

# **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 Det                      | ails            |                    |
|--|----------------------------------|-----------------|--------------------|
| Program Name                                       | Program Number                   |                 | Program Type       |
| Next Step Prep Academy                             | 2200022497                       |                 | Child Care Center  |
| Address<br>10205 Madison Ave Cleveland<br>OH 44102 |                                  |                 | County<br>CUYAHOGA |
| Building Approval Date<br>12/14/2007               | Use Group/Code                   | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date 09/03/2021           | Food Service Risk L<br>Level III | evel            | ·                  |

|                            | Inspection Information         |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 02/25/2022 | Begin Time 1                   | 1:00 AM          | End Time 12:43 PM |              |
| Reviewer:                  |                                |                  |                   |              |
| RENADA FITCH               |                                |                  |                   |              |
|                            | Summary of Findings            |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 5                              | 0                | 0                 | 7            |

| 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)                                  |                  | 0         | 0          | 0     |  |
| Young Toddler   |                  | 7         | 0          | 7     |  |
| Total Under 2 ½ Years                                     | 24               | 7         | 0          | 7     |  |
| Older Toddler   |                  | 0         | 0          | 0     |  |
| Preschool   |                  | 13        | 0          | 13    |  |
| School Age  |                  | 0         | 16         | 16    |  |
| <b>Total Capacity/Enrollment</b>                          | 61               | 13        | 16         | 36    |  |

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

| Toddlers | 18 months to < 30 months | 2 to 9 | programming,<br>toddlers-school<br>agers combined |
|----------|--------------------------|--------|---|
| Toddlers | 18 months to < 30 months | 2 to 9 | nap   |

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

# **Domain: 03 Postings & Equipment**

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency

Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 8 below:

- 1. The plan was not posted in each classroom.
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. The plan was not implemented when necessary in that [ ].

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

Corrective Action Plan Due: 03/27/2022

# **Domain: 03 Postings & Equipment**

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

<u>Code</u>: The program is required to have the JFS 01201 "Dental First Aid" posted in a readily available area at the program.

<u>Finding</u>: During the inspection it was determined that the current version of the JFS 01201 "Dental First Aid" was not posted in a location readily available to center staff and parents as required. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.



**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) 3&4.

- 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: 03/27/2022

#### **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: 03/27/2022

## Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to ensure that there is at least one child care staff member who has signed the JFS 01236 "Child Medical/Physical Care Plan for Child Care" caring for the child at all times when a child with a health condition is present.

<u>Finding</u>: During the inspection, it was determined a child with a condition that required a JFS 01236 "Child Medical/Physical Care Plan" had been present and the program did not ensure there was at least one child care staff member caring for the child at all times who had signed the JFS 01236 on the child's condition. 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: 03/27/2022

#### **Domain: 09 Children's Files**

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to maintain a complete JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file for any child having a health condition.

<u>Finding</u>: In review of the children's records, it was determined that the JFS 01236 "Child Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number(s) 1 below:

- 1. The JFS 01236 had not been updated as needed and at least annually.
- 2. A separate JFS 01236 had not been used for each condition.
- 3. The program used an old version of the JFS 01236.

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

Corrective Action Plan Due: 03/27/2022

#### **Domain: 10 Written Policies & Procedures**

Rule: 5101:2-12-07 Written Program Policies and Procedures

<u>Code</u>: The program's policies and procedures are required to include all topics outlined in rule.

<u>Finding</u>: During the inspection, it was determined the program's written policies and procedures provided to the parents/guardians and employees was missing item number(s)14&15 below:

#### General Information

- 1. Program name, address, email address and telephone number.
- 2. Description of the program's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in program activities.
- 6. Opportunities for parents to meet with teachers regarding their child.
- 7. Payment schedule, overtime charges and registration fees as applicable.
- 8. Supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

#### **Program Policies and Procedures**

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Compliance with the Americans with Disabilities Act (ADA), including administering medication to children with disabilities and administering care procedures to children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice.)
- 17. Food and dietary policy, including, information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals and snacks, and a policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return and notification of parent of ill child.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products including medical foods, modified diets and whether school age children are permitted to carry their own medication and ointments.
- 21. Transportation for fieldtrips, routine trips (if applicable) and emergencies, including if the center will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.

- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks and information about daily activities.
- 24. Sleeping, Napping and Resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation including closing due to weather, school delays or closings and any other factors.
- 27. Situations that may require disenrollment of a child, if applicable.
- 28. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the child care program.
- 29. Formal screenings and assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

Revise the program's written policies and procedures to include the missing information. Submit the program's corrective action plan, which includes the revised written policies and procedures, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/27/2022

### **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 |   |
|                                  |           |   |
|                                  |           |   |
| 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 9-3-22.   |
|--------------------------------------|---------------------|--|
| 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. |
|                                      | T                   |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Food Service            | Compliant           |  |
| Requirements                         |                     |  |
| 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        |                     |  |
| Pulo                                 | Ctatus              | Decumenting Statement(s) If applicable   |
| Rule: 5101:2-12-08 Child Care Staff  | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the   |
| Member Educational Requirements      | Compliant           | inspection, it was determined at least one   |
|                                      |                     | educational document needs to be   |
|                                      |                     | translated. Please ensure the document   |
|                                      |                     | is translated in the English language and  |
|                                      |                     | kept on file for review at the next  |
|                                      |                     | inspection.  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s) If applicable   |
| Rule: 5101:2-12-08 Orientation       | Compliant           | Documenting Statement(s), If applicable  Documenting Statement: On the day of  |
| Training & Whistle Blower Protection | Compilant           | the inspection, all child care staff   |
| Training & Whistie blower Frotection |                     | members had met orientation training   |
|                                      |                     | requirements.  |
|                                      |                     | requirements.  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |

| DESCRIPTION                         |           |   |
|-------------------------------------|-----------|---|
| 5101:2-12-09 Background Check       | Compliant |   |
| Requirements                        |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training        | Compliant | Bocumenting statement(s), it applicable |
| _                                   | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space           | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement/s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant |   |
| Under 2 1/2 Years                   |           |   |
| L                                   |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space          | Compliant |   |
| Requirements                        | - 1       |   |
| печанення                           | 1         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 100110                              |           | Documenting Statement(s), it applicable |
| 5101:2-12-12 Safe Environment       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant |   |
| Environment                         |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement/s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing      | Compliant | Documenting Statement: Children were    |
| Requirements                        |           | viewed washing their hands, as required |
|                                     |           | by the rule.                            |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free             |           | bocamenting statement(s), it applicable |
|                                     | Compliant |   |
| Environment                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and      | Compliant |   |
| Enrollment Records                  |           |   |
|                                     | 1         |   |
| Dula                                | Chahara   | December 11 11 11 11                    |
| Rule                                | Status    | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-16 Emergency Drills         | Compliant | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.   |
|---|-----------|--|
|   | 1         |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard Precautions | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of                  | Compliant |  |
| Communicable Disease                        |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury                | Compliant | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| Reporting                                   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Written Disaster Plan          | Compliant | g carrette (e), a pperson  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule                 | Compliant | 2 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |
| ,   | ·         |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and                  | Compliant |  |
| Equipment                                   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play             | Compliant | gotte mental of the state of th |
|   |           |  |
| 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: Staff/child   |
|   | ·         | ratios observed during the inspection  |
|   |           | surpassed those required by the rule.  |
| Rule: 5101:2-12-18 Ratio                    | Compliant | Documenting Statement: During the  |
|   | ·         | inspection, enough Child Care Staff  |
|   |           | Members were employed to meet the  |
|   |           | staff/child ratios.  |
|   |           |  |
| 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<br>Records          | Compliant           | Documenting Statement: Child Care Staff 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: 5101:2-12-19 Supervision                    | Compliant           | Documenting Statement: During the inspection, child care staff were observed meeting the basic needs of all children assigned to the group.                |
| Rule: 5101:2-12-19 Supervision                    | Compliant           | Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed.  |
|   | I a                 |  |
| Rule 5101:2-12-19 Child Guidance                  | Status Compliant    | Documenting Statement(s), If applicable  |
| Rule  | Status              | Decumenting Statement(s) If applicable   |
| 5101:2-12-20 Cots and Napping                     | Compliant           | Documenting Statement(s), If applicable  |
|   | l c                 |  |
| S101:2-12-20 Cribs                                | Status Compliant    | Documenting Statement(s), If applicable  |
|   | C                   |  |
| Rule: 5101:2-12-22 Meal and Snack<br>Requirements | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Substituted foods served were recorded on the posted menu, as required by this rule.       |
| 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<br>Handling/Storage        | Compliant           | Documenting Statement(s), II applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Diapering and Toilet Training        | Compliant           | bocamenting statement(3), ii applicable  |



| Rule                                      | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-25 Medication<br>Administration | Compliant |   |
|   |           |   |