

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 http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details | | | | |
|--|-------------------------|-----------------|--------------------|--|
| Program Name | Program Number | | Program Type | |
| STRONGSVILLE COOPERATIVE PRESCHOOL | 000000300043 | | Child Care Center | |
| Address 15245 TRACY LANE STRONGSVILLE OH 44136 | | | County CUYAHOGA | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 08/18/2010 | E | 31 | 0 | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 08/12/2022 | Exempt | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time 9 | :15 AM | End Time 11:07 AM | |
| 12/08/2022 | | | | |
| Reviewer: | | | | |
| Erica Adams | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 2 | 0 | 0 | 2 |

| 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 | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 66 | 66 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 28 | 0 | 66 | 66 |

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



| 3's AM | 3 years to < 4 years | 2 to 13 | Programming |
|--------|----------------------|---------|-------------|
| 3's AM | 3 years to < 4 years | 2 to 13 | Programming |

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 | | |
|---|--|--|
| Serious Misk Herr 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 | | |
| No Woderate Kisk Non-Compliances were observed during this hispection | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Low Risk Non-Compliances | | |
| Low Mak Non-Compliances | | |
| | | |

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number 4 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/07/2023

Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Qualifications

<u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time

period.

<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. 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.

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 8/12/23. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The program |
| Requirements | | has obtained a food service exemption |
| | | status from the local health department. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| | | |
| 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 |
|--------------------------------------|-----------|---|
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| | | |
| Rule | Status | Documenting Statement/s) If and itself |
| | 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. |
| | | 12. d., 5p.0, 200 noted. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional | Compliant | Documenting Statement: At the time of |
| Development Requirements | Compliant | the inspection, all child care staff |
| Development Requirements | | |
| | | members had completed the required |
| | | amount of professional development |
| | | training. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| 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 quarterly |
| Requirements | | playground inspections were completed |
| 1.043 | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 8/19/22. |
| | | 0/13/22. |
| | | |
| Dula | Chahua | Decume autima Chatananatha III |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | <u> </u> | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |

| Beg <u>inning!</u> | | |
|---------------------------------------|-----------|---|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| 3101.2-12-12 Sale Equipment | Compliant | |
| | | |
| 2.1 | I 6 | |
| 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 | | |
| | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as |
| | | required by the rule. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| Littioninent | | |
| 2.1 | I s | 5 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| | | |
| 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 |
| Emolinent Records | | records were reviewed, and the records |
| | | · |
| | | were complete, as required by the rule. |
| | | |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: In review of |
| Enrollment Records | | 25% of the records, at the time of the |
| | | inspection, children's medical statements |
| | | were complete and on file, as required by |
| | | the rule. |
| | | the raic. |
| | | |
| D. I. | Chabina | December 1/ \ If |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | | had current information on the medical |
| | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | |
| 1 | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| nuic | Julus | bocamenting statement(s), if applicable |

| T | T | 1 |
|-------------------------------------|-----------|---|
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| | ' | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| Trecaucions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | Documenting Statement: The JFS 08087 |
| Rule: 5101:2-12-16 Management of | Compliant | "Communicable Disease Chart" and |
| Communicable Disease | | |
| | | Manual Procedure Letter No. 159 was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | the inspection and met the requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 1 1 | | |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the |
| | | inspection, developmentally-appropriate |
| | | practices were observed in the |
| | | classroom(s). |
| | | |
| | | |
| 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 | |
| , , | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| l 22212 22 23 2.331132 Supusity | 30p | |
| | 1 | ı |
| Rule | Status | Documenting Statement(s), If applicable |
| TIME | Julus | Documenting statement(3), it applicable |

| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
|--------------------------------------|-----------|--|
| | 0 | Dting Chatananaka) If applicable |
| 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 | |
| | | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | 500am |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration | | had complete written documentation for |
| , | | administering medication or food |
| | | supplements. |
| | | |
| | | |