

# **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 Deta        | nils            |                   |
|---------------------------------------|---------------------|-----------------|-------------------|
| Program Name                          | Program Number      |                 | Program Type      |
| ST. PETER'S CHILD CARE CENTER, HORACE | 000000307990        |                 | Child Care Center |
| MANN SACC PROG                        |                     |                 |                   |
| Address                               |                     |                 | County            |
| 1215 WEST CLIFTON LAKEWOOD            |                     |                 | CUYAHOGA          |
| OH 44107                              |                     |                 |                   |
|                                       |                     |                 |                   |
| Building Approval Date                | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date         | Food Service Risk L | evel            |                   |
|                                       | Exempt              |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection S                   | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 10/04/2023 | Begin Time 3                   | 3:00 PM          | End Time 4:30 PM  |              |
|                            |                                |                  |                   |              |
| Reviewer:                  |                                |                  |                   |              |
| SHELLY WILLIAMS            |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 3                              | 0                | 0                 | 3            |

| 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          | 0         | 0     |
| School Age  |                  | 0          | 29        | 29    |
| Total Capacity/Enrollment                                 | 48               | 0          | 29        | 29    |

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



| SACC | School-Age to < 11 years | 2 to 26 | Cafeteria  |
|------|--------------------------|---------|------------|
| SACC | School-Age to < 11 years | 1 to 12 | Playground |
| SACC | School-Age to < 11 years | 1 to 14 | Cafeteria  |

# **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  |



### Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program is required to follow the requirements in rule for school-age supervision.

<u>Finding</u>: During the inspection, it was determined that school-age children used the restroom; without meeting number(s) 5 below:

- 1. Were within hearing distance of a Child Care Staff Member;
- 2. In groups of 6 or fewer;
- 3. Checked on at least every 5 minutes (Kindergarten-third grade);
- 4. Checked on at least every 10 minutes (Fourth grade and higher);
- 5. The program has exclusive use of the child care space being used by children. Program is located in an elementary school building without exclusive use of restrooms. Children were permitted to leave the playground to use the restroom.

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/03/2023

#### **Domain: 10 Written Policies & Procedures**

Rule: 5101:2-12-07 Written Program Policies and Procedures

<u>Code</u>: The program's policies and procedures are required to include all topics outlined in rule.

<u>Finding</u>: During the inspection, it was determined the program's written policies and procedures provided to the parents/guardians and employees was missing item number(s)15 below:

#### General Information

- 1. Program name, address, email address and telephone number.
- 2. Description of the program's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in program activities.
- 6. Opportunities for parents to meet with teachers regarding their child.
- 7. Payment schedule, overtime charges and registration fees as applicable.
- 8. Supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

## **Program Policies and Procedures**

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.

- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Compliance with the Americans with Disabilities Act (ADA), including administering medication to children with disabilities and administering care procedures to children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice.)
- 17. Food and dietary policy, including, information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals and snacks, and a policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return and notification of parent of ill child.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products including medical foods, modified diets and whether school age children are permitted to carry their own medication and ointments.
- 21. Transportation for fieldtrips, routine trips (if applicable) and emergencies, including if the center will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks and information about daily activities.
- 24. Sleeping, Napping and Resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation including closing due to weather, school delays or closings and any other factors.
- 27. Situations that may require disenrollment of a child, if applicable.
- 28. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the child care program.
- 29. Formal screenings and assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

Revise the program's written policies and procedures to include the missing information. Submit the program's corrective action plan, which includes the revised written policies and procedures, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/03/2023

**Domain: 10 Written Policies & Procedures** 

Rule: 5101:2-12-16 Written Disaster Plan

<u>Code</u>: The program is required to train child care staff members and employees on the written disaster plan annually and keep written documentation of the training on-site.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in number(s) 2 below:

- 1. Child care staff members and employees were not trained annually.
- 2. Written documentation of the training was not kept on file.

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

Corrective Action Plan Due: 11/03/2023

### **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 | Bocamenting statement(3), if applicable     |
| Requirements                     | Compilant |   |
| - 44                             |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Building      | Compliant | Documenting Statement: This program         |
| Department Inspection            |           | serves only school age children in a public |
|                                  |           | or chartered non-public school building.    |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable     |

| D   5404 0 40 045;                  | 0 1: .                | D .: C                                      |
|-------------------------------------|-----------------------|---|
| Rule: 5101:2-12-04 Fire Inspection  | Compliant             | Documenting Statement: This program         |
|                                     |                       | serves only school age children in a public |
|                                     |                       | or chartered non-public school building.    |
|                                     |                       |   |
|                                     | l                     |   |
| 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                          | Journal of the second |   |
| Заярензіон                          |                       |   |
| Dula                                | Chahara               | December 5 Chat (1) 15 1: 1:                |
| Rule                                | Status                | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator          | Compliant             |   |
| Qualifications                      |                       |   |
|                                     |                       |   |
| Rule                                | Status                | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator          | Compliant             | 3 (" 11                                     |
| Responsibilities/Requirements       | Compilant             |   |
| Responsibilities/Requirements       |                       |   |
|                                     |                       |   |
| Rule                                | Status                | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Medical Statement      | Compliant             |   |
|                                     |                       |   |
|                                     |                       |   |
| Rule                                | Status                | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Orientation Training & | Compliant             |   |
| Whistle Blower Protection           | '                     |   |
| Williams Blower Frotestion          |                       |   |
| Dula                                | Chahua                | Decrees the Chatera ant/a) If annicable     |
| Rule                                | Status                | Documenting Statement(s), If applicable     |
| 5101:2-12-09 Background Check       | Compliant             |   |
| Requirements                        |                       |   |
|                                     |                       |   |
| Rule                                | Status                | Documenting Statement(s), If applicable     |
| 5101:2-12-10 Health Training        | Compliant             |   |
| Requirements                        | <u>'</u>              |   |
|                                     | I                     |   |
| Pulo                                | Ctatus                | Decumenting Statement/s) If applicable      |
| Rule                                | Status                | Documenting Statement(s), If applicable     |
| 5101:2-12-10 Professional           | Compliant             |   |
| Development Requirements            |                       |   |
|                                     |                       |   |
| Rule                                | Status                | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space           | Compliant             |   |
| Requirements                        |                       |   |
|                                     |                       |   |
| Dulo                                | Ctatus                | Decumenting State in cut/s\ If a null-sale. |
| 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 9/123. |
|--|------------------|---|
|  |                  |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Equipment              | Compliant        |   |
|  |                  |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Fall Zones             | Compliant        |   |
| Rule   | Status           | Documenting Statement(s) If anyline la  |
| 5101:2-12-12 Safe Equipment                      | Compliant        | Documenting Statement(s), If applicable   |
| 3101.2-12-12 Sale Equipment                      | Compilant        |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Environment                    | Compliant        | Documenting statement(s), if applicable   |
| 3101.2 12 12 3arc Environment                    | Compilant        |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and              | Compliant        | bocamenting statement(s), ii applicable   |
| Environment                                      |                  |   |
| Rule   | Status           | Decumenting Statement(s) If applicable  |
| 5101:2-12-13 Handwashing                         | Compliant        | Documenting Statement(s), If applicable   |
| Requirements                                     | Compilant        |   |
| Dula   | Chatter          | Decree with a Chaham and (a) If any limble  |
| Rule 5101:2-12-13 Smoke Free                     | Status Compliant | Documenting Statement(s), If applicable   |
| Environment                                      | Compilant        |   |
|  |                  |   |
| 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.  |
|  |                  | were complete, as required by the rule.   |
| Rule: 5101:2-12-15 Child Medical and             | Compliant        | Documenting Statement: At the time of   |
| Enrollment Records                               |                  | the inspection, medical statements for  |
|  |                  | the children were not needed as all   |
|  |                  | children enrolled attended a grade of   |
|  |                  | kindergarten or above in an elementary  |
|  |                  | school.   |
| <del> </del>                                     |                  |   |

| Rule                                | Status    | Documenting Statement(s), If applicable                               |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: At the time of                                 |
| Care Plans                          | · ·       | the inspection, there were no children                                |
|                                     |           | currently enrolled who had health                                     |
|                                     |           | conditions.   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-16 Medical, Dental, and   | Compliant |   |
| General Emergency Plan              |           |   |
| Dula                                | Chahira   | Decumenting Statements of the mulicable                               |
| Rule: F101:2-12-16 Emorgancy Drills | 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.   |
|                                     |           | during this inspection.   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-16 First Aid/Standard     | Compliant |   |
| Precautions                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-16 Management of          | Compliant |   |
| Communicable Disease                |           |   |
|                                     | Lau       |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-16 Incident/Injury        | Compliant |   |
| Reporting                           |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-17 Daily Schedule         | Compliant | Social entities of a content (5)) if applicable                       |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-17 Materials and          | Compliant |   |
| Equipment                           |           |   |
| Dul                                 | Chatara   | Downstin Chair 1/ ) If I'll   |
| Rule                                | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-17 Daily Outdoor Play     | Compliant |   |
|                                     | I         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                               |
| 5101:2-12-18 License Capacity       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| 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  | 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 Child Guidance                                      | Compliant           | <u> </u>  |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-22 Meal and Snack<br>Requirements                | Compliant           | Documenting Statement: Snacks were provided at intervals as required by this rule.  |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements                             | Compliant           |   |
| Rule   | Chahua              | Descriptions Chatagore ant/a) If a multiplia  |
| 5101:2-12-22 Safe Food<br>Handling/Storage                       | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-25 Medication<br>Administration                  | Compliant           | Documenting Statement: There were no children on medication at the time of the inspection; however, the method of storage and practices for the administration were reviewed. |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member<br>Educational Requirements | Compliant           | bocumenting statement(s), if applicable   |