

## **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 Details                  |                               |                 |                   |  |
|----------------------------------|-------------------------------|-----------------|-------------------|--|
| Program Name                     | Program Number                |                 | Program Type      |  |
| HORIZON CHILD DEVELOPMENT CENTER | 000000300848                  |                 | Child Care Center |  |
|                                  |                               |                 |                   |  |
| Address                          |                               |                 | County            |  |
| 1050 EAST 200TH STREET EUCLID    | 1050 EAST 200TH STREET EUCLID |                 |                   |  |
| OH                               |                               |                 |                   |  |
| 44117                            |                               |                 |                   |  |
|                                  |                               |                 |                   |  |
| Building Approval Date           | Use Group/Code                | Occupancy Limit | Maximum Under 2 ½ |  |
|                                  | E                             |                 |                   |  |
| Fire Inspection Approval Date    | Food Service Risk Level       |                 |                   |  |
| 12/20/2023                       | Level III                     |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection :                   | Scope            | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 08/28/2024             | 10:45 AM                       |                  | 1:45 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| LAKESHA ALLEN          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 0                              | 0                | 0                 | 0            |

| 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 3          | 0         | 3     |
| Total Under 2 ½ Years                                     | 12               | 4          | 0         | 4     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 13         | 0         | 13    |
| School Age  |                  | 30         | 0         | 30    |
| Total Capacity/Enrollment                                 | 75               | 43         | 0         | 47    |

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

| Infant/ Toddler | 12 months to < 18 months | 1 to 4  | Programming at |
|-----------------|--------------------------|---------|----------------|
|                 |                          |         | arrival- Lunch |
| Infant/ Toddler | 12 months to < 18 months | 1 to 4  | Nap            |
| PS/PK           | 3 years to < 4 years     | 2 to 10 | Programming at |
|                 |                          |         | arrival- Lunch |
| PS/PK           | 3 years to < 4 years     | 1 to 10 | Nap            |

## **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  |  |  |
|---|--|--|
|   |  |  |
| 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   |  |  |
|--|--|--|
| No Low Risk Non-Compliances were observed during this inspection |  |  |
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## Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable  |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted  | Compliant | Documenting Statement: The license was   |
|                                    |           | in a location visible to parents as  |
|                                    |           | required.  |
|                                    |           | , and the second |
|                                    |           |  |
| 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                         | <i>*</i>  |  |
|                                    | *         |  |
| 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 12/20/24.         |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-04 Food Service  | Compliant           | Documenting Statement: The food service                                       |
| Requirements   | South Section 1     | license was observed posted. Following is                                     |
| with distributions. • State of the off the distribution of the dis |                     | the audit number and date of expiration:                                      |
|  |                     | INV5357 3/1/25  |
| Rule   | Status              | Documenting Statement(s), If applicable                                       |
| 5101:2-12-07 Administrator   | Compliant           | Documentally statement(2), if applicable                                      |
| Qualifications   | Соттриате           |   |
| 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: No changes   |
| Policies and Procedures  |                     | have been made to the written policies  |
|  |                     | and procedures since it was last approved                                     |
|  |                     | by this Department.   |
| Rule   | Chabina             | Decreasing Statement (a) If applicable  |
| Rule: 5101:2-12-08 Medical Statement   | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: All employees |
| Rule. 3101.2-12-08 Medical Statement   | Compliant           | had current medical statements on file.                                       |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-08 Orientation   | Compliant           | Documenting Statement: On the day of  |
| Training & Whistle Blower Protection   |                     | the inspection, all child care staff  |
|  |                     | members had met orientation training  |
|  |                     | requirements.   |
| 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.   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-10 Health Training   | Compliant           | Documenting Statement: The program  |
| Requirements   |                     | had at least one Child Care Staff Member                                      |
|  |                     | with currently valid training in First Aid,                                   |

| Rule   | Status              | Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation.  Documenting Statement(s), If applicable |
|--|---------------------|--|
| Rule: 5101:2-12-10 Professional Development Requirements | Compliant           | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training.                 |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space<br>Requirements                | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements         | Compliant           | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 7/30/24.          |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment                      | Compliant           | bocumenting statement(s), ii applicable  |
| Pula   | Chatura             | Decumentias Chatamant (1) If any live live   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones            | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The protective material used under outdoor equipment was mulch.  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                              | Compliant           | 2554menting statement(5), ii applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Environment                      | Compliant           | Documenting Statement: Cleaning supplies were viewed stored out of the reach of children.  |

| Rule   | Status   | Documenting Statement(s), If applicable   |
|--|--|---|
| 5101:2-12-13 Sanitary Equipment and  | Compliant  | bocumenting statement(s), if applicable   |
| The state of the s | Compilant  |   |
| Environment  |  |   |
|  |  |   |
| 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   |
| Rule: 5101:2-12-13 Smoke Free  | Compliant  | Documenting Statement: A notice was       |
| Environment  |  | observed posted stating that smoking is   |
|  |  | prohibited at the program.                |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation and Field  | Compliant  |   |
| Trip Procedures  | The state of the s |   |
| The trooduces  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation - Driver   | Compliant  | bocamenting statement(3), if applicable   |
|  | Compilant  |   |
| Requirements   |  |   |
| D. J.  | Charles  | D   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation -  | Compliant  | Documenting Statement: An annual          |
| Vehicle Requirements   |  | safety check of the vehicle(s), using the |
|  |  | JFS 01230 "Vehicle Inspection Report For  |
|  |  | Child Care Centers" form, [were verified  |
|  |  | and dated 1/11/24 and 6/7/24.             |
|  |  |   |
|  |  |   |
| 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     |
|  |  | records were reviewed, and the records    |
|  |  | were complete, as required by the rule.   |
|  |  |   |
|  | I.   | <u>.</u>                                  |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical  | Compliant  | Documenting Statement: The program        |
| Care Plans   | - Compilation  | had current information on the medical    |
|  |  | status and the required treatment plan    |
|  |  |   |
|  |  | for the children with health conditions.  |
| L  |  |   |
| Rule   | Chatan   | Danish Chahaman ( ) If all little         |
| PILIA  | Status   | Documenting Statement(s), If applicable   |

| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule Rule: 5101:2-12-16 Emergency Drills | Status Compliant  | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required.  Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. |
|--|-------------------|---|
|  |                   |   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard  | Compliant         | Documenting Statement: During the   |
| Precautions  |                   | inspection, the program had complete  |
|  |                   | first aid kits available as required.   |
|  | ļ.                |   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Management of   | Compliant         | Documenting Statement: The JFS 08087  |
| Communicable Disease   |                   | "Communicable Disease Chart" 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: 5101:2-12-17 Daily Schedule  | Compliant         | Documenting Statement: Daily schedules  |
|  |                   | were observed posted.   |
|  | I.                |   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and   | Compliant         | Documenting Statement: Sufficient   |
| Equipment  |                   | equipment was observed in all categories.   |
|  |                   |   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play  | Compliant         | boarners and statement (of) is approache  |
|  | . secretalismanna |   |
| Dul  | Chahara           | Downson time Chate (1) If I'm I'm I'm   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity  | Compliant         |   |
|  | Ī                 |   |

| 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.                        |
|                                      |           |  |
|                                      |           | I = 1                                      |
| Rule 5101 2 12 10 C                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-18 Group Size              | Compliant |  |
| L                                    | 1         |  |
| 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 | boarneriang statement(o), in approach      |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-20 Cots and Napping  | Compliant | Documenting Statement: The cots were       |
|                                      |           | disinfected daily.                         |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-20 Cribs                   | Compliant | Documenting Statement(3), if applicable    |
| 3101.2 12 20 61183                   | Compilant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | Documenting Statement: Meals served at     |
| Requirements                         |           | the program included foods from the four   |
|                                      |           | food groups in sufficient amounts.         |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | Documenting Statement(s), if applicable    |
| 515112 12 22 Flaid Will Requirements | Compliant |  |
|                                      | 1,        |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Safe Food               | Compliant |  |
| Handling/Storage                     |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate         |
|                                      |           | daily written records for all infants were |
|                                      |           | viewed.                                    |
|                                      |           |  |

| Rule   | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| 5101:2-12-23 Infant Bottle and Food                                    | Compliant |   |
| Preparation  | F         |   |
|  | *         | ·   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-23 Diapering and                                       | Compliant | Documenting Statement: During the         |
| Toilet Training  |           | inspection, there was discussion          |
|  |           | concerning diapering routines. Child-care |
|  |           | staff indicated diapers were changed at   |
|  |           | appropriate intervals throughout the day. |
|  |           |   |
|  | *         | *   |
| 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.                              |
|  |           |   |
| A 4  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements | Compliant | Documenting Statement: All Child Care     |
|  |           | Staff Members had verification of         |
|  |           | educational requirements on file at the   |
|  |           | program.                                  |
|  |           |   |
| D.I.   |           | D C                                       |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Written Disaster<br>Plan                            | Compliant | Documenting Statement: Annual training    |
|  |           | of the written disaster plan was          |
|  |           | completed by staff.                       |