

# **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      |  |
| Strongsville Montessori School & Child Care | 2180017422              |                 | Child Care Center |  |
| 700   |                         |                 |                   |  |
| Address                                     |                         |                 | County            |  |
| 16000 Foltz Industrial PKWY Strongsville    |                         |                 | CUYAHOGA          |  |
| ОН  |                         |                 |                   |  |
| 44149                                       |                         |                 |                   |  |
|   |                         |                 |                   |  |
| Building Approval Date                      | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 02/14/1995                                  |                         | 500             |                   |  |
| Fire Inspection Approval Date               | Food Service Risk Level |                 |                   |  |
| 12/02/2024                                  | Level III               |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 11/04/2025             | 9:30 AM                        |                  | 2:40 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Margaret Agoston       |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 3                              | 0                | 2                 | 2            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 15         | 0         | 15    |
| Young Toddler   |                  | 8          | 0         | 8     |
| Total Under 2 ½ Years                                     | 102              | 23         | 0         | 23    |
| Older Toddler   |                  | 6          | 0         | 6     |
| Preschool   |                  | 47         | 0         | 47    |
| School Age  |                  | 0          | 25        | 25    |
| Total Capacity/Enrollment                                 | 342              | 53         | 25        | 101   |

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



| Infant 1   | 0 to < 12 months         | 2 to 4  |  |
|------------|--------------------------|---------|--|
| Infant 1   | 0 to < 12 months         | 2 to 5  |  |
| Infant 2   | 12 months to < 18 months | 2 to 6  |  |
| Infant 2   | 12 months to < 18 months | 1 to 5  |  |
| Toddler 1  | 18 months to < 30 months | 2 to 6  |  |
| Toddler 1  | 18 months to < 30 months | 1 to 11 | Nap time ratio. Toddler 1 and 2 combined. Two children up off of their cots playing. |
| Toddler 2  | 30 months to < 36 months | 1 to 6  |  |
| PS         | 3 years to < 4 years     | 1 to 8  |  |
| PS         | 3 years to < 4 years     | 2 to 17 | Nap  |
| PK         | 4 years to < 5 years     | 1 to 8  |  |
| PK         | 4 years to < 5 years     | 1 to 14 | 3 school agers combined with PK  |
| Montessori | 3 years to < 4 years     | 2 to 15 |  |

# **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 5180:2-12-03 and 5180:2-13-03 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**

Domain: 01 Ratio & Supervision

Rule: 5180:2-12-18 Ratio

<u>Code</u>: The program is required to maintain the appropriate staff to child ratio for each group served.



<u>Finding</u>: During the inspection, a ratio of 1 child care staff member(s) for 11 children was determined to have occurred for the toddler 1 and 2 groups when the situation in number(s) 9 below occurred:

- 1. A child care staff member stepped out of the room.
- 2. A child care staff member had not arrived at work on time.
- 3. Children were present who were not scheduled to be there.
- 4. A child care staff member was unable to work.
- 5. A child was injured in that group.
- 6. A child arrived in the group before a second staff member was scheduled to arrive with the group.
- 7. Two groups were combined, and the program did not follow the ratio for the youngest child in the group.
- 8. A child was transitioning to the next older age group, and the program did not follow the ratio for the youngest child in the group.
- 9. Ratio was doubled during nap but children were permitted to get up off of their cots and play.
- 10. Ratio was doubled while children were napping for a group that included at least one infant.
- 11. Ratio was doubled while children were napping and there were not enough staff members in the building to meet staff/child ratio.
- 12. Ratio was doubled in the school age group to allow access to the program, however, the program does not serve only school age children.
- 13. Both child care staff members did not have a working communication device when one staff member left the group to allow access to the school age only program.
- 14. The child care staff member did not return to the group after allowing access to the school age only program. 15. Other [ ].

Additional child care staff members must be hired or current child care staff members must be rescheduled to maintain compliance. 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: 12/04/2025

### Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 22, 23, 27, 28 below:

1. No plan was on file.

(Page 1)



- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

### (Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

## (Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

#### (Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.



- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/04/2025

### **Low Risk Non-Compliances**

# Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide a clean restroom with the appropriate materials available.

<u>Finding</u>: During the inspection, it was determined that unsanitary conditions, as noted in number(s) 6 below, were in the toddler restroom:

- 1. There was no liquid soap.
- 2. There was no toilet paper.
- 3. There were no paper towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet(s) were 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. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.



### Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to ensure that there is at least one child care staff member who has signed the JFS 01236 "Child Medical/Physical Care Plan for Child Care" caring for the child at all times when a child with a health condition is present.

<u>Finding</u>: During the inspection, it was determined a child with a condition that required a JFS 01236 "Child Medical/Physical Care Plan" had been present and the program did not ensure there was at least one child care staff member caring for the child at all times who had signed the JFS 01236 on the child's condition. 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: 12/04/2025

# **Rules In-Compliance/Not Verified**

| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5180:2-12-16 Written Disaster<br>Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff.                             |
| Rule: 5180:2-12-16 Written Disaster<br>Plan | Compliant | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements. |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-02 License Posted                 | Compliant | Documenting Statement(s), if applicable   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-04 Building Department Inspection | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-02 Current Information            | Compliant |   |



| Rule                                 | Status       | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5180:2-12-03 Inspection              | Compliant    |   |
| Requirements                         |              |   |
|                                      | ž.           |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 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 12/12/25.        |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service            | Compliant    | 2002                                    |
| Requirements                         | -31116113116 |   |
|                                      | ř.           |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator           | Compliant    |   |
| Qualifications                       | ,            |   |
|                                      | P            |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and  | Compliant    |   |
| Suspension                           | ,            |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator           | Compliant    |   |
| Responsibilities/Requirements        |              |   |
|                                      | I            |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program         | Compliant    |   |
| Policies and Procedures              |              |   |
| Pode                                 | Charles      | Downwart's Colombia (A) (Colombia)      |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-08 Medical Statement       | Compliant    |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Compliant    | 0                                       |
| Educational Requirements             |              |   |
|                                      | 1            | ,                                       |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training &  | Compliant    |   |
| Whistle Blower Protection            |              |   |
|                                      | 1            |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 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                           |
| 5180:2-12-10 Health Training         | Compliant           | bootineming statement(s), ii approasie                            |
| Requirements                         |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable                           |
| 5180:2-12-10 Professional            | Compliant           |   |
| Development Requirements             |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable                           |
| 5180:2-12-11 Indoor Space            | Compliant           |   |
| Requirements                         |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable                           |
| 5180:2-12-11 Separation of Children  | Compliant           |   |
| Under 2 1/2 Years                    | 100                 |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable                           |
| 5180:2-12-11 Outdoor Space           | Compliant           |   |
| Requirements                         |                     |   |
| -                                    | *                   | *   |
| Rule                                 | Status              | Documenting Statement(s), If applicable                           |
| 5180:2-12-12 Safe Equipment          | Compliant           |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable                           |
| 5180:2-12-11 Outdoor Play Equipment  | Compliant           |   |
| Rule                                 | Chatus              | Decreasing Statement(s) If annice his                             |
| 5180:2-12-11 Outdoor Play Fall Zones | Status<br>Compliant | Documenting Statement(s), If applicable                           |
| 5160.2 12 11 Outdoor Flay Fair Zones | Compilant           |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable                           |
| 5180:2-12-12 Safe Environment        | Compliant           | Dodanienano Diatornentoj, ir appricable                           |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable                           |
| Rule: 5180:2-12-13 Handwashing       | Compliant           | Documenting Statement: Staff and                                  |
| Requirements                         |                     | children were observed washing hands as                           |
|                                      |                     | required by the rule.   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable                           |
| 5180:2-12-13 Smoke Free              | Compliant           |   |
| Environment                          |                     |   |



| Rule   | Status                           | Documenting Statement(s), If applicable  |
|--|----------------------------------|--|
| Rule: 5180:2-12-15 Child Medical and   | Compliant                        | Documenting Statement: In review of  |
| Enrollment Records   |                                  | 25% of the records, at the time of the   |
|  |                                  | inspection, children's medical statements  |
|  |                                  | were complete and on file, as required by  |
|  |                                  | the rule.  |
|  |                                  |  |
| Rule   | Status                           | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Medical, Dental, and  | Compliant                        | Documenting Statement(s), it applicable  |
| General Emergency Plan   | Compliant                        |  |
| General Emergency Ham  |                                  |  |
| Rule   | Status                           | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 Emergency Drills  | Compliant                        | Documenting Statement: Documentation   |
| Company of the Compan | communication of the employments | for completed fire, weather, and   |
|  |                                  | emergency/lockdown drills was verified   |
|  |                                  | during this inspection.  |
|  |                                  |  |
|  |                                  |  |
| Rule   | Status                           | Documenting Statement(s), If applicable  |
| 5180:2-12-16 First Aid/Standard  | Compliant                        |  |
| Precautions  |                                  |  |
|  |                                  |  |
| Rule   | Status                           | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Management of   | Compliant                        |  |
| Communicable Disease   |                                  |  |
| Rule   | Status                           | Decumenting Statement(s) If applicable   |
|  | Compliant                        | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Incident/Injury   | Compliant                        |  |
| Reporting  |                                  |  |
| Rule   | Status                           | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Materials and   | Compliant                        | <i>U</i> 111 -   |
| Equipment  |                                  |  |
|  |                                  |  |
| Rule   | Status                           | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Daily Schedule  | Compliant                        |  |
|  |                                  |  |
| Rule   | Status                           | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-18 Attendance  | Compliant                        | Documenting Statement: During the  |
| Records  | - Sompilarie                     | inspection, attendance records were  |
| , nesorus  |                                  | reviewed. Child Care Staff Members were  |
|  |                                  | viewed recording the attendance for each   |
|  |                                  | child upon arrival and departure. All  |
|  |                                  | attendance records met the requirements  |
|  |                                  | The state of the s |
|  |                                  | of the rule and were kept with the group   |
|  |                                  | at all times.  |



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|--------------------------------------|--|--|
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| -                                    |  |  |
| n.l.                                 |  | D  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
| 5180:2-12-18 Group Size              | Compliant  |  |
|                                      |  |  |
|                                      |  | <del>-</del>                               |
| Rule                                 | Status   | D  |
|                                      |  | Documenting Statement(s), If applicable    |
| 5180:2-12-17 Daily Outdoor Play      | Compliant  |  |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
|                                      |  | Bocumenting statement(s), if applicable    |
| 5180:2-12-18 License Capacity        | Compliant  |  |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
|                                      |  | bocamenting statement(s), it applicable    |
| 5180:2-12-20 Cots and Napping        | Compliant  |  |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
|                                      |  | Documenting Statement(3), if applicable    |
| 5180:2-12-19 Supervision             | Compliant  |  |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
| 5180:2-12-19 Child Guidance          |  | Becamenting statement(s)) if applicable    |
| 5180:2-12-19 Child Guldance          | Compliant  |  |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
| 5180:2-12-20 Cribs                   |  | (-),                                       |
| 3180.2-12-20 CHbs                    | Compliant  |  |
|                                      | <u> </u>   |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-22 Meal and Snack    | Compliant  | Documenting Statement: The menu            |
|                                      | Compliant  |  |
| Requirements                         |  | posted reflected the meal served.          |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
|                                      | AND MAKE THE PROPERTY OF THE P | Documenting Statement(s), if applicable    |
| 5180:2-12-22 Safe Food               | Compliant  |  |
| Handling/Storage                     |  |  |
|                                      | 1  | 1  |
| D. J.                                | Chalma   | D  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
| 5180:2-12-22 Fluid Milk Requirements | Compliant  |  |
| •                                    |  |  |
|                                      |  | <del>-</del>                               |
| Pulo                                 | Status   | Decumenting Statement(s) If annies his     |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-23 Infant Daily Care | Compliant  | Documenting Statement: Appropriate         |
|                                      |  | daily written records for all infants were |
|                                      |  | viewed.                                    |
|                                      |  | vieweu.                                    |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable    |
|                                      |  | 2 2 damenting otatement(a), it applicable  |



| 5180:2-12-23 Infant Bottle and Food<br>Preparation  | Compliant           |   |
|---|---------------------|---|
| Rule: 5180:2-12-23 Diapering and<br>Toilet Training | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Appropriate diaper changing procedures were observed during the inspection in the [infant/toddler] room(s). |
| Rule<br>5180:2-12-25 Medication<br>Administration   | Status<br>Compliant | Documenting Statement(s), If applicable   |