

## **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      |
| Small Steps - Big Strides Childcare              | 2210023923              |                 | Child Care Center |
| Address 261 S. Main Street Munroe Falls OH 44262 | 1                       |                 | County<br>SUMMIT  |
|  |                         |                 |                   |
| Building Approval Date                           | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 08/13/2024                                       | E                       | 207             | 26                |
| Fire Inspection Approval Date                    | Food Service Risk Level |                 |                   |
| 08/13/2024                                       | Level III               |                 |                   |

| Inspection Information   |                                |                  |                   |              |
|--|--------------------------------|------------------|-------------------|--------------|
| Inspection Type  | Inspection Se                  | cope             | Inspection Notice |              |
| Amendment - chang  | ge of capacity Partial         |                  | Announced         |              |
| Inspection Date  | Begin Time                     |                  | End Time          |              |
| 08/16/2024   | 4 2:00 PM                      |                  | 3:05 PM           |              |
| Reviewer:  |                                |                  |                   |              |
| BETH RAGLE   |                                |                  |                   |              |
| Construction of the state of th |                                |                  |                   |              |
| Summary of Findings  |                                |                  |                   |              |
| No. Rules Verified   | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 14   | 0                              | 0                | 0                 | 0            |

| 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                                     | 12               | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 134              | 0          | 0         | 0     |

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

| Red Room Preschool    | 3 years to < 4 years     | 2 to 5  | Nap             |
|-----------------------|--------------------------|---------|-----------------|
| Yellow Room-Toddler 2 | 30 months to < 36 months | 1 to 4  | Play time       |
| Yellow Toddler Room   | 18 months to < 30 months | 2 to 3  | Snack           |
| Green Room Preschool  | 3 years to < 4 years     | 1 to 10 | Transition from |
|                       |                          |         | nap             |
| Purple Room Preschool | 3 years to < 4 years     | 2 to 8  | Quiet time      |
| Blue Room School Age  | School-Age to < 11 years | 1 to 7  | Centers         |

## **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  |  |  |
| No Serious Risk Non-Compliances were observed during this inspection  |  |  |
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| Moderate Risk Non-Compliances   |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |
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| Low Bick Non Compliances   |  |  |
|--|--|--|
| Low Risk Non-Compliances   |  |  |
| No Low Risk Non-Compliances were observed during this inspection |  |  |
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## Rules In-Compliance/Not Verified

| Rule                             | Status       | Documenting Statement(s), If applicable   |
|----------------------------------|--------------|---|
| 5101:2-12-02 License Posted      | Not Verified |   |
|                                  | 1            |   |
| Rule                             | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information | Not Verified |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection          | Not Verified |   |
| Requirements                     |              |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Building      | Compliant    | Documenting Statement: The following      |
| Department Inspection            |              | rooms were approved for children less     |
|                                  |              | than two and one-half years of age: Lower |
|                                  |              | level classroom #LL104 (Yellow Room)      |
|                                  |              | and First Floor Classroom (Toddler Room). |
|                                  |              |   |
| Rule: 5101:2-12-04 Building      | Compliant    | Documenting Statement: The building       |
| Department Inspection            |              | approval listed the following             |
|                                  |              | stipulations/limitations:                 |
|                                  |              | Total occupant load 207.                  |

|   |                        | *E classrooms with 2 1/2 years of age and younger to exit directly from classroom.  *E lower level - Education classroom #LL100 age 5-12 years at lower grade level - 36  *E lower level classroom #LL104, age 2 1/2 years and under - 14  *E first floor education classrooms for over 2 1/2 years of age - 133  *E first floor classroom 2 1/2 and under - 12 |
|---|------------------------|---|
| Dulo  | Chatus                 | Decumenting Statement(s) If applicable  |
| Rule: 5101:2-12-04 Fire Inspection                            | Status<br>Compliant    | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, documentation of a fire inspection without any uncorrected violations for the following additional space was reviewed: Lower level yellow classroom.   |
| Rule  | Status                 | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Food Service<br>Requirements                     | Not Verified           | bocumenting statement(s), if applicable   |
| Rule 5101:2-12-05 Denial, Revocation and Suspension           | Status<br>Not Verified | Documenting Statement(s), If applicable   |
| Rule 5101:2-12-07 Administrator Qualifications                | Status<br>Not Verified | Documenting Statement(s), If applicable   |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements | Status<br>Not Verified | Documenting Statement(s), If applicable   |
| Rule 5101:2-12-07 Written Program Policies and Procedures     | Status<br>Not Verified | Documenting Statement(s), If applicable   |
| Rule 5101:2-12-08 Medical Statement                           | Status<br>Not Verified | Documenting Statement(s), If applicable   |
| Rule  | Status                 | Documenting Statement(s), If applicable   |

| E101:2 12 09 Orientation Training 9     | Not Verified |   |
|---|--------------|---|
| 5101:2-12-08 Orientation Training &     | Not verified |   |
| Whistle Blower Protection               |              |   |
|   |              |   |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-09 Background Check           | Not Verified |   |
| Requirements                            |              |   |
| 2.41                                    |              |   |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| 1 1                                     |              | bocumenting statement(s), if applicable   |
| 5101:2-12-10 Health Training            | Not Verified |   |
| Requirements                            |              |   |
|   |              |   |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Professional               | Not Verified |   |
| Development Requirements                |              |   |
| Development Requirements                |              |   |
| Dula                                    | Ctatus       | Decumenting Statement (a) If a malical la |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Indoor Space         | Compliant    | Documenting Statement: During the         |
| Requirements                            |              | inspection, the requirements of the rule  |
|   |              | regarding indoor space were discussed.    |
|   |              |   |
|   |              |   |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Separation of        | Compliant    | Documenting Statement: During the         |
| · ·                                     | Compliant    |   |
| Children Under 2 1/2 Years              |              | inspection, the requirements of the rule  |
|   |              | regarding separation of children under    |
|   |              | two and one half years of age were        |
|   |              | discussed.                                |
|   |              |   |
|   |              |   |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Space              | Not Verified | g control (e), a pproduct                 |
| •                                       | Not vermed   |   |
| Requirements                            |              |   |
|   |              |   |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Equipment     | Not Verified |   |
|   |              |   |
|   |              |   |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Fall Zones    | Not Verified | 0   |
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |              |   |
| L                                       | <u> </u>     | I   |
| Pule                                    | Ctatus       | Decumenting States and a life and inchi-  |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Equipment             | Not Verified |   |
|   |              |   |
|   |              |   |
| Rule                                    | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Environment           | Not Verified |   |
|   |              |   |
| L                                       | 1            |   |
|   |              |   |

| Rule                                  | Status              | Documenting Statement(s), If applicable       |
|---------------------------------------|---------------------|---|
| Rule: 5101:2-12-13 Sanitary           | Compliant           | Documenting Statement: During the             |
| Equipment and Environment             |                     | inspection, the equipment was observed        |
|                                       |                     | clean and in good repair.                     |
|                                       |                     | olean and miges repair                        |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-13 Handwashing              | Not Verified        |   |
| Requirements                          |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-13 Smoke Free               | Not Verified        |   |
| Environment                           |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-13 Toothbrushing            | Not Verified        |   |
| Requirements                          |                     |   |
| - •                                   |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-14 Transportation and Field | Not Verified        |   |
| Trip Procedures                       |                     |   |
|                                       | I -                 |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-14 Transportation - Driver  | Not Verified        |   |
| Requirements                          |                     |   |
| Dula                                  | Chabus              | Decrease in a Chatage and (a) If a police bla |
| Rule                                  | Status Not Verified | Documenting Statement(s), If applicable       |
| 5101:2-12-14 Transportation - Vehicle | Not verified        |   |
| Requirements                          |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-15 Child Medical and        | Not Verified        | bocumenting statement(s), if applicable       |
| Enrollment Records                    | Not vermed          |   |
| Em officie records                    | l                   |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-15 Medical/Physical Care    | Not Verified        | 2.1. 2.1. G.2.2.2(-), appaa.                  |
| Plans                                 |                     |   |
|                                       | 1                   |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant           | Documenting Statement: On the day of          |
| and General Emergency Plan            |                     | the inspection, the complete prescribed       |
|                                       |                     | JFS 01242 "Medical, Dental, and General       |
|                                       |                     | Emergency Plan For Child Care" were           |
|                                       |                     | posted in the program as required.            |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-12-16 Emergency Drills         | Not Verified        |   |

| Beginning!                          |               |   |
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|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard     | Not Verified  |   |
| Precautions                         |               |   |
|                                     | ·             |   |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of          | Not Verified  |   |
| Communicable Disease                |               |   |
|                                     |               | <u> </u>                                  |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury        | Not Verified  | , , , , , , , , , , , , , , , , , , ,     |
| Reporting                           |               |   |
| neporting                           |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule   | Compliant     | Documenting Statement: Daily schedules    |
| I Dully Schedule                    | Complaint     | were observed posted.                     |
|                                     |               | were observed posted.                     |
| L                                   |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and    | Compliant     | Documenting Statement: Sufficient         |
| Equipment                           | Compilant     | equipment was observed in all categories. |
|                                     |               | equipment was observed in an categories.  |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play     | Not Verified  | bocumenting statement(3), if applicable   |
| Jioi.2 12 17 Daily Outdoor Flay     | Not vermed    |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 License Capacity | Compliant     | Documenting Statement: The program        |
|                                     | '             | had requested a change in the program's   |
|                                     |               | license capacity. Please be reminded the  |
|                                     |               | license capacity change shall not be in   |
|                                     |               | effect until Departmental approval is     |
|                                     |               | received in writing by the program.       |
|                                     |               | received in writing by the program.       |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio            | Compliant     | Documenting Statement: Staff/child        |
| 13.0.0.0.0.0.0.0                    |               | ratios observed during the inspection     |
|                                     |               | were in compliance.                       |
|                                     |               | were in compliance.                       |
|                                     |               | l   |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Group Size             | Not Verified  | 2 - Carrier May 11 approach               |
| 3101.2 12 10 Group 5/20             | 1100 Verified |   |
| <u> </u>                            | 1             | ı   |
| Rule                                | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Attendance Records     | Not Verified  | ( //                                      |
|                                     | 1             |   |

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| Rule   | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Supervision   | Not Verified                            |   |
|  |   |   |
|  |   |   |
| Rule   | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance  | Not Verified                            |   |
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|  | •                                       | ·   |
| Rule   | Status                                  | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-20 Cots and Napping  | Compliant                               | Documenting Statement: During the   |
| Nuie. 3101.2-12-20 Cots and Napping  | Compilation                             | inspection, the requirements of the rule  |
|  |   | · · · · · · · · · · · · · · · · · · ·   |
|  |   | regarding sleeping and napping were   |
|  |   | discussed.  |
|  |   |   |
|  |   |   |
| Rule   | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-21 Evening and Overnight   | Not Verified                            |   |
| Care   |   |   |
|  | <u>.</u>                                |   |
| Rule   | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Meal and Snack  | Not Verified                            | Documenting Statement(S), in applicable   |
|  | Not vermed                              |   |
| Requirements   |   |   |
|  | T                                       |   |
| Rule   | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements   | Not Verified                            |   |
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| 5 1  | Chatana                                 |   |
| Rule   | Status                                  | Documenting Statement(s), If applicable   |
| Rule 5101:2-12-22 Safe Food  | Not Verified                            | Documenting Statement(s), If applicable   |
|  |   | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Safe Food   |   | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Safe Food<br>Handling/Storage   |   |   |
| 5101:2-12-22 Safe Food<br>Handling/Storage   | Not Verified  Status                    | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Safe Food<br>Handling/Storage   | Not Verified                            | Documenting Statement(s), If applicable Documenting Statement: During the   |
| 5101:2-12-22 Safe Food<br>Handling/Storage   | Not Verified  Status                    | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule  |
| 5101:2-12-22 Safe Food<br>Handling/Storage   | Not Verified  Status                    | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were  |
| 5101:2-12-22 Safe Food<br>Handling/Storage   | Not Verified  Status                    | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule  |
| 5101:2-12-22 Safe Food<br>Handling/Storage   | Not Verified  Status                    | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were  |
| 5101:2-12-22 Safe Food<br>Handling/Storage   | Not Verified  Status                    | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were  |
| 5101:2-12-22 Safe Food<br>Handling/Storage   | Not Verified  Status                    | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were  |
| S101:2-12-22 Safe Food Handling/Storage  Rule Rule: 5101:2-12-23 Infant Daily Care   | Not Verified  Status  Compliant         | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed.   |
| S101:2-12-22 Safe Food Handling/Storage  Rule Rule: 5101:2-12-23 Infant Daily Care  Rule 5101:2-12-23 Infant Bottle and Food   | Not Verified  Status  Compliant  Status | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed.   |
| S101:2-12-22 Safe Food Handling/Storage  Rule Rule: 5101:2-12-23 Infant Daily Care   | Not Verified  Status  Compliant  Status | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed.   |
| S101:2-12-22 Safe Food Handling/Storage  Rule Rule: 5101:2-12-23 Infant Daily Care  Rule 5101:2-12-23 Infant Bottle and Food Preparation   | Status Compliant  Status Not Verified   | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed.  Documenting Statement(s), If applicable  |
| S101:2-12-22 Safe Food Handling/Storage  Rule Rule: 5101:2-12-23 Infant Daily Care  Rule 5101:2-12-23 Infant Bottle and Food Preparation  Rule                                       | Status Compliant  Status Not Verified   | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| S101:2-12-22 Safe Food Handling/Storage  Rule Rule: 5101:2-12-23 Infant Daily Care  Rule 5101:2-12-23 Infant Bottle and Food Preparation  Rule Rule: 5101:2-12-23 Diapering and      | Status Compliant  Status Not Verified   | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed.  Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the   |
| S101:2-12-22 Safe Food Handling/Storage  Rule Rule: 5101:2-12-23 Infant Daily Care  Rule 5101:2-12-23 Infant Bottle and Food Preparation  Rule                                       | Status Compliant  Status Not Verified   | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule   |
| Rule S101:2-12-22 Safe Food Handling/Storage  Rule Rule: 5101:2-12-23 Infant Daily Care  Rule S101:2-12-23 Infant Bottle and Food Preparation  Rule Rule: 5101:2-12-23 Diapering and | Status Compliant  Status Not Verified   | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed.  Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding diapering and toilet training    |
| S101:2-12-22 Safe Food Handling/Storage  Rule Rule: 5101:2-12-23 Infant Daily Care  Rule 5101:2-12-23 Infant Bottle and Food Preparation  Rule Rule: 5101:2-12-23 Diapering and      | Status Compliant  Status Not Verified   | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule |

| Rule                                 | Status       | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-12-24 Swimming and Water      | Not Verified |   |
| Safety Requirements                  |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Not Verified |   |
| Administration                       |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified |   |
| Educational Requirements             |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan   | Not Verified |   |