

## **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 Det         | ails                    |                    |  |
|--|---------------------|-------------------------|--------------------|--|
| Program Name                                       | Program Number      |                         | Program Type       |  |
| Next Step Prep Academy                             | 2180019177          |                         | Child Care Center  |  |
| Address<br>9000 Superior Ave Cleveland<br>OH 44106 |                     |                         | County<br>CUYAHOGA |  |
| Building Approval Date                             | Use Group/Code      | Occupancy Limit         | Maximum Under 2 ½  |  |
| Fire Inspection Approval Date                      | Food Service Risk L | Food Service Risk Level |                    |  |

| Inspection Information     |                     |                     |                  |                                      |              |  |
|----------------------------|---------------------|---------------------|------------------|--------------------------------------|--------------|--|
| Inspection Type            |                     | Inspection Scope    |                  | Inspection Notice                    |              |  |
| Amendment - chang          | ge of location      | Full                |                  | Unannounced                          | Unannounced  |  |
| Inspection Date 06/14/2023 |                     | Begin Time 10:30 AM |                  | egin Time 10:30 AM End Time 11:45 AM |              |  |
| Reviewer:<br>RENADA FITCH  |                     |                     |                  |                                      |              |  |
|                            |                     |                     |                  |                                      |              |  |
| Summary of Findings        |                     |                     |                  |                                      |              |  |
| No. Rules Verified         | No. Rules with Non- | compliances         | No. Serious Risk | No. Moderate Risk                    | No. Low Risk |  |
| 58                         | 3                   |                     | 0                | 0                                    | 4            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant (Birth to < 18 m)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 8                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 38               | 0          | 0         | 0     |

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

## **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 |  |  |  |
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| No Serious Pick Non-Compliances were observed during this inspection                               |  |  |  |
| NO Serious Kisk Non-Compliances were observed during this hispection                               |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| Moderate Risk Non-Compliances  |  |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection                              |  |  |  |
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| Law Bisk Non Consultances  |  |  |  |
| Low Risk Non-Compliances  Domain: 04 Indoor/Outdoor Space  |  |  |  |

Rule: 5101:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to have an outdoor play space free from general hazards.

<u>Finding</u>: During the inspection, it was determined that hazardous conditions existed in the outdoor play area, as noted in number(s) 1&10 below:

- 1. There was broken glass.
- 2. There were tall weeds.
- 3. There was poison ivy.
- 4. There were tree branches.
- 5. There was mold visible.
- 6. There were thistles with prickers.
- 7. There were bird droppings.
- 8. There were bolts with more than two threads exposed along a fence line or gate on a playground.
- 9. The sandbox was contaminated.
- 10. Other: fence and basketball hoop rusty.

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

Corrective Action Plan Due: 07/14/2023

**Domain: 07 Diapering & Infant Care** 

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program is required to provide clean sheets for all cribs that are not too large or too small for the crib.

<u>Finding</u>: During the inspection, it was determined that sheets did not meet the rule requirement as noted in number(s) 1 below:

- 1. At least one crib did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. At least one sheet was torn.
- 5. Crib sheets were not clean.

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.

Corrective Action Plan Due: 07/14/2023

**Domain: 07 Diapering & Infant Care** 

Rule: 5101:2-12-20 Cribs

Code: The program is required to provide a safe and sufficient barrier to separate the play and sleeping space.

<u>Finding</u>: During the inspection, it was determined that the barrier between the play and sleeping space did not meet the requirements as noted in number(s) 1 below:

- 1. No barrier had been provided
- 2. The barrier did not prevent the infants from entering the sleeping area.
- 3. The barrier was not safe.
- 4. The barrier was not sturdy.
- 5. The barrier impaired staff's ability to see and hear all sleeping infants in their cribs.
- 6. The barrier was inadequate.
- 7. Other [ ].

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.

Corrective Action Plan Due: 07/14/2023

## **Domain: 08 Staff Files**

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

<u>Finding</u>: In review of the staff records, it was determined that medical examination statement(s) on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/14/2023

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

| Rule                                 | Status      | Documenting Statement(s), If applicable  |
|--------------------------------------|-------------|--|
| 5101:2-12-02 Current Information     | Compliant   | Southeriting statement(s), it applicable |
| 3101.2 12 02 current information     | Compilation |  |
|                                      | 1           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Building Department     | Compliant   |  |
| Inspection                           | Compilation |  |
| speciali.                            | 1           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Fire Inspection         | Compliant   |  |
| 3101.2 12 01 THE HISPECTION          | Compilation |  |
|                                      | 1           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Food Service            | Compliant   |  |
| Requirements                         |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator           | Compliant   | ,  |
| Qualifications                       |             |  |
|                                      | I .         |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program         | Compliant   | (v), opp                                 |
| Policies and Procedures              |             |  |
|                                      | 1           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Child Care Staff Member | Compliant   | (v), opp                                 |
| Educational Requirements             |             |  |
|                                      | 1           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation Training &  | Compliant   | ,  |
| Whistle Blower Protection            |             |  |
| 3.00 2.00                            | 1           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check        | Compliant   | , , , , , , , , , , , , , , , , , , ,    |
| Requirements                         |             |  |
|                                      | <u> </u>    |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training         | Compliant   |  |
| Requirements                         | Compilation |  |
| Regulients                           | <u> </u>    |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space            | Compliant   | Southering statement(s), it applicable   |
| Requirements                         | Compilation |  |
| Requirements                         | l           |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| Nuic                                 | Status      | Documenting Statement(s), it applicable  |

| T                                   | T         |   |
|-------------------------------------|-----------|---|
| 5101:2-12-11 Separation of Children | Compliant |   |
| Under 2 1/2 Years                   |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant |   |
|                                     |           |   |
|                                     | -         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment         | Compliant | Bocamenting statement(s), it applicable |
| J101.2-12-12 Sale Equipment         | Compliant |   |
|                                     |           |   |
| Dula                                | Chahua    | Decumenting Statement/s) If applicable  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| 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 Smoke Free             | Compliant |   |
| Environment                         |           |   |
| Environment                         |           |   |
|                                     |           | 5 (1) 15 15 15                          |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and   | Compliant |   |
| General Emergency Plan              | ·         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting statement(s), if applicable |
| 5101:2-12-16 Emergency Drills       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard     | Compliant |   |
| Precautions                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of          | Compliant |   |
| Communicable Disease                |           |   |
|                                     | I.        |   |
| Rule                                | Status    | Documenting Statement(s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury        | Compliant |   |
| Reporting                           |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan  | Compliant |   |
|                                     | •         |   |



| Beginning!                  |           |   |
|-----------------------------|-----------|---|
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             | •         |   |
|                             |           |   |