

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 | ils | |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Glass Academy LLC | 2230028000 | | Child Care Center |
| | | | |
| Address | | | County |
| 18403 Euclid Ave cleveland | | | CUYAHOGA |
| OH 44112 | | | |
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| | | , | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 12/29/2022 | E | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 12/21/2022 | Level III | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Pre-license | Full | | Unannounced | |
| Inspection Date 06/30/2023 | Begin Time 1 | .0:00 AM | End Time 1:30 PM | |
| Reviewer: | · | | | |
| LAKESHA ALLEN | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 3 | 0 | 0 | 3 |

| 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 | |
| Older Toddler | | 0 | 0 | 0 | |
| Preschool | | 0 | 0 | 0 | |
| School Age | | 0 | 0 | 0 | |
| Total Capacity/Enrollment | | 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 |
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| 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 Risk Non-Compliances |
| Domain: 05 Health & Safety |

Rule: 5101:2-12-16 First Aid/Standard Precautions

Code: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) 7, 10,12 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.
- 9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).
- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.
- 13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- 14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
- 15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.
- 16. Soap or waterless sanitizer (field trip or transporting away from the program only).
- 17. Bottled water (field trip or transporting away from the program only).

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: 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 for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number(s) 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/06/2023

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1 below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies 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);
- 6. Tuberculosis (TB) screening/test information was missing:
- 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 6a.
- 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: 08/06/2023 | |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
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| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: During the |
| Kule: 5101:2-12-02 License Posted | Compliant | |
| | | inspection, the requirements of the rule |
| | | regarding posting the program's license were discussed. |
| | | were discussed. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If 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: |
| Naie. 3101.2-12-04 The hispection | Compliant | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | and the second s |
| | | be secured for the program. Secure a |
| | | new fire inspection by 12/21/23. |
| | | |
| 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: |
| | | AANS-CQRGRV 3-1-24. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable | | |
|-------------------------------------|-----------|---|--|--|
| 5101:2-12-07 Administrator | Compliant | | | |
| Qualifications | | | | |
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| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-07 Administrator | Compliant | | | |
| Responsibilities/Requirements | | | | |
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| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-07 Written Program | Compliant | | | |
| Policies and Procedures | | | | |
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| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-08 Orientation Training & | Compliant | | | |
| Whistle Blower Protection | | | | |
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| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the | | |
| Requirements | | inspection, the required documentation | | |
| | | regarding background checks was on file | | |
| | | for all employees listed. | | |
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| 5.1 | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-10 Health Training | Compliant | | | |
| Requirements | | | | |
| Rule | Status | Desumenting Statement(s) If applicable | | |
| 5101:2-12-10 Professional | Compliant | Documenting Statement(s), If applicable | | |
| Development Requirements | Compliant | | | |
| Development Requirements | I. | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-11 Indoor Space | Compliant | Documenting Statement(3), if applicable | | |
| Requirements | Compliant | | | |
| - Negarierius | 1 | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-11 Separation of Children | Compliant | | | |
| Under 2 1/2 Years | | | | |
| | I . | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor | | |
| Requirements | | play area is separated from traffic and | | |
| | | other hazards by a fence. | | |
| | | Consumeration to the Consumer transfer of the | | |
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| Rule | Status | Documenting Statement(s), If applicable | | |

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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: During the |
| Zones | Compilant | inspection, the requirements of the rule |
| Zones | | 1.50 120 120 120 |
| | | regarding outdoor play fall zones were |
| | | discussed. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s) If applicable |
| | The state of the s | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | , | observed posted stating that smoking is |
| | | prohibited at the program. |
| | 1 | promoted at the program. |
| | | Table business consequences and an artist Charles and |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) |
| | (a) 1/200 | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | (a) 1/200 | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, |
| Rule: 5101:2-12-14 Transportation and | (a) 1/200 | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, |
| Rule: 5101:2-12-14 Transportation and | (a) 1/200 | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, |
| Rule: 5101:2-12-14 Transportation and | (a) 1/200 | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable Documenting Statement: During the |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation drivers were |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation drivers were |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-14 Transportation - Driver Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation drivers were discussed. |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-14 Transportation - Driver Requirements Rule | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation drivers were discussed. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-14 Transportation - Driver Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding transportation drivers were discussed. |

| | | annual safety check is required to be completed before 4-15-2024. |
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| Rule Rule: 5101:2-12-15 Child Medical and Enrollment Records | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements and enrollments forms were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |
| | | |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. |
| Dula | Chahara | Decomposition Chatamage (A) If a multiplication |
| Rule: 5101:2-12-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding emergency drills were discussed. |
| | | |
| Rule: 5101:2-12-16 Management of Communicable Disease | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. |
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| Rule: 5101:2-12-16 Incident/Injury Reporting | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding reporting incidents and injuries were discussed. |
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| Rule 5101:2-12-16 Written Disaster Plan | Status Compliant | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-------------|--|
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
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| 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 | | equipment was observed in an eategories. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding daily outdoor play were |
| | | discussed. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: During the |
| Rule: 5101.2-12-18 License Capacity | Compliant | |
| | | inspection, the requirements of the rule |
| | | regarding license capacity were discussed. |
| | | |
| - | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| i ' | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | , |
| STOTIE TE TO ACCORDANCE RECORDS | Sompliant | |
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| Rule | Ctatus | Documenting Statement/s) If applicable |
| 3253355 | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding child guidance were discussed. |
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| Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding sleeping and napping were discussed. |
|---|---------------------|---|
| Rule | Chatus | Description Chatage and (a) If a multiple |
| Rule: 5101:2-12-20 Cribs | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding meals and snacks were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | bocumenting statement(s), ii applicasie |
| Rule | Status | Designanting Statement(s) If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-12-23 Infant Daily Care | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: During the |
| Food Preparation | | inspection, the requirements of the rule regarding infant bottle and food preparation were discussed. |
| Pulo | Ctatus | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-23 Diapering and Toilet Training | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding diapering and toilet training were discussed. |
| Pide | Chatus | Desumenting Chate |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication Administration | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding administering medication, food |



| | supplements and medical foods were discussed. |
|--|---|
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