

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 Deta | nils | |
|---|---------------------|-----------------|----------------------|
| Program Name | Program Number | | Program Type |
| HEARTLAND CHILD CARE CENTER | 000000306652 | | Child Care Center |
| Address 7747 MAYFIELD RD CHESTERLAND OH 44026 | | | County GEAUGA |
| Duilding Approval Data | Lisa Craun/Cada | Occupancy Limit | Maximum Under 2 ½ |
| Building Approval Date | Use Group/Code | Occupancy Limit | Iviaximum Under 2 /2 |
| 07/16/2004 | A-3 | 500 | |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 09/22/2020 | Level III | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 07/13/2021 | Begin Time 9 | :10 AM | End Time 2:20 PM | |
| Reviewer: | | | | |
| Kathryn Noftz | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 9 | 0 | 1 | 10 |

| 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 | | 14 | 2 | 16 |
| School Age | | 13 | 0 | 13 |
| Total Capacity/Enrollment | 189 | 27 | 2 | 29 |

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

| Preschool Summer | 3 years to < 4 years | 2 to 11 | |
|------------------|----------------------|---------|--|
| Schoolage Summer | 4 years to < 5 years | 1 to 6 | |
| Schoolage Summer | 4 years to < 5 years | 1 to 6 | |

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

Domain: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number(s) 3 below:

- 1. Owner;
- 2. Administrator;
- 3. Child Care Staff Member, employee.

Submit the program's corrective action plan, which includes a statement the background check update has been requested, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/12/2021

Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have the information listed in rule on all attendance records.

<u>Finding</u>: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 4 below:

- The name of the child.
- 2. The birth date of the child.
- 3. The assigned group.
- 4. The child's weekly schedule.
- 5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

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

Corrective Action Plan Due: 08/12/2021

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(s) 1,2,3 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: 08/12/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that completed medical examination statement(s) for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/12/2021

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have staff complete the required one hour prescribed Child Abuse training.

<u>Finding</u>: In review of the staff records, it was determined that the requirement for the ODJFS one-hour prescribed Child Abuse Training was not met as noted in number(s) 3 below:

- 1. The training was not completed within sixty days of hire;
- 2. The training expired, as it is only valid for two years;
- 3. Not all administrators, Child Care Staff Members, and substitutes have completed the training.

Refer to the Employee Record Chart for the name(s) of the Child Care Staff Member(s) who must complete the ODJFS one-hour prescribed Child Abuse Training. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/12/2021

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

Code: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 18 below:

- 1. First Aid child care staff members scheduled during the hours of [] and [] had expired training
- 2. First Aid child care staff members scheduled during the hours of [] and [] had not taken First Aid training
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. First Aid child care staff member scheduled during the hours of [] and [] did not have verification of completion of First Aid
- 5. CPR child care staff members scheduled during the hours of [] and [] had expired training
- 6. CPR child care staff scheduled during the hours of [] and [] had not taken CPR training
- 7. CPR trained child care staff member was not present in each building used by children
- 8. CPR child care staff member scheduled during the hours of [] and [] did not have verification of completion of CPR
- 9. CPR training taken by staff did not include all age groups the program serves
- 10. Communicable Disease child care staff members scheduled during the hours of [] and [] had expired training
- 11. Communicable Disease child care staff scheduled during the hours of [] and [] had not taken Communicable Disease training
- 12. Communicable Disease trained child care staff member was not present in each building used by the program
- 13. Communicable Disease child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full Communicable Disease training
- 14. Child Abuse child care staff members scheduled during the hours of [] and [] had expired training
- 15. Child Abuse trained child care staff was not in each building used by the program
- 16. Child Abuse child care staff scheduled during the hours of [] and [] had not taken Child Abuse training
- 17. Child Abuse child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full six-hour Child Abuse training
- 18. Child Abuse child care staff considered to be providing coverage had only the ODJFS prescribed Child Abuse training, which does not meet this rule compliance

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/12/2021

Domain: 08 Staff Files

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program staff is required to obtain at least 6 hours of professional development annually.

<u>Finding</u>: "In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

1. The child care staff member(s) had not completed at least 6 hours of professional development.

- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. Other [].

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

Corrective Action Plan Due: 08/12/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

<u>Finding</u>: In review of the staff records, it was determined that medical examination statement(s) on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/12/2021

Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time period.

<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. 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: 09 Children's Files

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

Code: The program is required to remove all medication that is no longer administered or has expired.

<u>Finding</u>: During the inspection, it was determined that medication was no longer being administered and was still being stored at the program. 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: 10 Written Policies & Procedures

Rule: 5101:2-12-16 Written Disaster Plan

Code: The program is required to have a written disaster plan.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number(s) 4,5,6,7,10,11,12,13,14,15,16 below:

Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. The plan was not used to respond to an emergency or disaster situation
- 4. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes- Thunderstorms, Flash Flooding and Blizzards not addressed.
- 5. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
- 6. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 7. Outbreaks, epidemics or other infectious disease emergencies- Epidemics, other infectious disease emergencies not addressed.
- 8. Loss of power, water, or heat
- 9. Other threatening situations that may pose a health or safety hazard to the children in the program

Details:

- 10. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 11. Assisting infants and children with special needs and/or health conditions
- 12. Emergency contact information for parents and the program
- 13. Procedures for notifying and communicating with parents regarding the location of the children if evacuated

- 14. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 15. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 16. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials

Make the necessary revisions to the disaster plan. Submit the program's corrective action plan, which includes the revised information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/12/2021

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 9/22/21. |
| Rule: 5101:2-12-04 Fire Approval | Compliant | Documenting Statement: Although the program had a current fire approval at the time of the licensing inspection, the program did not have the fire inspection completed within 12 months from the date of the last fire approval. Please ensure that fire inspections are |

| | | completed in accordance with the rule requirements. |
|--|--------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant | Documenting statement(3), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Qualifications | Compliant | J (// 11 |
| Dula | Status | Description Chatamantic If and inchis |
| Rule 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | Documenting Statement(s), If applicable |
| Dula | Chatana | Decree of the Chairman of the |
| Rule: 5101:2-12-04 Food License | Compliant | Documenting Statement(s), If applicable Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9906785,3-1-22. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | Documentary, a approach |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | bocumenting statement(s), if applicable |
| | I • | |
| Rule 5101:2-12-22 Fluid Milk Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rulo | Chatuc | Documenting Statement(s) If and Sales |
| Rule 5101:2-12-16 First Aid/Standard Precautions | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | a state of the sta |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | 2002. Total Control of the Control o |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| 5101:2-12-22 Safe Food | Compliant | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Handling/Storage | Compliant | |
| Transamily storage | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | bocumenting statement(3), if applicable |
| Policies and Procedures | Compliant | |
| Folicies and Frocedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | bocumenting statement(s), if applicable |
| • | Compilant | |
| Requirements | | |
| Dula | Chahua | Decrease in a Chatage ant/a) If a salicable |
| 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. |
| | | |
| | | D 11 Ct 1 1/ \ 15 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| Dula | Chahua | Decumenting Chatement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | bocumenting statement(s), if applicable |
| 3101.2-12-04 Building Approval | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
| 3101.2 12 02 2100130 1 03100 | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | U (// 1. |
| Requirements | • | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | 0 - 1212-11-11-11-11-11-11-11-11-11-11-11-11 |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | 0 (1) - 11 |
| | ' | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | · | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots/mats were |
| | | assigned individually by the child's name |
| | | , , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | 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 |
| 5101:2-12-12 Safe Equipment | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: At the time of |
| Care Plans | | the inspection, there were no children |
| | | currently enrolled who had health |
| | | conditions. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff | Compliant | |
| Records | | |
| | | |
| 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 and Field | Compliant | |
| Trip Procedures | ' | |
| | 1 | |
| 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 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| Della | Chatana | Daniel Colonia (A) (C) |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | у такий (-), так разменя |
| | ' | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |