

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 | ils | | |
|--|-------------------------|-----------------|--------------------|--|
| Program Name | Program Number | | Program Type | |
| LULLABY INFANT CLUB, LLC | 000000400644 | | Child Care Center | |
| Address 2841 noble road Suite A cleveland hts OH 44121 | | | County CUYAHOGA | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 02/16/2017 | E | 12 | 12 | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 10/18/2017 | Exempt | | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 05/20/2021 | Begin Time 9 | :00 AM | End Time 12:15 PM | |
| Reviewer: | | | | |
| CYNTHIA PAYNE | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 59 | 4 | 0 | 1 | 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) | | 11 | 0 | 11 |
| Young Toddler | | 7 | 0 | 7 |
| Total Under 2 ½ Years | 24 | 18 | 0 | 18 |
| Older Toddler | | 6 | 0 | 6 |
| Preschool | | 3 | 0 | 3 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 34 | 9 | 0 | 27 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|------------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| Infant I | 0 to < 12 months | 1 to 7 | |

| Infant I | 0 to < 12 months | 1 to 8 | |
|------------|--------------------------|--------|--|
| Infant I | 0 to < 12 months | 1 to 4 | |
| Infant II | 12 months to < 18 months | 1 to 4 | |
| Infant II | 12 months to < 18 months | 1 to 4 | |
| Toddler l | 18 months to < 30 months | 1 to 4 | |
| Toddler l | 18 months to < 30 months | 1 to 5 | |
| Toddler II | 0 to < 12 months | 1 to 7 | |
| Toddler II | 30 months to < 36 months | 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 | | |
| The School Risk from Compilations were observed during this hispection | | |
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Moderate Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

Code: The program is required to maintain the appropriate staff to child ratio for each group served.

<u>Finding</u>: During the inspection, required staff/child ratios were not maintained for the same group on multiple occasions, as noted below:

The ratio determined for the Infant I group was 1 Child Care Staff Member for 7children. Additionally, a ratio of [1 Child Care Staff Member for 8 children was determined for the Infant I group.

Additional staff members must be hired or current Child Care Staff Members must be rescheduled to maintain compliance. 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: 06/24/2021



Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-12-02.2 Transitional Pandemic Requirements

<u>Code</u>: The program is required to ensure all administrators, employees, child care staff members and school-age children wear a face covering while indoors, unless not medically or developmentally appropriate.

<u>Finding</u>: During the inspection, it was determined that the program did not follow the requirements for wearing face coverings as noted in number 3 below:

- 1. At least one administrator, child care staff member or employee did not wear a face covering while indoors and it was medically appropriate for the individual to wear a face covering.
- 2. At least one school-age child did not wear a face covering while indoors and it was medically and developmentally appropriate for the individual to wear a face covering.
- 3. At least one individual's face covering did not cover their nose and mouth.
- 4. At least one child under two years old wore a face covering.

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

Corrective Action Plan Due: 06/24/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: 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 3.

- 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: 06/24/2021

Domain: 09 Children's Files

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

Code: 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 2, 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 requirement | s of |
|---|------|
| this rule. | |

Corrective Action Plan Due: 06/24/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals were |
| Requirements | | provided at intervals as required by this |
| | | rule. |
| | | |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu was |
| Requirements | | posted front entry. |
| | | |
| | | |
| 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 |
| 5101:2-12-04 Fire Approval | Compliant | bocumenting statement(s), it applicable |
| 3101.2 12 04 THE Approval | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The program |
| Communicable Disease | | staff stated parents were informed when |
| | | their child had any exposure to a |
| | | contagious illness by number 1 below: |
| | | |
| | | 1. A posted notice; |
| | | 2. Verbal communication; |
| | | 3. A written notice sent home; |
| | | 4. A note posted on the classroom door; |
| | | 5. Other []. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|--|
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | | observed posted stating that smoking is |
| | | prohibited at the program. |
| | | promoted at the program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | bocumenting statement(s), it applicable |
| Qualifications | Compilant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| | Compliant | Staff Members had verification of |
| Member Educational Requirements | | |
| | | educational requirements on file at the |
| | | program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement(s), if applicable |
| 5101.2-12-10 WHILLEH DISASLEI FIAH | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food License | Compliant | Bocamenting statement(s), it applicable |
| 3101.2 12 04 1 000 Electise | Compliant | |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | ' | inspection, the equipment was observed |
| 4. 6 | | clean and in good repair. |
| | | 0000 |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate |
| | | child guidance techniques and practices |
| | | were observed being used during the |
| | | inspection. |
| | | ' |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Fluid Milk | Compliant | Documenting Statement: All |
| Requirements | ' | infants/toddlers were served |
| • | | formula/milk in sufficient amounts to |
| | | meet the nutritional requirements. |
| | | 4 |
| 1 | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, 1 first aid kit was reviewed |
| | | and available as required. |
| | | and available as required. |

| Beginning! | | |
|---------------------------------------|-----------|---|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food | Compliant | Documenting Statement: During the |
| Handling/Storage | | inspection, the requirements of the rule |
| | | regarding safe food handling were |
| | | discussed. |
| | | |
| | | The food is served by a licensed caterer. |
| | | · |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | · | |
| | L | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Indoor Space | Compliant | Documenting Statement: The restrooms |
| Requirements | | are used exclusively by the program. |
| negan ements | | are asea exclusively by the program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| Nate: 3101.2 12 10 Emergency Brins | Compilant | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | during this inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | Compilant | equipment was observed in all categories. |
| Equipment | | equipment was observed in an eategories. |
| L | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play |
| Maic. 3101.2 12 17 Daily Outdool Flay | Compilant | was observed for the Toddler I group. |
| | | was observed for the roudler i group. |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | Documenting Statement(s), ii applicable |
| 5101.2-12-04 building Approval | Compnant | |
| L | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | bocamenting statement(s), it applicable |
| JIOI.2 12 02 LICCHSE I OSLEU | Compilant | |
| | 1 | l |
| Rule | Status | Documenting Statement(s), If applicable |
| nuic | Julia | bocumenting statement(3), it applicable |

| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: Outdoor play was observed for the Toddler I group. |
|---|---------------------|--|
| Pula | Ctatus | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, child care staff were observed assisting children throughout the day. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | Bocamenting statement(s), it applicable |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: All bottles were labeled as required. |
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: Bottles and opened food were stored in a refrigerator located in the infant area. |
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: All surfaces used for the preparation of infant food were maintained in a sanitary manner. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots/mats were assigned individually by a child's name. |
| | | |
| Rule: 5101:2-12-23 Infant Daily Care | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Appropriate daily written records for all infants were viewed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement(s), if applicable Documenting Statement: Equipment was observed to be in good condition. |
| 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. |
| | | conditions. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were placed 2 feet apart. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were labeled with the assigned infant's name. |
| | l cı | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Orientation and Staff Records | Compliant | Documenting Statement: On the day of the inspection, all employee files were |
| Stail Records | | complete and up to date. |
| | | complete and up to date. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training Requirements | Compliant | Documenting Statement: The program 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. |
| | Ι. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional Development Requirements | Not Verified | Documenting Statement: During the inspection, the requirements of the rule regarding professional development training for administrators and child care staff members were discussed. |
| | T 6 | |
| 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 |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The JFS 01299 |
| Reporting | | "Incident/Injury Report For Child Care" |
| | | forms reviewed during this inspection |
| | | were complete as required. |
| | | |
| | C | D :: 6: 1 //) If : 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | posted in the program as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: Child Care Staff |
| Records | | 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: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| | | observed on the day of the inspection |
| | | were in compliance. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate |
| Toilet Training | | diaper changing procedures were |
| | | observed during the inspection in the |
| | | infant room. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | bocumenting statement(s), it applicable |
| Administration and Food Supplements | Compilant | |
| Administration and Food Supplements | | |
| 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 |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02.3 Temporary Pandemic | Compliant | |
| School-Age Child Care Centers | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| CCCMTL No. 25 | Compliant | |
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