

Center Complaint Inspection Summary 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 Details						
Program Name	Program Number	Program Type				
Stair Steps Enrichment Center	2180019084	Child Care Center				
Address		County				
18482 Lakeshore Blvd. Cleveland OH 44119		CUYAHOGA				

Inspection Information								
Inspection Type			Inspection Scope		Inspection Notice			
Complaint			Partial		Unannounced			
Reviewer(s) RENADA FITCH		Inspection	nspection Day Begin		n Time	End Time		
		01/12/20	24	11:00	MA C	4:49 PM		
Summary of Findings								
No. Rules Verified	No. Rules with Non-compliances No. Serious Ris		(No. Moderate Risk	No. Low Risk			
6	3		0		1	2		

Staff-Child Ratios at the Time of Inspection					
Group	Age Group/Range	Ratio Observed	Comment		
Infant/ Toddler		2 to 6			
Toddlers		2 to 9			
PS Red Room		1 to 7			
Preschool 2	3 years to < 4 years	1 to 13	ratio observed		
			out		



Complaint Allegations

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.

Domain:07 Diapering & Infant Care

Rule: 5101:2-12-23 Infant Daily Care

Code: The program is required to provide a daily written record for each infant in care to the parents when picking up the infant each day.

Allegation: It was alleged that daily sheets were not filled out with all the required information for infants.

Determination: Substantiated

Findings: During the inspection, it was determined that the written record used to document infant routines and activities did not meet the requirements as noted in number(s) 5 below:

- 1. A daily written record was not provided to the parent or person picking up the infant on a daily basis.
- 2. Food intake was missing.
- 3. Sleeping patterns was missing.
- 4. Times and results of diaper changes was missing.
- 5. Information about daily activities was missing.

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 required at this time.

Risk Level: Low

Corrective Action Plan Due: 02/11/2024

Summary of Additional Non-Compliances

Serious Risk Non-Compliances				
No Additional Serious Risk Non-Compliances were observed during this inspection				
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Domain:01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

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

Findings: During the inspection, a ratio of 1 child care staff member(s) for 13 children was determined to have occurred for the preschool group when the situation in number(s) 1 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 for more than two hours while children were napping.
- 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: 02/11/2024

Low Risk Non-Compliances

Domain:01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

Findings: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 1 below:

- 1. There was no method in place;
- 2. The method did not include each child's name;
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times;
- 5. The tracking method was not updated throughout the day as children entered or left the group.



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

Corrective Action Plan Due: 02/11/2024