

# **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      |
| Let's Play Together Childcare and Learning | 2190020622          |                 | Child Care Center |
| Center                                     |                     |                 |                   |
| Address                                    |                     |                 | County            |
| 8601 Sauer Ave Cleveland                   |                     |                 | CUYAHOGA          |
| OH 44102                                   |                     |                 |                   |
|  |                     |                 |                   |
|  |                     |                 |                   |
| Building Approval Date                     | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 09/23/2019                                 |                     | 121             |                   |
| Fire Inspection Approval Date              | Food Service Risk L | evel            |                   |
| 01/11/2022                                 | Level III           |                 |                   |

| Inspection Information     |  |                  |                   |              |
|----------------------------|--|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                                  | cope             | Inspection Notice |              |
| Follow-up                  | Full   |                  | Unannounced       |              |
| Inspection Date 03/14/2022 | Begin Time 8                                   | :43 AM           | End Time 11:50 AM |              |
| Reviewer:                  | <u>,                                      </u> |                  | 1                 |              |
| Akeea Nelson               |  |                  |                   |              |
| Summary of Findings        |  |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances                 | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                         | 5  | 0                | 1                 | 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                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 20         | 0         | 20    |
| School Age  |                  | 53         | 0         | 53    |
| Total Capacity/Enrollment                                 | 121              | 73         | 0         | 73    |

| Staff-Child Ratios at the Time of Inspection |                      |                |               |
|--|----------------------|----------------|---------------|
| Group  | Age Group/Range      | Ratio Observed | Comment       |
| Preschool A                                  | 3 years to < 4 years | 1 to 6         | Arrival Ratio |

| Preschool A  | 3 years to < 4 years      | 1 to 6  | Departure Ratio |
|--------------|---------------------------|---------|-----------------|
| Preschool B  | 3 years to < 4 years      | 1 to 8  | Arrival Ratio   |
| Preschool B  | 3 years to < 4 years      | 2 to 10 | Departure Ratio |
| School-age A | 5 years to < Kindergarten | 0 to 0  | Children not in |
|              |                           |         | session during  |
|              |                           |         | inspection.     |
| School-age B | 5 years to < Kindergarten | 0 to 0  | Children not in |
|              |                           |         | session during  |
|              |                           |         | inspection.     |
| School-age C | 5 years to < Kindergarten | 0 to 0  | Children not in |
|              |                           |         | session during  |
|              |                           |         | inspection.     |

## **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: 2-12-03 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 |  |  |  |
|  |  |  |  |
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### **Moderate Risk Non-Compliances**

Domain: 09 Children's Files

Rule: 5101:2-12-15 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. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 19 below:

- 1. No plan was on file.
- Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. 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.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

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: 04/13/2022

### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to post the sign prohibiting any person from carrying a deadly weapon on the

premises.

<u>Finding</u>: During the inspection it was determined that the sign prohibiting any person, other than law enforcement, from carrying a deadly weapon on the program premises, in accordance with section 2923.1212(A)(8) of the Revised Code, did not meet the rule requirements as noted in number(s) 1 below:

- 1. The sign was not posted;
- 2. The sign was posted, but did not contain required information.

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: 03 Postings & Equipment**

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan <u>Code</u>: The program is required to post the fire and weather plans.

<u>Finding</u>: During the inspection, it was determined that the following information was not posted for item number(s) 1.3 below:

- Fire alert plan was missing a diagram indicating evacuation routes. (Indoor gym)
- 2. Weather alert plan was missing details for [ ].
- 3. Weather alert plan was missing a diagram indicating evacuation routes. (Indoor gym)

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

Corrective Action Plan Due: 04/13/2022

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

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 3c.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 4. Tuberculosis (TB) screening/test
- a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
- b. Results of a TB test for employees meeting both criteria in 4a;
- c. Results of additional testing for employees with a positive TB test;
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/13/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

<u>Code</u>: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/13/2022



# Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable   |
|------------------------------------|-----------|---|
| 5101:2-12-02 License Posted        | Compliant |   |
| 310112 12 02 21001130 1 03100      | Compilant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information   | Compliant | bocamenting statement(s), it applicable   |
| 3101.2-12-02 Current information   | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
|                                    |           | Documenting Statement(s), it applicable   |
| 5101:2-12-03 Inspection            | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department   | Compliant |   |
| Inspection                         |           |   |
|                                    |           |   |
| 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 1/11/23.           |
|                                    |           |   |
| 2.1                                | CL        |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service    | Compliant | Documenting Statement: The food service   |
| Requirements                       |           | license was observed posted. Following is |
|                                    |           | the audit number and date of expiration:  |
|                                    |           | ASNR-C2QLAV 3/1/22.                       |
|                                    |           | (Program had payment receipt for the      |
|                                    |           | new food license-FLS21-02594)             |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator         | Compliant |   |
| Qualifications                     |           |   |
| 33.5                               |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator         |           | bocumenting statement(s), if applicable   |
|                                    | 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.                                       |
|   |              |   |
| Rule                                      | Status       | Documenting Statement(s), If applicable         |
| 5101:2-12-08 Orientation Training &       | Compliant    |   |
| Whistle Blower Protection                 |              |   |
| Rule                                      | Status       | Documenting Statement(s), If applicable         |
| 5101:2-12-09 Background Check             | Compliant    | bocumenting statement(s), if applicable         |
| Requirements                              | Compilant    |   |
| riequirements                             |              |   |
| Rule                                      | Status       | Documenting Statement(s), If applicable         |
| 5101:2-12-10 Health Training              | Compliant    |   |
| Requirements                              |              |   |
|   |              |   |
| Rule                                      | Status       | Documenting Statement(s), If applicable         |
| 5101:2-12-10 Professional                 | Not Verified |   |
| Development Requirements                  |              |   |
| Rule                                      | Status       | Decumenting Statement/s) If applicable          |
| 5101:2-12-11 Indoor Space                 | Compliant    | Documenting Statement(s), If applicable         |
| Requirements                              | Compilant    |   |
| Requirements                              | <u> </u>     |   |
| Rule                                      | Status       | Documenting Statement(s), If applicable         |
| 5101:2-12-11 Separation of Children       | Compliant    |   |
| Under 2 1/2 Years                         |              |   |
|   |              |   |
| Rule                                      | Status       | Documenting Statement(s), If applicable         |
| Rule: 5101:2-12-11 Outdoor Space          | Compliant    | Documenting Statement: The quarterly            |
| Requirements                              |              | playground inspections were completed           |
|   |              | and documented, as required. The most           |
|   |              | recent inspection report form was dated 1/6/22. |
|   |              | 1/0/22.   |
|   | L            |   |
| Rule                                      | Status       | Documenting Statement(s), If applicable         |
| 5101:2-12-11 Outdoor Play Equipment       | Compliant    |   |
|   |              |   |
| Dula                                      | Chahua       | Decumenting Chaterrant/-\ If                    |
| Rule 5101:2-12-11 Outdoor Play Fall Zones | Status       | Documenting Statement(s), If applicable         |
| 5101:2-12-11 Outdoor Play Fall Zones      | Compliant    |   |
| L   | ı            |   |
| Rule                                      | Status       | Documenting Statement(s), If applicable         |
| 5101:2-12-12 Safe Equipment               | Compliant    |   |
|   |              |   |
|   | C            |   |
| Rule                                      | Status       | Documenting Statement(s), If applicable         |

| Beginning!                            | _         | <del></del>   |
|---------------------------------------|-----------|---|
| 5101:2-12-13 Sanitary Equipment and   | Compliant |   |
| Environment                           |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-13 Handwashing              | Compliant |   |
| Requirements                          |           |   |
|                                       |           | <u> </u>  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-13 Smoke Free               | Compliant |   |
| Environment                           | '         |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The program  |
| Field Trip Procedures                 | Compilant | uses the ODJFS sample trip permission   |
| Tield Trip Frocedures                 |           | form for routine trips to secure written                                      |
|                                       |           | permission from parents or guardians.   |
|                                       |           | permission from parents of guardians.   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s) If applicable  |
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement(s), If applicable  Documenting Statement: The driver(s) |
|                                       | Compliant |   |
| Driver Requirements                   |           | had completed the required ODJFS driver                                       |
|                                       |           | training.   |
|                                       |           |   |
|                                       | 1         | 2   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement: An annual  |
| Vehicle Requirements                  |           | safety check of the vehicle(s), using the                                     |
|                                       |           | JFS 01230 "Vehicle Inspection Report For                                      |
|                                       |           | Child Care Centers" form, were verified                                       |
|                                       |           | and dated 9/9/21 & 10/26/21.  |
|                                       |           |   |
|                                       |           | VIN#: 1GB0G2BA8D1171208   |
|                                       |           | VIN#: 1GBHG31V861111185   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-15 Child Medical and        | Compliant |   |
| Enrollment Records                    |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-16 Emergency Drills         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the   |
| Precautions                           |           | inspection, the program had complete  |
|                                       |           | first aid kits available as required.   |
|                                       |           | ·   |
|                                       | •         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
|                                       |           |   |

| 5101:2-12-16 Management of  | Compliant  |   |
|---|--|---|
| Communicable Disease  | Compliant  |   |
| Communicable Disease  |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury  | Compliant  | bocamenting statement(3), it applicable   |
| Reporting   | Compliant  |   |
| пероппів  |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Written Disaster   | Compliant  | Documenting Statement: The program's  |
| Plan  | oompilant.   | written disaster plan was reviewed during   |
|   |  | the inspection and met the requirements.  |
|   |  | · ·   |
|   |  |   |
| 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   |  |   |
|   | 1.   |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play   | Compliant  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity   | Compliant  | bocamenting statement(s), it applicable   |
| 310112 12 10 Electrise capacity   | Compilant  |   |
|   |  | <u> </u>  |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Ratio  | Compliant  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| Rule<br>5101:2-12-18 Group Size   | Status<br>Compliant  | Documenting Statement(s), If applicable   |
|   |  | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Group Size   | Compliant  |   |
| 5101:2-12-18 Group Size  Rule   | Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size   | Compliant  |   |
| 5101:2-12-18 Group Size  Rule   | Compliant  |   |
| 5101:2-12-18 Group Size  Rule   | Compliant  |   |
| S101:2-12-18 Group Size  Rule  5101:2-12-18 Attendance Records  | Status Compliant   | Documenting Statement(s), If applicable   |
| S101:2-12-18 Group Size  Rule 5101:2-12-18 Attendance Records  Rule                                   | Status Compliant Status Status   | Documenting Statement(s), If applicable   |
| S101:2-12-18 Group Size  Rule 5101:2-12-18 Attendance Records  Rule                                   | Status Compliant Status Status   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-18 Group Size  Rule 5101:2-12-18 Attendance Records  Rule 5101:2-12-19 Supervision     | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable   |
| Rule 5101:2-12-18 Group Size  Rule 5101:2-12-18 Attendance Records  Rule 5101:2-12-19 Supervision     | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-18 Attendance Records  Rule 5101:2-12-19 Supervision  Rule                             | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-18 Attendance Records  Rule 5101:2-12-19 Supervision  Rule 5101:2-12-19 Child Guidance | Status Compliant  Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-12-18 Group Size  Rule 5101:2-12-18 Attendance Records  Rule 5101:2-12-19 Supervision     | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |

| 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 |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication        | Compliant | Documenting Statement: The program      |
| Administration                       |           | had complete written documentation for  |
|                                      |           | administering medication or food        |
|                                      |           | supplements.                            |
|                                      |           |   |
|                                      | ·         | ·                                       |