

## **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
Sweet Kiddles flexible childcare center	2190020225		Child Care Center
Address 1999 Circle Drive Cleveland OH 44106			County CUYAHOGA
Building Approval Date 01/03/2020	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
Fire Inspection Approval Date	Food Service Risk L	evel	·
01/14/2022	Level III		

	Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice		
Annual	Full		Unannounced		
Inspection Date 01/31/2022	Begin Time 9	:00 AM	End Time 1:30 PM		
Reviewer: PATRICIA REMINGTON					
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)		26	0	26
Young Toddler		15	0	15
Total Under 2 ½ Years	93	41	0	41
Older Toddler		12	0	12
Preschool		25	0	25
School Age		7	0	7
Total Capacity/Enrollment	205	44	0	85

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Infant room 1	0 to < 12 months	1 to 5	

Infant room 2	12 months to < 18 months	2 to 8	
Infant room 3	12 months to < 18 months	1 to 4	
Littles 1	18 months to < 30 months	1 to 7	
Littles 2	18 months to < 30 months	1 to 6	
Littles 3	30 months to < 36 months	2 to 9	
Middles 1	3 years to < 4 years	1 to 9	
Middles 3	3 years to < 4 years	1 to 9	
School age	School-Age to < 11 years	0 to 0	Not in attendance

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

## **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 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(s) 4a.

- 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: 03/05/2022

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

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	5 \ \ // 11
	,	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Compliant	
Requirements	,	
	_ L	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Department	Compliant	, , , , , , , , , , , , , , , , , , ,
Inspection		
mopestion		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Fire Inspection	Compliant	Documenting Statement: Please Note:
Rule. 3101.2-12-04 The Inspection	Compliant	Documentation of a fire inspection
		·
		without any uncorrected violations must
		be secured for the program. Secure a
		new fire inspection by 1/14/23.
D   5404 0 40 045;	0 1: 1	
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	Compliant	Documenting Statement: The food service
Requirements	Compilant	license was observed posted. Following is
Requirements		the audit number and date of expiration:
		AANS-C4XNLY 3/1/22.
		AANS-C4ANLY 3/1/22.
Pulo	Ctatus	Decumenting Statement/s) If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
Rule	Status	Documenting Statement(s), If applicable

Beginning!		
5101:2-12-07 Written Program	Compliant	
Policies and Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Compliant	bootinenting octatement(o)) if applicable
	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
5101:2-12-09 Background Check	Compliant	
Requirements		
Requirements		
Rule	Status	Documenting Statement(s) If applicable
	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	
Development Requirements		
·	-	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	2004
Requirements	Compilant	
Requirements		
D. J.	Chahara	Decree ation Chater and All If a collection
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
5101:2-12-11 Outdoor Space	Compliant	
Requirements	·	
•		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	bocumenting statement(s), it applicable
3101.2-12-12 Sale Equipment	Compliant	
	<u> </u>	
Pulo	Status	Documenting Statement(s) If applicable
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		
Rule	Status	Documenting Statement(s), If applicable
		C 1 1 1/1 1 1 1 1

5101:2-12-13 Handwashing	Compliant	
Requirements		
	•	
Rule	Status	Documenting Statement(s) If applicable
		Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
	•	
Rule	Status	Documenting Statement(s), If applicable
		bocamenting statement(s), it applicable
5101:2-12-15 Child Medical and	Compliant	
Enrollment Records		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Medical/Physical Care	Compliant	
	Compliant	
Plans		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Compliant	
	20	
General Emergency Plan		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	
D. J.	Chatana	Decree ation Chatamantic If and inclin
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	
Precautions		
	•	
Rule	Status	Documenting Statement(s), If applicable
		Documenting Statement(s), it applicable
5101:2-12-16 Management of	Compliant	
Communicable Disease		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Compliant	Bootimenting Statement(s)) if approasie
11	Compliant	
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	J (" 11
STOTIZ IZ TO WITHOUT DISUSTED TIGHT	Compilation	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s), If applicable
		boddinenting statement(3), it applicable
5101:2-12-17 Materials and	Compliant	
Equipment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	
STOT.2-12-17 Daily Outuool Play	Compilant	

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	bookinenting statement(s), it approase
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Ratio	Compliant	-
	•	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
P. J.	Chahara	December 1 Chatanage 1 of a collected
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Compliant	Bocumenting Statement(3), if applicable
3101.2-12-20 Cots and Napping	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cribs	Compliant	
		<u> </u>
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Compliant	
Requirements		
		<u> </u>
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
	·	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable



Compliant	
Status	Documenting Statement(s), If applicable
Compliant	bocumenting statement(s), if applicable
Status	Documenting Statement(s), If applicable
Compliant	
	Status Compliant Status