Family Child Care 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 Deta | ils | |
|--|-------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| STAIR STEPS | 000000502915 | | FCC - Type A Home |
| Address | | | County |
| 2925 BURNETT PLACE | | | LUCAS |
| | | | |
| TOLEDO | | | |
| OH 43610 | | | |
| Building and Fire Approvals apply to Type A Family Chile | d Care Homes only | | , |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | | | |
| Fire Inspection Approval Date | | | |
| 12/29/2017 | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Compliance | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 08/16/2021 | 11:07 AM | 11:07 AM | | 2:38 PM | |
| Reviewer: | | | | | |
| Kimberly Dada | Kimberly Dada | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 79 | 7 | 0 | 0 | 9 | |

| 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 | | 1 | 0 | 1 |
| Total Under 2 Years | 12 | 2 | 0 | 2 |
| Older Toddler | | 4 | 0 | 4 |
| Preschool | | 9 | 0 | 9 |
| School Age | | 8 | 0 | 8 |
| Total Capacity/Enrollment | 12 | 21 | 0 | 23 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| one | Mixed Age Group | 2 to 7 | |



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: 2-13-03 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 |
|---|
| 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: 5101:2-13-18 Attendance

Code: The program is required to have attendance records with the required information.

Findings: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 2 below:

- 1. The name of the child;
- 2. The birth date of the child;
- 3. The assigned group for the child;
- 4. The child's weekly schedule;
- 5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

The missing information must be added to the form used to maintain attendance records. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/16/2021

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to maintain attendance records.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 2 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The attendance documentation was not kept at the program for a period of one year.

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: 09/16/2021

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to protect children in care from items and conditions that threaten their health,

safety, and well being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well being as noted in the following number(s) 12 below:

- 1. Open pull cords that are not closed loop;
- 2. Telephone cords;
- 3. Electrical/Extension cords attached to an object that would likely result in a severe injury if pulled;
- 4. Stacked chairs;
- 5. Employee(s) purse(s);

- 6. Diaper bags;
- 7. Television not securely anchored;
- 8. Small or lightweight pieces of shelving units are not securely anchored to the wall;
- 9. Staff member stepped over a barrier/gate while holding a child;
- 10. Chipping or peeling paint;
- 11. Emergency exits were blocked by the following furniture: [];
- 12. Other smoke detectors in the basement and on the main floor are not in working order.

Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/16/2021

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Clean Environment and Equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number 4 below, were in the down stairs restroom:

- 1. There was no liquid soap.
- 2. There was no toilet tissue.
- 3. There were no individually assigned towels or disposable towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet was not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/16/2021

Domain: 07 Diapering & Infant Care

Rule: 5101:2-13-23 Infant Daily Care

Code: The program staff is required to provide a daily written record for each infant in care.

Findings: During the inspection, it was determined that there was no daily written record for each infant provided to the parent or person picking up the infant on a daily basis. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/16/2021

Domain: 08 Staff Files

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program staff is required to complete the prescribed orientation within 30 days of starting

employment.

Findings: In review of the staff records, it was determined the prescribed orientation training was not completed [within thirty days of the starting employment/no documentation of completing the training after December 31, 2016] for the Child Care Staff Member(s) and/or Substitute Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes copies of verification of training, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/16/2021

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program staff is required to complete the prescribed child abuse and neglect course within the

required timeframe.

Findings: In review of records, it was determined the CCSM did not have current valid documentation for training(s) listed in number(s) 2,6,11,15 below:

- 1. First Aid expired training
- 2. First Aid not taken First Aid training
- 3. First Aid not have verification of completion of First Aid
- 4. First Aid Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 5. CPR expired training
- 6. CPR not taken CPR training
- 7. CPR not have verification of CPR training
- 8. CPR training taken did not include all age groups the program serves
- 9. CPR Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 10. Management of Communicable Disease expired training
- 11. Management of Communicable Disease not taken CD training
- 12. Managment of Communicable Disease not have verification of completion of the full CD training
- 13. Management of Communicable Disease Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 14. Child Abuse Recognition and Prevention expired training
- 15. Child Abuse Recognition and Prevention not taken Child Abuse training



16. Child Abuse Recognition and Prevention - Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/16/2021

Domain: 08 Staff Files

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program staff is required to obtain the required trainings to meet the requirements.

Findings: In review of the staff records, it was determined the training requirements were not met for the Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes copies of verification of training, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/16/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child's Medical

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1, 2,6 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 6. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 8. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases
- required by division 5104.014 of the Revised Code and found in appendix A to this rule
- 9. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
- 10. Other []

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

Corrective Action Plan Due: 09/16/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-14 Driver Requirements | Compliant | <u> </u> |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | Documenting Statement(s), If applicable |
| Care | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted | Compliant | botamenting statement(3), it applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 JFS 01234 'Child | Compliant | - comment of content of the content |
| Enrollment and Health Information' | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | Documenting Statement(s), If applicable |
| 5101.2 15-10 Natio and Group Size | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Nuic | Status | Documenting Statement(s), if applicable |

| 5101:2-13-07 Provider Requirements | Compliant | |
|--|--------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | bootimenting ottatement(s)) is applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and Lotions | Compliant | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspection for Type A Homes | Compliant | bocumenting statement(s), ii applicable |
| | 1 | |
| Rule 5101:2-13-13 Handwashing | Status Compliant | Documenting Statement(s), If applicable |
| | C | |
| Rule 5101:2-13-17 Programming | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-24 On-site Pools | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-24 Parent Permission for Swimming | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | , , , , , , , , , , , , , , , , , , , |

| | ī | 1 |
|--------------------------------------|-----------|---|
| | | |
| | | _ |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Standard Precautions | Compliant | Bocamenting statement(s), it applicable |
| J101.2-13-10 Standard Frecautions | Compilant | |
| | | |
| | | |
| 2.1 | | D .: C |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 JFS 00598 'Owner's | Compliant | |
| Authorized | | |
| Reqpresentative/Partnership Form for | | |
| Child Care' | | |
| Critic Care | | |
| 2.1 | | D :: C: |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and | Compliant | |
| Procedures | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | (-// |
| 3101.2 13 22 11010 141111 | Compilant | |
| | | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(3), if applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
| | | |
| | | |
| | • | · |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|--|
| 5101:2-13-08 Staff Records | Compliant | Bocamenting statement(5), it applicable |
| 3101.2-13-08 Staff Records | Compliant | |
| | | |
| | | |
| - 1 | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Inspections for | Compliant | |
| Type A Homes | P | |
| Type Attiones | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bookinenting statement(s), it applicable |
| 5101:2-13-23 Diapering | Compliant | |
| | | |
| | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| 8 | P | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | Bootimenting statement(5), it approals |
| 3101.2-13-22 Food Handling | Compliant | |
| | | |
| | | |
| Dula | Chahua | Designmenting Statement (-) If I' |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit | Compliant | G |
| 3101.2 13 10 HISt AIG NIL | Compilant | |
| | | |
| | | |
| Dula | Chatus | Degumenting Statement/s) If small-state |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
|---|---------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | bocumenting statement(s), it applicable |
| for Field and Routine Trips | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | The second of th |
| General Emergency Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Requirements | | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | |
| 1 reputation | | |
| D. J. | Chatana | Decree the Chater and a life and include |
| Rule 5101:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2 13 13 100ths/u3hing | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | booking statement(s), it applicable |
| Equipment | · | |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | 1000 1000 1000 |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| | | |

| beginning. | 1 | T |
|--------------------------------------|-----------|---|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider | Compliant | |
| Portal | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute | Compliant | |
| Requirements | | |
| · | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-13-08 Substitute | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | Documenting Statement(s), if applicable |
| 3101.2-13-13 Health Conditions | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
| | | |
| | | |
| Pulo | Status | Documenting Statement(a) If a reliable |
| Rule 5101:2-13-02 Provider Medical | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-02 Provider Medical | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | · | |
| | | |
| Pulo | Ctatus | Decumenting State or aut/a) If a multiple |
| Rule 5101:2-13-09 Background Checks | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-03 Dackground Checks | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | , , , , , , , , , , , , , , , , , , , |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |



| Dedicated. | | | |
|----------------------------------|-----------|---|--|
| | | | |
| | | | |
| | | | |
| Rule | Status | Documenting Statement(s), If applicable | |
| 5101:2-13-03 Inspection | Compliant | | |
| Requirements | | | |
| | | | |
| | | | |
| Rule | Status | Documenting Statement(s), If applicable | |
| 5101:2-13-14 Vehicle Inspections | Compliant | | |
| | | | |
| | | | |
| | | | |
| | | · | |