s).                      |
|                                      |             |  |
|                                      |             |  |
| 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 11/02/22.           |
|                                      |             | , , , ,                                    |
|                                      |             | ·  |
| Rule                                 | Status      | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Food Service      | Compliant   | Documenting Statement: During the          |
| Requirements                         |             | inspection, it was determined the          |
|                                      |             | program had documentation they had         |
|                                      |             | applied and paid for the renewal of the    |
|                                      |             | annual food service license. Please be     |
|                                      |             | reminded to post the new food service      |
|                                      |             | license once it has been received from the |
|                                      |             | health department.                         |
|                                      |             | nostan sopantinona                         |
|                                      | I           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Administrator           | Compliant   |  |
| Qualifications                       | ,           |  |
|                                      | ı           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Administrator           | Compliant   |  |
| Responsibilities/Requirements        | ,           |  |
| 1                                    | 1           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Written Program         | Compliant   | O constant (2)) ii applicable              |
| Policies and Procedures              | Compilation |  |
| . chaics and i roccaures             |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-08 Medical Statement | Compliant   | Documenting Statement: All employees       |
| Raic. 3101.2 12 00 Medical Statement | Compilant   | had current medical statements on file.    |
|                                      |             | nau current medical statements on file.    |

|                                      |                  | 1   |
|--------------------------------------|------------------|---|
|                                      |                  |   |
|                                      |                  |   |
| 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                                     |
| 5101:2-12-08 Orientation Training &  | Compliant        | Bootimenting otatement(5), ii applicable                                    |
| Whistle Blower Protection            | Compilant        |   |
| Willstie Blower Protection           |                  |   |
|                                      | 1.               |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-09 Background Check  | Compliant        | Documenting Statement: During the   |
| Requirements                         |                  | inspection, the required documentation                                      |
|                                      |                  | regarding background checks was on file                                     |
|                                      |                  | for all employees listed.   |
|                                      |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
|                                      |                  |   |
| Rule: 5101:2-12-10 Health Training   | Compliant        | Documenting Statement: The program  |
| Requirements                         |                  | 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.  |
|                                      |                  | operation.  |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| 5101:2-12-10 Professional            | Compliant        | Documenting statement(s), it applicable                                     |
|                                      | Compilant        |   |
| Development Requirements             |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| 5101:2-12-11 Indoor Space            | Compliant        |   |
| Requirements                         |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| 5101:2-12-11 Outdoor Space           | Compliant        | G = 22 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =                                    |
| Requirements                         | Compilant        |   |
| requirements                         |                  |   |
|                                      | 1                |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-11 Outdoor Play      | Compliant        | Documenting Statement: All equipment in                                     |
| Equipment                            |                  | the outdoor play space was observed to                                      |
|                                      |                  | be anchored and stable.   |
|                                      |                  |   |
|                                      |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), It applicable                                     |
| Rule: 5101:2-12-11 Outdoor Play Fall | Status           | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-11 Outdoor Play Fall | Status Compliant | Documenting Statement: The protective                                       |
|                                      |                  | Documenting Statement: The protective material used under outdoor equipment |
| Rule: 5101:2-12-11 Outdoor Play Fall |                  | Documenting Statement: The protective                                       |

| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|---|
| 5101:2-12-12 Safe Equipment          | Compliant |   |
|                                      | '         |   |
|                                      | I         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-12 Safe Environment  | Compliant | Documenting Statement: A safe             |
|                                      |           | environment was observed during the       |
|                                      |           | inspection. Children were protected from  |
|                                      |           | items and conditions which threaten their |
|                                      |           | health, safety and well-being.            |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and  | Compliant |   |
| Environment                          | ,         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Handwashing       | Compliant | Documenting Statement: Staff and          |
| Requirements                         |           | children were observed washing hands as   |
|                                      |           | required by the rule.                     |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free              | Compliant | 0 (" 11                                   |
| Environment                          | '         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: In review of       |
| Enrollment Records                   |           | 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    | Compliant | bocumenting statement(s), it applicable   |
| General Emergency Plan               | Comphant  |   |
| General Emergency Flan               |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 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   |
| 5101:2-12-16 First Aid/Standard      | Compliant |   |
| Precautions                          |           |   |
|                                      |           |   |

| Rule                                    | Status              | Documenting Statement(s), If applicable   |
|---|---------------------|---|
| Rule: 5101:2-12-16 Management of        | Compliant           | Documenting Statement: The JFS 08087      |
| Communicable Disease                    |                     | "Communicable Disease Chart" was          |
|   |                     | posted and was readily available to staff |
|   |                     | and parents.                              |
|   |                     |   |
|   | La                  |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury            | Compliant           |   |
| Reporting                               |                     |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan      | Compliant           |   |
|   |                     |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule             | Compliant           | Documenting Statement(s), if applicable   |
| July Schedule                           | Compilant           |   |
|   |                     |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and        | Compliant           | Documenting Statement: Sufficient         |
| Equipment                               |                     | equipment was observed in all categories. |
|   |                     |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play   | Compliant           | Documenting Statement: Outdoor play       |
| , |                     | was observed for the PS group(s).         |
|   |                     |   |
|   |                     |   |
| 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     |
|   |                     | surpassed those required by the rule.     |
| Rule: 5101:2-12-18 Ratio                | Compliant           | Documenting Statement: The Appendix A     |
|   | 20 0                | "Staff/Child Ratios, Age Grouping and     |
|   |                     | Maximum Group Size" was posted in a       |
|   |                     | noticeable area at the program as         |
|   |                     | required.                                 |
|   |                     |   |
| Bulo                                    | Status              | Documenting Statement of If and I all     |
| Rule 5101:2-12-18 Group Size            | Status<br>Compliant | Documenting Statement(s), If applicable   |
| 2101.2 12 10 010up 5120                 | Compilation         |   |
|   |                     |   |
| Rule                                    | Status              | Documenting Statement(s), If applicable   |

| Rule: 5101:2-12-18 Attendance<br>Records          | Compliant        | Documenting Statement: Child Care Staff Members were observed recording the attendance for each child upon arrival and documenting each child's departure. |
|---|------------------|--|
| Rule  | Status           | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-19 Supervision                    | Compliant        | Documenting Statement: During the inspection, child care staff were observed assisting children throughout the day.  |
| Rule  | Ctatus           | Decumenting Statement(e) If applicable   |
| 5101:2-12-19 Child Guidance                       | Status Compliant | Documenting Statement(s), If applicable  |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping                     | Compliant        |  |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Meal and Snack<br>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<br>Requirements | Compliant        | Documenting Statement: The menu was posted.  |
|   |                  | (1)  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements              | Compliant        |  |
| Dula  | Chahua           | Decrease which Chate would be for with the   |
| Rule 5101:2-12-22 Safe Food                       | Status           | Documenting Statement(s), If applicable  |
| Handling/Storage                                  | Compliant        |  |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-25 Medication Administration      | Compliant        | Documenting Statement: The program had complete written documentation for administering medication or food supplements.                                    |
|   | 1                |  |