

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 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 Deta | nils | |
|--|--------------------------------------|-----------------|--------------------|
| Program Name | Program Number | | Program Type |
| Little Leaders Child Development and Care | 2210025133 | | Child Care Center |
| Address 2555 Noble RD Cleveland Heights OH 44121 | | | County CUYAHOGA |
| Building Approval Date 11/22/2021 | Use Group/Code E | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 11/09/2021 | Food Service Risk Level Level III | | |

| Inspection Information | | | | | |
|----------------------------|----------------------|---------------|------------------|-------------------|--------------|
| Inspection Type | | Inspection Sc | cope | Inspection Notice | |
| Provisional | | Full | | Unannounced | |
| Inspection Date 03/29/2022 | | Begin Time 9 | :00 AM | End Time 9:15 AM | |
| Inspection Date 04/08/2022 | | Begin Time 9 | :00 AM | End Time 11:00 AM | |
| Reviewer: | | | | | |
| Akeea Nelson | | | | | |
| Reviewer: | | | | | |
| Akeea Nelson | Akeea Nelson | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-c | ompliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 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) | | 2 | 0 | 2 | |
| Young Toddler | | 0 | 0 | 0 | |
| Total Under 2 ½ Years | 17 | 2 | 0 | 2 | |
| Older Toddler | | 2 | 0 | 2 | |
| Preschool | | 2 | 0 | 2 | |
| School Age | | 4 | 0 | 4 | |
| Total Capacity/Enrollment | 26 | 8 | 0 | 10 | |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|--------------------------|----------------|--------------------|--|
| Group | Age Group/Range | Ratio Observed | Comment | |
| Infants | 0 to < 12 months | 0 to 0 | Arrival Ratio- No | |
| | | | children were in | |
| | | | session during the | |
| | | | inspection. | |
| Toddlers | 18 months to < 30 months | 1 to 3 | Arrival Ratio- | |
| | | | toddlers and | |
| | | | preschool were | |
| | | | combined. | |
| Toddlers | 18 months to < 30 months | 2 to 3 | Departure Ratio- | |
| | | | Toddlers and | |
| | | | preschool | |
| | | | combined. | |

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) 6, 11 below:

- 1. No plan was on file.
- 2. 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: 05/08/2022



Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

Code: The program is required to label all cleaning and sanitizing supplies.

<u>Finding</u>: During the inspection, it was determined that not all cleaning/sanitizing supplies had been clearly labeled. When cleaning or sanitizing supplies are not stored in their original containers, the container must be labeled with the contents. 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: 05/08/2022

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide equipment and materials that are easy to clean.

<u>Finding</u>: During the inspection, it was determined that at least one piece of equipment, furnishings, or material at the program was not constructed of materials to facilitate cleaning as noted in number(s) 1 below:

- 1. The material had a tear. (Infant changing pad)
- 2. The material was not washable.
- 3. The material was porous.
- 4. The surface was cracked.
- 5. The surface was repaired, but in a manner that still did not facilitate cleaning.
- 6. Other [].

Equipment, furnishings, and furniture shall be constructed of materials to facilitate cleaning. 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: 05/08/2022

Domain: 05 Health & Safety



Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 1, 2, 3 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 05/08/2022

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 6, 10, 13, 15 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. 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: 05/08/2022 | |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-02 License Posted | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | bocumenting statement(s), if applicable |
| Requirements | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department Inspection | Compliant | |
| | | |
| 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 11/9/22. |
| | | |
| 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: |
| | | THAR-CC7MX7 3/1/23. |
| | | |
| 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 | bootimenting statement(s), it approasts |
| Responsibilities/Requirements | | |
| recipients and the second | <u> </u> | |
| 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 Medical Statement | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | bocumenting statement(s), if applicable |
| Educational Requirements | Compilation | |
| | <u> </u> | |
| 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 | |
| Requirements | | |
| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-12-10 Health Training | Compliant | Documenting Statement(s), If applicable |
| Requirements | Compliant | |
| riequirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| | | |
| 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 | bocumenting statement(3), ii applicable |
| Under 2 1/2 Years | Joniphane | |
| , | 1 | |
| 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 decrees the decree of the control of |
|---------------------------------------|---------------------|--|
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 4/7/22. |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | <u> </u> |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | | bocumenting statement(3), if applicable |
| 5101.2-12-11 Outdoor Play Fall Zolles | Compliant | |
| | | |
| | I c | 2 6/) 15 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| qu cc. | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The program |
| Field Trip Procedures | · | uses the ODJFS sample trip permission |
| F | | 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: The driver(s) |
| Driver Requirements | | had completed the required ODJFS driver |
| | | training. |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-14 Transportation - | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Status Compliant | Documenting Statement: An annual |
| | | Documenting Statement: An annual safety check of the vehicle(s), using the |
| Rule: 5101:2-12-14 Transportation - | | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For |
| Rule: 5101:2-12-14 Transportation - | | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified |
| Rule: 5101:2-12-14 Transportation - | | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For |
| Rule: 5101:2-12-14 Transportation - | | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified |
| Rule: 5101:2-12-14 Transportation - | | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified |
| Rule: 5101:2-12-14 Transportation - | | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated 1/12/22 & 3/10/22. VIN#:1G1BC55M5J7123243 & |
| Rule: 5101:2-12-14 Transportation - | | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated 1/12/22 & 3/10/22. |
| Rule: 5101:2-12-14 Transportation - | | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated 1/12/22 & 3/10/22. VIN#:1G1BC55M5J7123243 & |
| Rule: 5101:2-12-14 Transportation - | | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated 1/12/22 & 3/10/22. VIN#:1G1BC55M5J7123243 & |

| Deginting: | T | |
|---------------------------------------|-----------|---|
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| 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. |
| | | · |
| | <u>.</u> | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | ' | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | Compilant | written disaster plan was reviewed during |
| T latt | | the inspection and met the requirements. |
| | | the inspection and met the requirements. |
| | | |
| Dulo | Ctatus | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), ir applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-12-17 Materials and | | Documenting Statement(s), If applicable |
| | Compliant | |
| Equipment | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
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| Dula | Chahua | Decumenting States and A. If and itself |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s) If annicehie |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | 1 | |
| Pulo | Status | Decumenting Statement(s) If annieshie |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | 1 | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | |
| | | |
| 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 | bocumenting statement(s), if applicable |
| <u> </u> | ' | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | |
| 11011011116, 310105 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| Rule | Status | Documenting Statement/s) If smill self- |
| Rule: 5101:2-12-25 Medication | Status | Documenting Statement(s), If applicable Documenting Statement: There were no |
| Administration | Compliant | children on medication at the time of the |
| Auministration | | |
| | | inspection; however, the method of |
| | | storage and practices for the |
| | | administration were reviewed. |
| | | |
| | | |