

# **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 <u>http://jfs.ohio.gov/CDC/childcare.stm</u>. 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      |
| The Nest Schools Shaker Heights            | 2170016482              |                 | Child Care Center |
|  |                         |                 |                   |
| Address                                    |                         |                 | County            |
| 3350 Warrensville Center Road Shaker Heigh | ts                      |                 | CUYAHOGA          |
| OH 44122                                   |                         |                 |                   |
|  |                         |                 |                   |
|  |                         |                 |                   |
| Building Approval Date                     | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 10/02/2017                                 | E                       | 202             |                   |
| Fire Inspection Approval Date              | Food Service Risk Level |                 |                   |
| 01/11/2022                                 | Level III               |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type<br>Annual  | Inspection So                  | cope             | Inspection Notice |              |
|                            | Full                           |                  | Unannounced       |              |
| Inspection Date 11/02/2022 | Begin Time 1                   | .0:00 AM         | End Time 2:15 PM  |              |
| Reviewer:                  |                                |                  |                   |              |
| LAKESHA ALLEN              |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 1                              | 0                | 0                 | 1            |

| 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)                                 |                  | 21         | 0         | 21    |
| Young Toddler   |                  | 36         | 0         | 36    |
| Total Under 2 ½ Years                                     | 76               | 57         | 0         | 57    |
| Older Toddler   |                  | 9          | 0         | 9     |
| Preschool   |                  | 62         | 0         | 62    |
| School Age  |                  | 12         | 0         | 12    |
| Total Capacity/Enrollment                                 | 197              | 83         | 0         | 140   |

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



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| Hummingbirds A | 0 to < 12 months          | 2 to 8  | Programming at<br>arrival             |
|----------------|---------------------------|---------|---------------------------------------|
| Hummingbirds A | 0 to < 12 months          | 2 to 8  | Lunch/Programming                     |
| Hummingbirds B | 0 to < 12 months          | 2 to 11 | Programming at<br>arrival             |
| Hummingbirds B | 0 to < 12 months          | 2 to 11 | Lunch-<br>Programming                 |
| Ducklings      | 12 months to < 18 months  | 2 to 10 | Programming at<br>arrival             |
| Ducklings      | 12 months to < 18 months  | 2 to 10 | Programming-<br>Lunch                 |
| Cardinal A     | 18 months to < 30 months  | 2 to 12 | Programming at<br>arrival             |
| Cardinal A     | 18 months to < 30 months  | 2 to 12 | Lunch                                 |
| Cardinals B    | 18 months to < 30 months  | 1 to 7  | Playground                            |
| Cardinals B    | 18 months to < 30 months  | 1 to 7  | Nap                                   |
| Cardinals C    | 18 months to < 30 months  | 1 to 7  | Playground at<br>arrival              |
| Cardinals C    | 18 months to < 30 months  | 1 to 7  | Programming                           |
| Penguins A     | 3 years to < 4 years      | 1 to 7  | Programming at<br>arrival             |
| Penguins A     | 3 years to < 4 years      | 1 to 7  | Lunch/ Nap                            |
| Penguins B     | 3 years to < 4 years      | 1 to 11 | Playground at<br>arrival              |
| Penguins B     | 3 years to < 4 years      | 1 to 11 | Programming- Nap                      |
| Penguins C     | 3 years to < 4 years      | 1 to 11 | Programming at<br>arrival- Playground |
| Penguins C     | 3 years to < 4 years      | 1 to 11 | Programming at<br>arrival             |
| Pelicans       | 5 years to < Kindergarten | 1 to 12 | Programming at<br>arrival             |
| Pelicans       | 5 years to < Kindergarten | 1 to 12 | Programming-<br>Indoor playground     |

#### **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

## Low Risk Non-Compliances

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<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 six 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. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development

6. Other [ ].



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

Corrective Action Plan Due: 12/03/2022

## **Rules In-Compliance/Not Verified**

| Rule                               | Status    | Documenting Statement(s), If applicable   |
|------------------------------------|-----------|---|
| Rule: 5101:2-12-02 License Posted  | Compliant | Documenting Statement: The license was    |
|                                    |           | in a location visible to parents as       |
|                                    |           | required.                                 |
|                                    |           |   |
|                                    | ·         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information   | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection            | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department   | Compliant |   |
| Inspection                         |           |   |
|                                    |           |   |
| 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 1-11-23.           |
|                                    |           | . ,                                       |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service    | Compliant | Documenting Statement: The food service   |
| Requirements                       |           | license was observed posted. Following is |



| the audit number and date of expiration:<br>MJAE- CBRME4 3/1/23. |
|--|
|--|

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The              |
| Qualifications                   |           | administrator has completed the rules   |
|                                  |           | review course.                          |
|                                  |           |   |

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|---|
| 5101:2-12-07 Administrator    | Compliant |   |
| Responsibilities/Requirements |           |   |

| Rule                               | Status    | Documenting Statement(s), If applicable  |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: The written   |
| Policies and Procedures            |           | policies and procedures reviewed on the day of the inspection were verified as complete. |

| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees<br>had current medical statements on file. |
|                                      |           |   |

| 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 |   |
| Whistle Blower Protection           |           |   |

| 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 |
|------------------------------|-----------|---|
| 5101:2-12-10 Health Training | Compliant |   |
| Requirements                 |           |   |

| Rule                      | Status    | Documenting Statement(s), If applicable |
|---------------------------|-----------|---|
| 5101:2-12-11 Indoor Space | Compliant |   |
| Requirements              |           |   |



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| Rule                                 | Status              | Documenting Statement(s), If applicable   |
|--------------------------------------|---------------------|---|
| 5101:2-12-11 Separation of Children  | Compliant           |   |
| Under 2 1/2 Years                    |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant           | Documenting Statement: The outdoor        |
| Requirements                         |                     | play area is separated from traffic and   |
|                                      |                     | other hazards by a fence.                 |
|                                      |                     |   |
| ·                                    |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play      | Compliant           | Documenting Statement: All equipment      |
| Equipment                            |                     | was observed to be properly placed out of |
|                                      |                     | the path of the main traffic pattern.     |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Fall Zones | 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  | Compliant           |   |
| Environment                          |                     |   |
| Dula                                 | Chature             |   |
| Rule<br>5101:2-12-13 Handwashing     | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Requirements                         | Compliant           |   |
| nequirements                         |                     | I   |
| 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.                |
|                                      |                     |   |
|                                      |                     |   |
| 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   |
|---------------------------------------|---------------------|---|
| Rule: 5101:2-12-15 Medical/Physical   | Compliant           | Documenting Statement: The program        |
| Care Plans                            | compliant           | had current information on the medical    |
|                                       |                     | status and the required treatment plan    |
|                                       |                     | for the children with health conditions.  |
|                                       |                     | for the children with health conditions.  |
|                                       |                     |   |
| 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.        |
|                                       |                     |   |
|                                       |                     | · · · · · · · · · · · · · · · · · · ·     |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant           | Documenting Statement: During the         |
|                                       |                     | inspection, the requirements of the rule  |
|                                       |                     | regarding emergency drills were           |
|                                       |                     | discussed.                                |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant           | Documenting Statement: During the         |
| Precautions                           |                     | inspection, the program had complete      |
|                                       |                     | first aid kits available as required.     |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of            | Compliant           |   |
| Communicable Disease                  |                     |   |
|                                       | 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 Written Disaster Plan    | Compliant           |   |
| ۱ <u>۲</u>                            | L                   | I   |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule           | Compliant           |   |
|                                       |                     |   |
| D. I.                                 | Chathar             |   |
| Rule                                  | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and      | Compliant           | Documenting Statement: Sufficient         |
| Equipment                             |                     | equipment was observed in all categories. |
|                                       |                     |   |
|                                       |                     |   |



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| 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                |
| Rule: 5101:2-12-18 Ratio            | Compliant | Documenting Statement: The Appendix A                  |
|                                     |           | "Staff/Child Ratios, Age Grouping and                  |
|                                     |           | Maximum Group Size" was posted in a                    |
|                                     |           | noticeable area at the program as                      |
|                                     |           | required.  |
|                                     |           |  |
| Rule: 5101:2-12-18 Ratio            | Compliant | Documenting Statement: Staff/child                     |
|                                     |           | ratios observed during the inspection                  |
|                                     |           | were in compliance.                                    |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                |
| 5101:2-12-18 Group Size             | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                |
| Rule: 5101:2-12-18 Attendance       | Compliant | Documenting Statement: During the                      |
| Records                             |           | inspection, attendance records were                    |
|                                     |           | reviewed. Child Care Staff Members were                |
|                                     |           | viewed recording the attendance for each               |
|                                     |           | child upon arrival and departure. All                  |
|                                     |           | attendance records met the requirements                |
|                                     |           | of the rule and were kept with the group at all times. |
|                                     |           | at an times.   |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                |
| 5101:2-12-19 Supervision            | Compliant |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                |
| 5101:2-12-19 Child Guidance         | Compliant |  |
|                                     | 1         |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were                       |
|                                     |           | placed appropriately and safely during                 |
|                                     |           | nap time.  |
|                                     |           |  |
|                                     |           |  |



| Status              | Documenting Statement(s), If applicable  |
|---------------------|--|
| Compliant           | Documenting Statement: All cribs were placed 2 feet apart.   |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           | Documenting Statement: Meals were<br>provided at intervals as required by this<br>rule.  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           |  |
|                     |  |
| Status<br>Compliant | Documenting Statement(s), If applicable  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           | Documenting Statement: Appropriate<br>daily written records for all infants were<br>viewed.  |
| <u>.</u>            |  |
|                     | Documenting Statement(s), If applicable<br>Documenting Statement: All bottles were   |
| Compliant           | labeled as required.   |
|                     |  |
|                     | Documenting Statement(s), If applicable  |
| Compliant           | Documenting Statement: Appropriate   |
|                     | diaper changing procedures were<br>observed during the inspection in the<br>infant room.   |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           | Documenting Statement: The program<br>had complete written documentation for<br>administering medication or food<br>supplements.   |
|                     | Compliant Status Statu |