

# **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      |
| Harvard Enrichment Learning Center | 2180018892          |                 | Child Care Center |
|                                    |                     |                 |                   |
| Address                            |                     |                 | County            |
| 7001-7005 Harvard Ave Cleveland    |                     |                 | CUYAHOGA          |
| OH 44105                           |                     |                 |                   |
|                                    |                     |                 |                   |
|                                    |                     |                 |                   |
| Building Approval Date             | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 10/26/2018                         | E                   | 121             |                   |
| Fire Inspection Approval Date      | Food Service Risk L | evel            |                   |
| 01/20/2023                         | Level III           |                 |                   |

|                            | Insp                           | ection Information |                   |              |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type<br>Annual  | Inspection So                  | cope               | Inspection Notice |              |
| Annuai                     | Full                           |                    | Unannounced       |              |
| Inspection Date 08/03/2023 | Begin Time 1                   | .0:40 AM           | End Time 3:14 PM  |              |
| Reviewer:<br>CYNTHIA PAYNE |                                |                    |                   |              |
| 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 8          | 0         | 8     |
| Total Under 2 ½ Years                                     | 39               | 9          | 0         | 9     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   | ]                | 12         | 0         | 12    |
| School Age  |                  | 26         | 0         | 26    |
| Total Capacity/Enrollment                                 | 79               | 39         | 0         | 48    |

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



Department of Education Department of Job and Family Services

| Preschool  | 3 years to < 4 years     | 1 to 4 |  |
|------------|--------------------------|--------|--|
| Preschool  | 3 years to < 4 years     | 1 to 4 |  |
| Preschool  | 3 years to < 4 years     | 1 to 5 |  |
| School-Age | School-Age to < 11 years | 1 to 7 |  |
| School-Age | School-Age to < 11 years | 1 to 7 |  |
| School-Age | School-Age to < 11 years | 1 to 9 |  |
| School-Age | School-Age to < 11 years | 1 to 7 |  |
| School-Age | School-Age to < 11 years | 1 to 7 |  |
| School-Age | School-Age to < 11 years | 1 to 9 |  |

### **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: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in numbers 1, 2 and 6 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/02/2023

### **Domain: 08 Staff Files**

<u>Rule</u>: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

1. The child care staff members had not completed at least six hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

3. Training topic did not meet the requirements listed in appendix A of this rule.

4. Documentation of training did not meet the requirements of this rule.



5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
6. Other [].

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

Corrective Action Plan Due: 09/02/2023

# Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% 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 2 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. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for
- participation in group care

7. 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
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. 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
- 10. 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
- 11. Other [ ]
- Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/02/2023



# Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable  |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted  | Compliant | Documenting Statement: The license was   |
|                                    |           | in a location visible to parents as      |
|                                    |           | required.                                |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-02 Current         | Compliant | Documenting Statement: The program       |
| Information                        |           | had current information entered in the   |
|                                    |           | Ohio Child Licensing and Quality System  |
|                                    |           | (OCLQS).                                 |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection            | Compliant |  |
| Requirements                       |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Building        | Compliant | Documenting Statement: On the day of     |
| Department Inspection              |           | the inspection, the program was          |
|                                    |           | operating in compliance with the current |
|                                    |           | building approval(s).                    |
|                                    |           |  |
| 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 1/20/2024.        |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Food Service          | Compliant |  |
| Requirements                       |           |  |
|                                    |           |  |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-05 Denial, Revocation and  | Compliant |   |
| Suspension                           |           |   |
|                                      |           |   |
| 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 |   |
| Responsibilities/Requirements        |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program   | Compliant | Documenting Statement: The written      |
| Policies and Procedures              |           | policies and procedures reviewed on the |
|                                      |           | day of the inspection were verified as  |
|                                      |           | complete.                               |
| <u> </u>                             |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees    |
|                                      | compliant | had current medical statements on file. |
|                                      |           | nud current medical statements of me.   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Orientation       | Compliant | Documenting Statement: On the day of    |
| Training & Whistle Blower Protection |           | the inspection, all child care staff    |
|                                      |           | members had met orientation training    |
|                                      |           | requirements.                           |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check  | Compliant | Documenting Statement: During the       |
| Requirements                         |           | inspection, the required documentation  |
|                                      |           | regarding background checks was on file |
|                                      |           | for all employees listed.               |
| L                                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children  | Compliant |   |
| Under 2 1/2 Years                    |           |   |
|                                      | L         | I                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           |   |



| 5101:2-12-11 Outdoor Space<br>Requirements  | Compliant           |   |
|---|---------------------|---|
| Dula  | Chabus              | Decumenting Statement(s) If applicable  |
| Rule<br>5101:2-12-11 Outdoor Play Equipment | Status<br>Compliant | Documenting Statement(s), If applicable |
|   | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones        | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment                 | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment               | Compliant           |   |
|   | 1                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and         | Compliant           |   |
| Environment                                 |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing<br>Requirements    | Compliant           |   |
| Requirements                                |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free                     | Compliant           |   |
| Environment                                 |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing                  | Compliant           |   |
| Requirements                                |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field       | Compliant           |   |
| Trip Procedures                             |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver        | Compliant           |   |
| Requirements                                |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle       | Compliant           | bocamenting statement(s), it applicable |
| Requirements                                |                     |   |
| · · · ·                                     | 1                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable |



| Plans       Status       Documenting Statement(s), If applicable         Rule       Status       Documenting Statement(s), If applicable         Status       Documenting Statement(s), If applicable         Rule       Status       Documenting Statement(s), If applicable         Rule       Status         Rule       Status         Rule       Status         Rule       Status         Documenting Statement(s), If applicable   | 5101:2-12-15 Medical/Physical Care | Compliant |  |
|--|------------------------------------|-----------|--|
| 5101:2-12-16 Medical, Dental, and<br>General Emergency PlanCompliantRuleStatusDocumenting Statement(s), If applicable5101:2-12-16 Emergency DrillsCompliantRuleStatusDocumenting Statement(s), If applicable5101:2-12-16 First Aid/StandardCompliantPrecautionsCompliant   | Plans                              |           |  |
| 5101:2-12-16 Medical, Dental, and<br>General Emergency Plan       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-12-16 Emergency Drills       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-12-16 Emergency Drills       Compliant         Precautions       Compliant  | Rule                               | Status    | Documenting Statement(s). If applicable  |
| General Emergency Plan       Status       Documenting Statement(s), If applicable         Rule       Status       Compliant         Rule       Status       Documenting Statement(s), If applicable         Stol1:2-12-16 Emergency Drills       Compliant         Precautions       Compliant   |                                    |           |  |
| 5101:2-12-16 Emergency Drills       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-12-16 First Aid/Standard       Compliant       Documenting Statement(s), If applicable         Precautions       Compliant       Documenting Statement(s), If applicable  | General Emergency Plan             |           |  |
| 5101:2-12-16 Emergency Drills       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-12-16 First Aid/Standard       Compliant       Documenting Statement(s), If applicable         Precautions       Compliant       Documenting Statement(s), If applicable  |                                    |           |  |
| Rule     Status     Documenting Statement(s), If applicable       5101:2-12-16 First Aid/Standard     Compliant       Precautions  |                                    |           | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard     Compliant       Precautions  | 5101:2-12-16 Emergency Drills      | Compliant |  |
| 5101:2-12-16 First Aid/Standard     Compliant       Precautions  |                                    |           |  |
| Precautions  | Rule                               | Status    | Documenting Statement(s), If applicable  |
|  | 5101:2-12-16 First Aid/Standard    | Compliant |  |
| Rule     Status     Documenting Statement(s), If applicable  | Precautions                        |           |  |
| Rule         Status         Documenting Statement(s), If applicable  |                                    |           |  |
| 5101.2 12 1C Management of Compliant   |                                    |           | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of Compliant<br>Communicable Disease   | 0                                  | Compliant |  |
|  |                                    |           |  |
| Rule         Status         Documenting Statement(s), If applicable  | Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury Compliant   | 5101:2-12-16 Incident/Injury       | Compliant |  |
| Reporting  | Reporting                          |           |  |
|  |                                    |           |  |
| Rule         Status         Documenting Statement(s), If applicable           Documenting Statement Statement The second statement of the second statement |                                    |           |  |
|  |                                    | Compliant | Documenting Statement: The program's written disaster plan was reviewed during |
|  | Fian                               |           | the inspection and met the requirements.                                       |
|  |                                    |           |  |
|  |                                    |           |  |
| Rule         Status         Documenting Statement(s), If applicable  |                                    |           | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule Compliant  | 5101:2-12-17 Daily Schedule        | Compliant |  |
|  |                                    |           |  |
| Rule         Status         Documenting Statement(s), If applicable  | Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and Compliant   | 5101:2-12-17 Materials and         | Compliant |  |
| Equipment  | Equipment                          |           |  |
|  |                                    |           |  |
| RuleStatusDocumenting Statement(s), If applicable5101:2-12-17 Daily Outdoor PlayCompliant  |                                    |           | Documenting Statement(s), If applicable  |
|  | JIOI.Z-IZ-I/ Dally Outdoor Play    | Compilant |  |
|  |                                    | 1         |  |
| Rule         Status         Documenting Statement(s), If applicable  | Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity Compliant  | 5101:2-12-18 License Capacity      | Compliant |  |
|  |                                    |           |  |
| Rule     Status     Documenting Statement(s), If applicable  | Rule                               | Status    | Documenting Statement(s) If applicable   |
| Rule: 5101:2-12-18 RatioCompliantDocumenting statement: Staff/child  |                                    |           |  |
| ratios observed during the inspection  |                                    |           |  |
| were in compliance.  |                                    |           | were in compliance.  |



| Rule                                     | Status              | Documenting Statement(s), If applicable  |
|--|---------------------|--|
| Rule: 5101:2-12-18 Group Size            | Compliant           | Documenting Statement: The group sizes<br>observed on the day of the inspection<br>were in compliance.   |
| Rule                                     | Status              | Desumenting Statement(s) If emplicable   |
| Rule: 5101:2-12-18 Attendance<br>Records | Compliant           | Documenting Statement(s), If applicableDocumenting Statement: Child Care StaffMembers were observed recording the<br>attendance for each child upon arrival<br>and documenting each child's departure.   |
| Rule: 5101:2-12-18 Attendance<br>Records | Compliant           | Documenting Statement: During the<br>inspection, attendance records were<br>reviewed. Child Care Staff Members were<br>viewed recording the attendance for each<br>child upon arrival and departure. All<br>attendance records met the requirements<br>of the rule and were kept with the group<br>at all times. |
| Rule                                     | Chabus              | Descriptions (theters out(a)) if any listic  |
| Rule: 5101:2-12-19 Supervision           | Status<br>Compliant | Documenting Statement(s), If applicableDocumenting Statement: Child Care StaffMembers were supervising the childrenand were able to intervene as needed.   |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-19 Child Guidance        | Compliant           | Documenting Statement: Appropriate<br>child guidance techniques and practices<br>were observed being used during the<br>inspection.  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cots and Napping      | Compliant           | Documenting Statement: The rest area<br>had adequate lighting, which allowed for<br>the visual supervision of children.  |
| Rule: 5101:2-12-20 Cots and Napping      | Compliant           | Documenting Statement: Cots were<br>placed appropriately and safely during<br>nap time.  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| Kule                                     | Status              |  |



| Rule: 5101:2-12-20 Cribs                               | Compliant           | Documenting Statement: All cribs were labeled with the assigned infant's name. |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-21 Evening and Overnight                     | Compliant           | Documenting statement(s), if applicable  |
| Care   |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack                            | Compliant           |  |
| Requirements   |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements                   | Compliant           |  |
|  |                     |  |
| Dula   | Chatura             |  |
| Rule<br>5101:2-12-22 Safe Food                         | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Handling/Storage                                       | Compliant           |  |
|  | 1                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-23 Infant Daily Care                   | Compliant           | Documenting Statement: During the  |
|  |                     | inspection, the requirements of the rule                                       |
|  |                     | regarding infant daily care were discussed.                                    |
|  |                     | discussed.   |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-23 Infant Bottle and                   | Compliant           | Documenting Statement: During the  |
| Food Preparation                                       |                     | inspection, the requirements of the rule                                       |
|  |                     | regarding infant bottle and food   |
|  |                     | preparation were discussed.  |
|  |                     | No children under 12 months.   |
|  |                     |  |
| Dula   | Chatura             |  |
| Rule<br>Rule: 5101:2-12-23 Diapering and               | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: Appropriate  |
| Toilet Training  | Compliant           | diaper changing procedures were  |
|  |                     | observed during the inspection in the  |
|  |                     | infant room.   |
|  |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-24 Swimming and Water<br>Safety Requirements | Compliant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
|  |                     |  |



| Rule: 5101:2-12-25 Medication<br>Administration | Compliant | Documenting Statement: There were no<br>children on medication at the time of the<br>inspection; however, the method of<br>storage and practices for the<br>administration were reviewed. |
|---|-----------|---|
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-08 Child Care Staff             | Compliant | Documenting Statement: All Child Care   |
| Member Educational Requirements                 |           | Staff Members had verification of   |
|   |           | educational requirements on file at the   |
|   |           | program.  |
|   |           |   |
|   |           |   |