



## Center Complaint Inspection Summary 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 MERRICK HOUSE SETTLEMENT & DAY NURSERY	Program Number 000000300164	Program Type Child Care Center
Address 1050 STARKWEATHER AVE CLEVELAND OH 44113		County CUYAHOGA

Inspection Information				
Inspection Type Complaint		Inspection Scope Partial	Inspection Notice Unannounced	
Reviewer(s) PATRICIA REMINGTON	Inspection Day 09/28/2023	Begin Time 9:30 AM	End Time 11:00 AM	
Summary of Findings				
No. Rules Verified 5	No. Rules with Non-compliances 3	No. Serious Risk 0	No. Moderate Risk 1	No. Low Risk 2

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Young infants	0 to < 12 months	3 to 7	
Older infants	12 months to < 18 months	1 to 3	
Toddlers	18 months to < 30 months	2 to 11	
Preschool	3 years to < 4 years	1 to 4	



### Complaint Allegations

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.

#### Domain:08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

Code: The program is required to have documentation from ODJFS, indicating the individual is eligible to be employed in child care, on file before allowing the staff to have sole responsibility of children.

Allegation: Staff person did not have a verified Background Check and was left alone with children.

Determination: Substantiated

Findings: During the inspection, it was determined that child care staff member(s) had sole responsibility of children in the Toddler group(s) and neither a preliminary approval nor the JFS 01176 "Program Notification of Background Check Review for Child Care" were on file as required. Submit the program's corrective action plan, which includes a copy of the JFS 01176 or a statement that the child care staff member(s) no longer have sole responsibility of children, to the Department to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 11/09/2023

#### Domain:08 Staff Files

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

Code: 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.

Allegation: Staff do not have current Health Training requirements.

Determination: Substantiated

Findings: 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(s) 2,3 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.

Risk Level: Low

Corrective Action Plan Due: 11/09/2023



**Domain:08 Staff Files**

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

Allegation: CCSM does not have a medical.

Determination: Substantiated

Findings: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1 below.

1. A medical statement was not on file for at least one employee;
2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
3. Date of examination was missing;
4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
5. A statement was missing that verifies 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);
6. Tuberculosis (TB) screening/test information was missing:
  - 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 6a.
  - 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.

Risk Level: Low

Corrective Action Plan Due: 11/09/2023

**Summary of Additional Non-Compliances**

**Serious Risk Non-Compliances**

**No Additional Serious Risk Non-Compliances were observed during this inspection**

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**Moderate Risk Non-Compliances**

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

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**Low Risk Non-Compliances**

**No Low Additional Risk Non-Compliances were observed during this inspection**

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