



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 THE GODDARD SCHOOL	Program Number 000000300427	Program Type Child Care Center	
Address 675 MINER RD HIGHLAND HGHTS OH 44143		County CUYAHOGA	
Building Approval Date 10/27/2016	Use Group/Code I-4	Occupancy Limit 224	Maximum Under 2 ½
Fire Inspection Approval Date 01/10/2017	Food Service Risk Level Level II		

Inspection Information		
Inspection Type Annual	Inspection Scope Full	Inspection Notice Unannounced
Inspection Date 08/30/2021	Begin Time 12:30 PM	End Time 1:00 PM
Inspection Date 09/07/2021	Begin Time 9:35 AM	End Time 3:15 PM
Reviewer: Brittani Aloï		
Reviewer: Brittani Aloï		

Summary of Findings				
No. Rules Verified 57	No. Rules with Non-compliances 2	No. Serious Risk 0	No. Moderate Risk 1	No. Low Risk 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)		33	0	33
Young Toddler		42	10	52
Total Under 2 ½ Years	68	75	10	85
Older Toddler		11	0	11
Preschool		80	1	81
School Age		5	0	5
Total Capacity/Enrollment	224	96	1	182



Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Infant 1	0 to < 12 months	2 to 10	AM
Infant 1	0 to < 12 months	2 to 10	PM
Infant 2	0 to < 12 months	2 to 8	AM
Infant 2	0 to < 12 months	2 to 7	PM
First Steps	12 months to < 18 months	3 to 7	AM
First Steps	12 months to < 18 months	2 to 7	Nap
Pre-Toddler	18 months to < 30 months	2 to 8	AM
Pre-Toddler	18 months to < 30 months	3 to 8	Nap
Toddlers	18 months to < 30 months	2 to 8	AM
Toddlers	18 months to < 30 months	1 to 7	Nap
Get Set	30 months to < 36 months	2 to 12	AM
Get Set	30 months to < 36 months	2 to 12	Nap
Preschool 1	30 months to < 36 months	2 to 10	AM
Preschool 1	30 months to < 36 months	2 to 10	Nap
Preschool 2	3 years to < 4 years	3 to 14	AM
Preschool 2	3 years to < 4 years	2 to 13	Nap
Preschool 3	3 years to < 4 years	2 to 17	AM
Preschool 3	3 years to < 4 years	2 to 17	Nap
PreK 2	4 years to < 5 years	2 to 17	AM
PreK 2	4 years to < 5 years	2 to 17	Nap
PreK 1	4 years to < 5 years	2 to 19	AM
PreK 1	4 years to < 5 years	2 to 19	Nap
School age	School-Age to < 11 years	1 to 2	PM

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
<p>No Serious Risk Non-Compliances were observed during this inspection</p> <div style="background-color: #cccccc; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 45px; width: 100%;"></div>



Moderate Risk Non-Compliances

Domain: 08 Staff Files

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

Code: The program is required to have all staff request background checks as required.

Finding: In review of the staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number(s) 2 below:

1. Submitting the JFS 01175 "Request for a Background Check for Child Care" to the Department or the OPR;
2. Submitting fingerprints electronically according to the process established by BCI.

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

Corrective Action Plan Due: 10/08/2021

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to be completed and on file at the program.

Finding: In review of the staff records, it was determined that completed medical examination statement(s) for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/08/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement



Code: The program staff medicals are required to include all information.

Finding: 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) 4(a).

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: 10/08/2021

Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack Requirements	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing Requirements	Compliant	

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 4/29/22.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of Communicable Disease	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member Educational Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Driver Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Food License	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard Precautions	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food Handling/Storage	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space Requirements	Compliant	
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.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Approval	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
5101:2-12-23 Infant Bottle and Food Preparation	Compliant	
5101:2-12-17 Daily Schedule	Compliant	
5101:2-12-20 Cots and Napping	Compliant	
5101:2-12-23 Infant Daily Care	Compliant	
5101:2-12-15 Child Medical and Enrollment Records	Compliant	
5101:2-12-12 Safe Equipment	Compliant	
5101:2-12-15 Medical/Physical Care Plans	Compliant	
5101:2-12-20 Cribs	Compliant	
5101:2-12-11 Separation of Children Under 2 1/2 Years	Compliant	
5101:2-12-08 Orientation and Staff Records	Compliant	
Rule: 5101:2-12-10 Health Training Requirements	Compliant	Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease,



		CPR, and Child Abuse Prevention present and readily accessible during all hours of operation.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional Development Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation - Vehicle Requirements	Compliant	Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, was verified and dated 9/15/20.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation and Field Trip Procedures	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury Reporting	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and General Emergency Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 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
Rule: 5101:2-12-23 Diapering and Toilet Training	Compliant	Documenting Statement: Appropriate diaper changing procedures were



		observed during the inspection in the Infant 1 classroom.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication Administration and Food Supplements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Responsibilities/Requirements	Compliant	