

## **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 <u>http://jfs.ohio.gov/CDC/childcare.stm</u>. 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 Deta            | ils             |                   |     |
|-------------------------------|-------------------------|-----------------|-------------------|-----|
| Program Name                  | Program Number          |                 | Program Type      |     |
| GRACE PRESCHOOL               | 00000307838             |                 | Child Care Center |     |
|                               |                         |                 |                   |     |
| Address                       |                         |                 | County            |     |
| 13030 MADISON AVE LAKEWOOD    |                         |                 | CUYAHOGA          |     |
| OH 44107                      |                         |                 |                   |     |
|                               |                         |                 |                   |     |
|                               |                         |                 |                   |     |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 3 | 1/2 |
| 04/09/2008                    | E                       | 76              | 0                 |     |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |     |
| 06/21/2023                    | Exempt                  |                 |                   |     |

| Inspection Information     |                    |               |                  |                   |              |
|----------------------------|--------------------|---------------|------------------|-------------------|--------------|
| Inspection Type            | <b>c</b>           | Inspection So | cope             | Inspection Notice |              |
| Amendment - chan           | ge of capacity     | Partial       |                  | Unannounced       |              |
| Inspection Date 11/21/2023 |                    | Begin Time 8  | :00 AM           | End Time 8:47 AM  |              |
| Reviewer:<br>MARY WOODLAND |                    |               |                  |                   |              |
| Summary of Findings        |                    |               |                  |                   |              |
| No. Rules Verified         | No. Rules with Non | -compliances  | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 10                         | 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)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 12         | 19        | 31    |
| School Age  |                  | 0          | 1         | 1     |
| Total Capacity/Enrollment                                 | 56               | 12         | 20        | 32    |

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



| Pre-K MTW | 4 years to < 5 years | 3 to 11 | At Arrival |
|-----------|----------------------|---------|------------|
|           | •                    |         |            |

**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

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

Low Risk Non-Compliances

No Low Risk Non-Compliances were observed during this inspection



| _ |  |
|---|--|
|   |  |

## Rules In-Compliance/Not Verified

| Rule                               | Status       | Documenting Statement(s), If applicable  |
|------------------------------------|--------------|--|
| 5101:2-12-02 License Posted        | Not Verified |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-02 Current Information   | Not Verified |  |
|                                    |              |  |
| Rule                               | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection            | Not Verified |  |
| 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 6/21/24.          |
|                                    |              |  |
| 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 | Not Verified |  |
| Suspension                          |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator          | Not Verified |  |
| Qualifications                      |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator          | Not Verified |  |
| Responsibilities/Requirements       |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program        | Not Verified | boounchaing outcoment(o), in applicable  |
| Policies and Procedures             |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Medical Statement      | Not Verified | Documenting statement(s), if applicable  |
| 5101:2-12-08 Medical Statement      | Not vermed   |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation Training & | Not Verified | Documenting statement(s), it applicable  |
|                                     | Not vermed   |  |
| Whistle Blower Protection           |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check       | Not Verified |  |
| Requirements                        |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training        | Not Verified |  |
| Requirements                        |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional           | Not Verified |  |
| Development Requirements            |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Indoor Space     | Compliant    | Documenting Statement: The following     |
| Requirements                        |              | additional space was measured during the |
|                                     |              | inspection: Room 4: Multi-Purpose        |
|                                     |              | Room.                                    |
|                                     |              |  |
| L                                   |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children | Not Verified |  |
| Under 2 1/2 Years                   |              |  |
|                                     |              |  |



| Rule  | Status                 | Documenting Statement(s), If applicable |
|---|------------------------|---|
| 5101:2-12-11 Outdoor Space                                    | Not Verified           |   |
| Requirements  |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment                           | Not Verified           |   |
|   |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones                          | Not Verified           |   |
|   |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment                                   | Compliant              |   |
|   | 1                      |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment                                 | Compliant              |   |
| 5101.2-12-12 Sale Environment                                 | Compliant              |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and                           | Not Verified           |   |
| Environment   | Not vermed             |   |
| Linnonnient   | 1                      |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing                                      | Not Verified           |   |
| Requirements  |                        |   |
| Requirements  |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free                                       | Not Verified           |   |
| Environment   |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing                                    | Not Verified           |   |
| Requirements  |                        |   |
|   | 1                      |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field                         | Not Verified           |   |
| Trip Procedures   |                        |   |
|   | 1                      |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver                          | Not Verified           |   |
| Requirements  |                        |   |
|   | 1                      |   |
|   |                        |   |
| Bule  | Status                 | Documenting Statement(s) If applicable  |
| Rule<br>5101:2-12-14 Transportation - Vehicle                 | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-12-14 Transportation - Vehicle<br>Requirements | Status<br>Not Verified | Documenting Statement(s), If applicable |



| Rule   | Status                 | Documenting Statement(s), If applicable                                |
|--|------------------------|--|
| 5101:2-12-15 Child Medical and                     | Not Verified           |  |
| Enrollment Records                                 |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable                                |
| 5101:2-12-15 Medical/Physical Care                 | Not Verified           |  |
| Plans  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable                                |
| Rule: 5101:2-12-16 Medical, Dental,                | Compliant              | Documenting Statement: On the day of                                   |
| and General Emergency Plan                         |                        | the inspection, the complete prescribed                                |
|  |                        | JFS 01242 "Medical, Dental, and General                                |
|  |                        | Emergency Plan For Child Care" were posted in the program as required. |
|  |                        | posted in the program as required.                                     |
| L  |                        | I  |
| Rule   | Status                 | Documenting Statement(s), If applicable                                |
| 5101:2-12-16 Emergency Drills                      | Not Verified           |  |
|  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable                                |
| 5101:2-12-16 First Aid/Standard                    | Not Verified           |  |
| Precautions  |                        |  |
|  |                        |  |
| Rule   | Status<br>Not Verified | Documenting Statement(s), If applicable                                |
| 5101:2-12-16 Management of<br>Communicable Disease | Not vermed             |  |
| Communicable Disease                               |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable                                |
| 5101:2-12-16 Incident/Injury                       | Not Verified           |  |
| Reporting  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable                                |
| 5101:2-12-16 Written Disaster Plan                 | Not Verified           |  |
|  |                        |  |
| Dulo   | Status                 | Decumenting Statement(s) If surface is                                 |
| Rule   | Status<br>Compliant    | Documenting Statement(s), If applicable                                |
| 5101:2-12-17 Daily Schedule                        | Compliant              |  |
|  |                        |  |
| 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                    | Not Verified           |  |
|  |                        |  |
| Dula   | Chathar                |  |
| Rule   | Status                 | Documenting Statement(s), If applicable                                |



Department of Education Department of Job and Family Services

| 5101:2-12-18 License Capacity        | Not Verified |   |
|--------------------------------------|--------------|---|
|                                      |              |   |
| Dulo                                 | Status       | Decumenting Statement(s) If any list la |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                   | Compliant    |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size              | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records      | Not Verified |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
|                                      | Not Verified | Documenting statement(s), if applicable |
| 5101:2-12-19 Supervision             |              |   |
|                                      | <u> </u>     |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping        | Not Verified |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                   | Not Verified | Documenting statement(s), if applicable |
| 5101.2-12-20 CHb3                    | Not vermed   |   |
|                                      | I            |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight   | Not Verified |   |
| Care                                 |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Not Verified |   |
| Requirements                         |              |   |
|                                      | -            |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Not Verified |   |
| Handling/Storage                     |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care       | Not Verified |   |
|                                      |              |   |



| Rule                                 | Status       | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-12-23 Infant Bottle and Food  | Not Verified |   |
| Preparation                          |              |   |
|                                      |              | · · · ·                                 |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet    | Not Verified |   |
| Training                             |              |   |
|                                      | ·            |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water      | Not Verified |   |
| Safety Requirements                  |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Not Verified |   |
| Administration                       |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified |   |
| Educational Requirements             |              |   |
|                                      | •            | · · · · · · · · · · · · · · · · · · ·   |
|                                      |              |   |