

# **Center Complaint Inspection Summary 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 Details					
Program Name	Program Number	Program Type			
STEP TO GROW CHILD DEVELOPMENT	2170013133	Child Care Center			
CENTER					
Address		County			
1289 HAYDEN AVE CLEVELAND OH 44112		CUYAHOGA			

Inspection Information							
Inspection Type			Inspection Scope		Inspection Notice		
Complaint			Partial		Unannounced		
Reviewer(s) MARY WOODLAND Inspection		Inspection	n Day	Begin Time		End Time	
	08/05/2021		21	11:45 AM		1:00 PM	
Summary of Findings							
No. Rules Verified	No. Rules with Non-cor	npliances	No. Serious Risk		No. Moderate Risk	No. Low Risk	
5	3		0		2	1	

Staff-Child Ratios at the Time of Inspection					
Group	Age Group/Range	Ratio Observed	Comment		
Mixed Group	30 months to < 36 months	1 to 8	At Arrival		

## **Complaint Allegations**

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.

No Complaints were observed during this inspection.
Summary of Additional Non-Compliances
Serious Risk Non-Compliances
No Additional Serious Risk Non-Compliances were observed during this inspection

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

#### Domain:00 License & Approvals

Rule: 5101:2-12-18 License Capacity

Code: The program is required to maintain the capacity that is indicated on the license.

Findings: During the inspection, it was determined that the program had served a child under 2 1/2 when a child was 29 months old. The program is currently licensed to serve 61 total children, with no more than 0 children under 2 1/2. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/04/2021

### Domain:01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

Code: The program is required to have a second employee present, and used based on the qualifications they meet, when seven or more children are present.

Findings: During the inspection, it was determined that the program did not meet the rule requirement as noted in number(s) 1 below:

- 1. The program did not have a second employee or Child Care Staff Member present when required;
- 2. The program was using a second Child Care Staff Member who was not able to meet this criteria as defined in the rule.

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

Corrective Action Plan Due: 09/04/2021

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

### Domain:01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the attendance record for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 1 below:

- 1. No attendance record was being maintained (children not marked in);
- 2. The attendance record was not being consistently completed;
- 3. The attendance documentation was not kept at the program for a period of one year.

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: 09/04/2021