



## Center Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <http://jfs.ohio.gov/CDC/childcare.stm>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details                                    |                                      |                                   |                          |
|--|--------------------------------------|-----------------------------------|--------------------------|
| Program Name<br>ALL AROUND CHILDREN                | Program Number<br>00000308741        | Program Type<br>Child Care Center |                          |
| Address<br>7115 Woodland Ave Cleveland<br>OH 44104 |                                      | County<br>CUYAHOGA                |                          |
|  |                                      |                                   |                          |
| Building Approval Date<br>10/05/2022               | Use Group/Code<br>E                  | Occupancy Limit<br>487            | Maximum Under 2 ½<br>100 |
| Fire Inspection Approval Date<br>01/13/2023        | Food Service Risk Level<br>Level III |                                   |                          |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>01/26/2023 | Begin Time 9:05 AM       | End Time 4:35 PM                 |
| Reviewer:<br>Kathryn Noftz    |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>3 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>3 |

| 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)                                 |                  | 12         | 0         | 12    |
| Young Toddler   |                  | 13         | 0         | 13    |
| <b>Total Under 2 ½ Years</b>                              | 53               | 25         | 0         | 25    |
| Older Toddler   |                  | 9          | 0         | 9     |
| Preschool   |                  | 36         | 0         | 36    |
| School Age  |                  | 0          | 34        | 34    |
| <b>Total Capacity/Enrollment</b>                          | 273              | 45         | 34        | 104   |

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



|                       |                          |         |  |
|-----------------------|--------------------------|---------|--|
| Infant/Senior Infants | 0 to < 12 months         | 2 to 8  |  |
| Infant/Senior Infants | 0 to < 12 months         | 3 to 9  |  |
| Toddler 2             | 30 months to < 36 months | 2 to 9  |  |
| Toddler 2             | 30 months to < 36 months | 2 to 9  |  |
| Toddler 1             | 18 months to < 30 months | 2 to 11 |  |
| Toddler 1             | 18 months to < 30 months | 3 to 11 |  |
| Pre-K                 | 3 years to < 4 years     | 2 to 8  |  |
| Pre-K                 | 3 years to < 4 years     | 2 to 8  |  |
| Preschool             | 3 years to < 4 years     | 3 to 15 |  |
| Preschool             | 3 years to < 4 years     | 2 to 15 |  |
| Schoolage             | School-Age to < 11 years | 1 to 5  |  |
| Therapeds             | 3 years to < 4 years     | 1 to 2  |  |
| Therapeds             | 3 years to < 4 years     | 2 to 2  |  |

### Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

#### Serious Risk Non-Compliances

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

#### Moderate Risk Non-Compliances

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



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**Low Risk Non-Compliances**

**Domain: 04 Indoor/Outdoor Space**

**Rule:** 5101:2-12-11 Outdoor Play Fall Zones

**Code:** The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

**Finding:** During the inspection, it was determined that the bus and car and taxi were positioned such that the fall zone requirement in number(s) 6 below was not met:

1. The fall zone was less than 3 feet from the fence for equipment used by children 23 months of age and younger.
2. The fall zone was less than 6 feet from the fence for equipment used by children 24 months of age and older.
3. There was not a fall zone of 3 feet in all directions from the perimeter of the equipment used by children 23 months of age and younger.
4. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment used by children 24 months of age and older.
5. The fall zone was less than 4 1/2 feet from each piece of applicable equipment used by children 23 months of age and younger.
6. The fall zone was less than 9 feet from each piece of applicable equipment used by children 24 months of age and older.
7. Other [ ].

The program is required to provide equipment that is safe with adequate fall zones. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/26/2023

**Domain: 07 Diapering & Infant Care**

**Rule:** 5101:2-12-20 Cribs

**Code:** The program is required to provide a safe and sufficient barrier to separate the play and sleeping space.

**Finding:** During the inspection, it was determined that the barrier between the play and sleeping space did not meet the requirements as noted in number(s) 1 below:



1. No barrier had been provided
2. The barrier did not prevent the infants from entering the sleeping area.
3. The barrier was not safe.
4. The barrier was not sturdy.
5. The barrier impaired staff's ability to see and hear all sleeping infants in their cribs.
6. The barrier was inadequate.
7. Other [ ].

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: 08 Staff Files**

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

Finding: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 2.

1. Date of examination;
2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
3. A statement that verifies that the employee is:
  - a. Physically fit for employment in a program caring for children;
  - b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
  - c. Immunized against Measles, Mumps, and Rubella (MMR);
4. Tuberculosis (TB) screening/test
  - a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
  - b. Results of a TB test for employees meeting both criteria in 4a;
  - c. Results of additional testing for employees with a positive TB test;
  - d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/26/2023



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**Rules In-Compliance/Not Verified**

| Rule  | Status    | Documenting Statement(s), If applicable  |
|---|-----------|--|
| 5101:2-12-02 License Posted                 | Compliant |  |
| 5101:2-12-02 Current Information            | Compliant |  |
| 5101:2-12-03 Inspection Requirements        | Compliant |  |
| 5101:2-12-04 Building Department Inspection | Compliant |  |
| 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 1-13-24.  |
| Rule: 5101:2-12-04 Fire Inspection          | Compliant | Documenting Statement: Although the program had documentation of a current fire inspection without any uncorrected violations 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 inspection without any uncorrected violations. Please ensure that fire inspections are completed in accordance with the rule requirements. |



| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5101:2-12-04 Food Service Requirements                  | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: KSHY-CD2M9G, 3-1-23. |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator Qualifications                     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator Responsibilities/Requirements      | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program Policies and Procedures          | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-09 Background Check Requirements                    | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Health Training Requirements                     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Professional Development Requirements            | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space Requirements                        | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years         | Compliant |   |



| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| Rule: 5101:2-12-11 Outdoor Space Requirements            | Compliant | Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence.   |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment                      | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                              | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment                            | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and Environment          | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing Requirements                    | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free Environment                      | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field Trip Procedures    | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Driver Requirements        | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation - Vehicle Requirements | Compliant | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated 9-20-22 and 6-13-22. |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Child Medical and Enrollment Records  | Compliant | Documenting Statement: At the time of the inspection, 25% of the children's  |



|  |           | records were reviewed, and the records were complete, as required by the rule. |
|--|-----------|--|
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care Plans                 | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills                            | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard Precautions              | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of Communicable Disease          | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury Reporting                   | Compliant |  |
| 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 |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and Equipment                     | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play                          | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity                            | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |





|   |               |  |
|---|---------------|--|
| 5101:2-12-18 Ratio                              | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-18 Group Size                         | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-18 Attendance Records                 | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-19 Supervision                        | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-19 Child Guidance                     | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-20 Cots and Napping                   | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-22 Meal and Snack Requirements        | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-22 Fluid Milk Requirements            | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-22 Safe Food Handling/Storage         | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-23 Infant Daily Care                  | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-23 Infant Bottle and Food Preparation | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-23 Diapering and Toilet Training      | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |



|  |           |  |
|--|-----------|--|
| 5101:2-12-25 Medication Administration | Compliant |  |
|--|-----------|--|