

# **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        | ails            |                   |
|-----------------------------------|---------------------|-----------------|-------------------|
| Program Name                      | Program Number      |                 | Program Type      |
| Rated G Child Care and Enrichment | 2220025848          |                 | Child Care Center |
| Academy                           |                     |                 |                   |
| Address                           |                     |                 | County            |
| 16342 Euclid Ave East Cleveland   |                     |                 | CUYAHOGA          |
| OH 44112                          |                     |                 |                   |
|                                   |                     |                 |                   |
|                                   |                     |                 |                   |
| Building Approval Date            | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 04/07/2022                        | E                   |                 |                   |
| Fire Inspection Approval Date     | Food Service Risk L | .evel           |                   |
| 10/26/2021                        | Level III           |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection Sc                  | cope               | Inspection Notice |              |
| Monitor            | Partial                        |                    | Unannounced       |              |
| Inspection Date    | Begin Time 1                   | .0:30 AM           | End Time 12:03 PM |              |
| 03/30/2023         |                                |                    |                   |              |
| Reviewer:          |                                |                    |                   |              |
| Akeea Nelson       |                                |                    |                   |              |
|                    | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 3                  | 3                              | 0                  | 3                 | 0            |

| License Capacity and Enrollment at the Time of Inspection |                  |           |           |         |
|---|------------------|-----------|-----------|---------|
| Age Group   | License Capacity |           | Enr       | ollment |
|   | Totals           | Full Time | Part Time | Total   |
| Infant (Birth to < 18 m)                                  |                  | 0         | 0         | 0       |
| Young Toddler   |                  | 0         | 0         | 0       |
| Total Under 2 ½ Years                                     | 94               | 0         | 0         | 0       |
| Older Toddler   |                  | 0         | 0         | 0       |
| Preschool   |                  | 0         | 0         | 0       |
| School Age  |                  | 0         | 0         | 0       |
| Total Capacity/Enrollment                                 | 100              | 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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#### **Moderate Risk Non-Compliances**

**Domain: 01 Ratio & Supervision** 

Rule: 5101:2-12-18 Ratio

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

<u>Finding</u>: During the inspection, a ratio of 1 child care staff member(s) for 6 children was determined to have occurred for the infant group when the situation in number(s) 4 below occurred:

- 1. A child care staff member stepped out of the room.
- 2. A child care staff member had not arrived at work on time.
- 3. Children were present who were not scheduled to be there.
- 4. A child care staff member called off work.
- 5. A child was injured in that group.
- 6. A child arrived in the group before a second staff member was scheduled to arrive with the group.
- 7. Two groups were combined, and the program did not follow the ratio for the youngest child in the group.
- 8. A child was transitioning to the next older age group, and the program did not follow the ratio for the youngest child in the group.
- 9. Ratio was doubled for more than two hours while children were napping.
- 10. Ratio was doubled while children were napping for a group that included at least one infant.
- 11. Ratio was doubled while children were napping and there were not enough staff members in the building to meet staff/child ratio.

- 12. Ratio was doubled in the school age group to allow access to the program, however, the program does not serve only school age children.
- 13. Both child care staff members did not have a working communication device when one staff member left the group to allow access to the school age only program.
- 14. The child care staff member did not return to the group after allowing access to the school age only program. 15. Other [ ].

Additional child care staff members must be hired or current child care staff members must be rescheduled to maintain compliance. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/29/2023

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program staff is required to supervise children in their assigned group by sight and hearing. Supervision includes being near enough to respond and reach children immediately and protecting them from harm.

<u>Finding</u>: During the inspection, it was determined that children were left unattended while inside the program as noted in number(s) 1 below:

- 1. Child(ren) were left unattended once.
- 2. Child(ren) were left unattended more than once.
- 3. Child(ren) left the group and were unattended.
- 4. Child care staff were using a baby monitor to supervise children.
- 5. Child care staff were using a walkie talkie to supervise children.
- 6. Child care staff were using mirrors to view children in another room.
- 7. Child care staff were using a video camera instead of physically being present in the room.
- 8. Other [ ].

Children must be supervised and within sight and hearing of a child care staff member at all times. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/29/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: During the inspection, it was determined that individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file as required. Submit the program's corrective action plan, which includes a statement that the approval is now on file or the individual(s) are no longer engaged in assigned duties and are not near children, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/29/2023

### **Low Risk Non-Compliances**

| NO LOW KISK NOII-COIIIPIIA | to tow kisk 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 |   |

| 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 |
| 5101:2-12-04 Building Department     | Not Verified |   |
| Inspection                           |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection         | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service            | Not Verified |   |
| Requirements                         |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and  | Not Verified |   |
| Suspension                           |              |   |
|                                      |              | ·                                       |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator           | Not Verified |   |
| Qualifications                       |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator           | Not Verified |   |
| Responsibilities/Requirements        |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program         | Not Verified | -                                       |
| Policies and Procedures              |              |   |
|                                      | ı            |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement       | Not Verified | 0 (7)                                   |
|                                      |              |   |
|                                      |              |   |
| 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 |
| 5101:2-12-08 Orientation Training &  | Not Verified | ,                                       |
| Whistle Blower Protection            |              |   |
|                                      |              |   |
| Willstie Blower Frotestion           |              |   |



| Rule                                 | Status                 | Documenting Statement(s), If applicable |
|--------------------------------------|------------------------|---|
| 5101:2-12-10 Health Training         | Not Verified           | Section 1 (1)                           |
| Requirements                         |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional            | Not Verified           |   |
| Development Requirements             |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Not Verified           |   |
| Requirements                         |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children  | Not Verified           |   |
| Under 2 1/2 Years                    |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space           | Not Verified           |   |
| Requirements                         |                        |   |
| D. J.                                | Ct-t                   |   |
| Rule                                 | Status<br>Not Verified | 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           | 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| ,                                    |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment          | Not Verified           |   |
|                                      |                        |   |
| 0.1                                  | Ct. I                  | 2                                       |
| Rule                                 | Status<br>Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment        | Not verified           |   |
|                                      | l                      | <u> </u>                                |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and  | Not Verified           |   |
| Environment                          |                        |   |
|                                      |                        |   |
| 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 |

| E101.2 12 12 Toothhaushing            | Not Varified |   |
|---------------------------------------|--------------|---|
| 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                       |              |   |
|                                       | 1            |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver  | Not Verified | S (" 11                                 |
| Requirements                          |              |   |
| Requirements                          |              | I                                       |
| Rule                                  | Status       | Decumenting Statement(s) If applicable  |
|                                       | 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 |   |
| Enrollment Records                    |              |   |
|                                       | <del></del>  |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care    | Not Verified |   |
| Plans                                 |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and     | Not Verified | bocumenting statement(s), if applicable |
|                                       | Not verified |   |
| General Emergency Plan                |              |   |
| - 1                                   | 1            |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills         | Not Verified |   |
|                                       |              |   |
|                                       | ı            |   |
| 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                  |              |   |
|                                       | 1            |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
|                                       | Not Verified | bocumenting statement(s), if applicable |
| 5101:2-12-16 Incident/Injury          | NOL VEITHEU  |   |
| Reporting                             |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan    | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
|                                       |              |   |

| 5101:2-12-17 Daily Schedule                 | Not Verified |   |
|---|--------------|---|
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and Equipment        | Not Verified | bodinenting statement(s), ii applicable |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play             | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity               | Not Verified | <u> </u>                                |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size                     | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records             | Not Verified | J (" 11                                 |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance                 | Not Verified | <u> </u>                                |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping               | Not Verified | <u> </u>                                |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                          | Not Verified | <u> </u>                                |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight Care     | Not Verified | <u> </u>                                |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack<br>Requirements | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements        | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food<br>Handling/Storage  | Not Verified |   |

| Rule                                | Status       | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|---|
| 5101:2-12-23 Infant Daily Care      | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified |   |
| Preparation                         |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet   | Not Verified |   |
| Training                            | <u></u>      |   |
|                                     |              |   |
| 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                      |              |   |