

## **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 <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 Deta            | nils            |                    |
|---|-------------------------|-----------------|--------------------|
| Program Name                                    | Program Number          |                 | Program Type       |
| Big Dreams Small Steps Childcare                | 2180019064              |                 | Child Care Center  |
| Address<br>12200 Fairhill Cleveland<br>OH 44120 |                         |                 | County<br>CUYAHOGA |
| Building Approval Date                          | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½  |
| 07/20/2015                                      | E with I-2              | 96              | 85                 |
| Fire Inspection Approval Date                   | Food Service Risk Level |                 |                    |
| 01/22/2021                                      | Level III               |                 |                    |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |
| Follow-up                  | Full                           |                  | Unannounced       |              |
| Inspection Date 04/28/2021 | Begin Time 1                   | 0:00 AM          | End Time 12:00 PM |              |
| Reviewer:                  | Reviewer:                      |                  |                   |              |
| Erica Adams                |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 59                         | 1                              | 0                | 1                 | 0            |

| 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)                                  |                  | 4          | 0         | 4     |
| Young Toddler   |                  | 4          | 0         | 4     |
| Total Under 2 ½ Years                                     | 25               | 8          | 0         | 8     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 9          | 0         | 9     |
| School Age  |                  | 12         | 0         | 12    |
| Total Capacity/Enrollment                                 | 62               | 21         | 0         | 29    |

| Staff-Child Ratios at the Time of Inspection |                          |                |             |
|--|--------------------------|----------------|-------------|
| Group  | Age Group/Range          | Ratio Observed | Comment     |
| Toddler                                      | 18 months to < 30 months | 1 to 3         | Programming |

| Ī | Preschool | 3 years to < 4 years | 1 to 3 | Programming - |
|---|-----------|----------------------|--------|---------------|
|   |           |                      |        | Preschool     |
|   |           |                      |        | combined with |
|   |           |                      |        | School Age    |

## **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   |   |  |
|--|---|--|
| Serious Risk Non-compliances   |   |  |
| No Serious Risk Non-Compliances were observed during this inspection |   |  |
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## **Moderate Risk Non-Compliances**

**Domain: 04 Indoor/Outdoor Space** 

Rule: 5101:2-12-11 Outdoor Space Requirements

Code: The program is required to have an outdoor play space free from immediate risk.

<u>Finding</u>: During the inspection, it was determined that an area was used which was not protected from traffic and other hazards by a fence in good condition, or other barrier, that assured children were not able to leave the playground area. The fence or natural barrier was determined to present an immediate risk for a child to be able to leave the playground as noted in number 7 below:

- 1. The fencing had missing slat boards through which children could leave the playground.
- 2. The gate was broken and did not close.
- 3. The latch on the gate was broken.
- 4. The gate had no latch.
- 5. The fencing was broken.
- 6. The latch was easily opened by children on the playground.
- 7. The portable fencing approved for use by the Department was not being used
- 8. Other [ ]. Discontinue use of the playground and provide a space for outdoor play which is well defined by a fence or other barrier and protected from other hazards.



| this rule.                                  | o the Department to verify compliance with the requirements of |
|---|--|
| Corrective Action Plan Due: 05/28/2021      |  |
|   |  |
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| Lo  | w Risk Non-Compliances   |
| No Low Risk Non-Compliances were observed   | during this inspection   |
| No Low Nisk North Compliances Were observed | during this inspection   |
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## 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 1/22/22.                          |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-16 Management of                      | Compliant           | Bocamenting statement(3), if applicable       |
| Communicable Disease                            |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-13 Smoke Free                         | Compliant           |   |
| Environment                                     |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-07 Administrator                      | Compliant           | Documenting Statement(s), if applicable       |
| Qualifications                                  | Compilant           |   |
|   | 1                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-08 Child Care Staff Member            | Compliant           |   |
| Educational Requirements                        |                     |   |
|   | C                   | D ()  |
| Rule 5101:2-12-16 Written Disaster Plan         | Status              | Documenting Statement(s), If applicable       |
| 3101.2-12-16 WHILLEH DISASLEI PIAH              | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-24 Swimming and Water                 | Compliant           |   |
| Safety Requirements                             |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-04 Food License                       | Compliant           | bocumenting statement(s), it applicable       |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant           |   |
| Liiviioiiiileiit                                | <u> </u>            |   |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-19 Child Guidance                     | Compliant           | <u> </u>                                      |
|   |                     |   |
| Dula  | Chahus              | Design orthing Chatagory at 1.3 If a well-all |
| Rule 5101:2-12-22 Fluid Milk Requirements       | Status<br>Compliant | Documenting Statement(s), If applicable       |
| 5101.2 12 22 Hala Wilk Nequilements             | Compilant           |   |
|   | •                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-16 First Aid/Standard                 | Compliant           |   |
| Precautions                                     |                     |   |
| Pulo  | Status              | Documenting Statement(s) If applicable        |
| Rule 5101:2-12-11 Outdoor Play Fall Zones       | Status<br>Compliant | Documenting Statement(s), If applicable       |
| 5101.2-12-11 Outdool Flay Fall Zolles           | Compilant           |   |

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| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity       | Compliant                               |  |
| 1 3101.2-12-18 License Capacity     | Compilant                               |  |
|                                     |   |  |
|                                     | I                                       |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food              | Compliant                               |  |
| Handling/Storage                    |   |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
|                                     |   |  |
| Rule: 5101:2-12-07 Written Program  | Compliant                               | Documenting Statement: No changes  |
| Policies and Procedures             |   | have been made to the written policies   |
|                                     |   | and procedures since it was last approved  |
|                                     |   | by this Department.  |
|                                     |   | , ,  |
|                                     | 1                                       |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
|                                     | - C C C C C C C C C C C C C C C C C C C | Documenting Statement(s), if applicable  |
| 5101:2-12-11 Indoor Space           | Compliant                               |  |
| Requirements                        |   |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills       | Compliant                               | 5 (" 11  |
| 3101.2 12 10 Emergency Dims         | Compilant                               |  |
|                                     |   |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and          | Compliant                               |  |
| Equipment                           |   |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment | Compliant                               | bocamenting statement(3), it applicable  |
| 3101.2-12-11 Outdoor Play Equipment | Compilant                               |  |
|                                     |   |  |
|                                     | T                                       |  |
| 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                               | 2 oddinenting statement(s), it applicable  |
| 3101.2-12-04 building Approval      | Compliant                               |  |
|                                     | <u> </u>                                |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-02 License Posted         | Compliant                               |  |
|                                     |   |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision            | Compliant                               | 2 5 5 5 11 Clark of the Control of t |
| J101.2-12-13 Supervision            | Compliant                               |  |
|                                     | <u> </u>                                |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
|                                     |   |  |

| 5101:2-12-02 Current Information                        | Compliant           |  |
|---|---------------------|--|
| Rule  | Ctatus              | Decumenting Statement(s) If applicable   |
| 5101:2-12-23 Infant Bottle and Food<br>Preparation      | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule                             | Compliant           | Boodinenting statement(s), it approaches   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping                           | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Daily Care                          | Compliant           |  |
| 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: 5101:2-12-15 Child Medical and Enrollment Records | Compliant           | Documenting Statement: In review of 25% of the records, at the time of the inspection, children's medical statements were complete and on file, as required by the rule. |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Toothbrushing<br>Requirements              | Compliant           | Documenting statement(s), if applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                             | Compliant           | Documenting Statement(s), if applicable  |
| Dula  | Chatus              | Decumenting Statement(s) If applicable   |
| Rule: 5101:2-12-15 Medical/Physical Care Plans          | Status   Compliant  | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.      |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans       | Compliant           | Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.   |

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|                                     | •            |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs                  | Compliant    | bootamenting statement(s), it applicable |
| 3101.2-12-20 CHbs                   | Compilant    |  |
|                                     |              |  |
|                                     |              |  |
| 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  |
|                                     |              | Documenting Statement(s), it applicable  |
| 5101:2-12-08 Orientation and Staff  | Compliant    |  |
| Records                             |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training        | Compliant    | 5 ("/ 11                                 |
|                                     |              |  |
| Requirements                        |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional           | Not Verified |  |
| Development Requirements            |              |  |
| 2 averagement maquinaments          |              |  |
| Dula                                | Chahara      | Description Chatanage (1) If a call add  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment       | Compliant    |  |
|                                     |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury        | Compliant    |  |
| Reporting                           |              |  |
| Reporting                           |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and   | Compliant    |  |
| General Emergency Plan              |              |  |
| <u> </u>                            |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
|                                     |              | bocumenting statement(s), if applicable  |
| 5101:2-12-18 Attendance Records     | Compliant    |  |
|                                     |              |  |
|                                     |              |  |
| 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 Ratio            | Compliant    | Documenting Statement: Staff/child       |
|                                     |              | ratios observed during the inspection    |
|                                     |              | were in compliance.                      |
|                                     |              |  |
|                                     | ·            |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| Nuic                                | Status       | Documenting statement(s), if applicable  |

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|---|-----------|--|
| 5101:2-12-23 Diapering and Toilet                                 | Compliant |  |
| Training  |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-25 Medication Administration and Food Supplements | Compliant | Documenting Statement: There were no children on medication at the time of the inspection; however, the method of storage and practices for the administration were reviewed.  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check<br>Requirements                     | Compliant | Documenting statement(s), it approaches  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection<br>Requirements                           | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator  | Compliant | bocumenting statement(s), if applicable  |
| Responsibilities/Requirements                                     | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Medical Statement                                    | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02.2 Transitional Pandemic Requirements                 | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02.3 Temporary Pandemic                                 | Compliant | Documenting Statement(s), if applicable  |
| School-Age Child Care Centers                                     | Compliant |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: CCCMTL No. 25   | Compliant | Documenting Statement: During the inspection, documents and/or professional development as outlined in Child Care Center Manual Transmittal Letter (CCCMTL) No. 25, "Reopening Child Care Operations Following the Response to the Coronavirus (COVID-19) Pandemic", were not assessed. Requirements will be assessed according to the schedule outlined in CCCMTL No. 25. Please ensure all requirements are met and maintained on file for review. |

