Family Child Care 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 Details | | | |
|---|-----------------|-------------------|--|
| Program Name | Program Number | Program Type | |
| Debbie Williams-Suber/Little Village Home | 000000903254174 | FCC - Type B Home | |
| Child Care | | | |
| Address | | County | |
| 2945 MARTIN L KING JR DR | | CUYAHOGA | |
| | | | |
| CLEVELAND | | | |
| OH 44104 | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Compliance | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 10/18/2022 | 1:00 PM | 1:00 PM | | 3:30 PM | |
| Reviewer: | | | | | |
| Peggy Henderson | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 68 | 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) | | 2 | 0 | 2 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 2 | 0 | 2 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 3 | 0 | 3 |
| Total Capacity/Enrollment | 6 | 3 | 0 | 5 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| Debbie | Mixed Age Group | 1 to 3 | |



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: 00 License & Approvals

Rule: 5101:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.



Findings: During the inspection, it was determined the information in number(s) 4 below was not up to date in the Ohio Child Care Licensing and Quality System:

- 1. Mailing Address;
- 2. Telephone Number;
- 3. Email Address;
- 4. Days and Hours of Operation;
- 5. Services Offered;
- 6. Name of Program, If applicable.
- 7. Private pay rates.

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

Corrective Action Plan Due: 11/18/2022

Domain: 06 Program Information

Rule: 5101:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to update routine permission forms annually.

Findings: In review of the program's records, it was determined that permission forms for routine trips were not being updated annually, as required. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/18/2022

Domain: 08 Staff Files

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 2 below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not created or updated the program's organizational dashboard in the OPR.
- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.
- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.

- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

11.Other: []

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

Corrective Action Plan Due: 11/18/2022

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-02 License Visible | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-09 Background Checks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 2202.2 20 03 11110000 2100001 | | |
| Rule 5101:2-13-08 Whistle Blower | Status Compliant | Documenting Statement(s), If applicable |
| Dula | Chahira | Described Shell-was the little in the |
| Requirements | | |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-08 Employee Requirements | Compliant | 1677 - 1 F F - 1 - 1 - 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Parent | Compilant | |
| Rule 5101:2-13-07 Type B Provider - Foster | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Home | | |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | l | |
| Combustible Materials in a Type B Home | | |
| 5101:2-13-04 Flammable and | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | l | |
| Homes | | |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| for Type B Homes | ' | |
| 5101:2-13-04 Building Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(c) If applicable |
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| Requirements | Compilant | |
| 5101:2-13-03 Inspection | Compliant | |

| 5101:2-13-10 Health Training | Compliant | |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development | Compliant | , , , , , , , , , , , , , , , , , , , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Decumenting Statement/s) If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | bocumenting statement(s), if applicable |
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| Rule 5101:2-13-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | Documenting Statement(s), if applicable |
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| Rule 5101:2-13-13 Clean environment and equipment | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | Documenting Statement(s), if applicable |
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| Rule 5101:2-13-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable |
| D. J. | Chahara | Danis and in a Chahaman of A 15 and 11 |
| Rule 5101:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |

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| Rule | Ctatus | Documenting Statement(s), If applicable |
| | Status | Documenting Statement(s), if applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
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| Dula | Chahua | Decumenting (taken out/s) If a militable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
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| Rule | Status | Decumenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
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| Rule | Status | Documenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| D. J. | Chatana | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and | Compliant | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| Dulo | Ctatus | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), if applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | bocumenting statement(s), if applicable |
| 5101:2-13-16 Emergency Drills | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | Describer general general control of the second control of the sec |
| 3101.2-13-10 Collillullicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-18 Attendance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
| 310112 13 13 30110017 (ge 30per vision) | Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
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| Dula | Ctatus | Desumenting Statement/s\ If soull sale |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(3), if applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | , |
| | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | 2 2 2 3 5 2 3 4 4 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | Documenting Statement(s), it applicable |
| 3101.2 13 23 illiant bany care | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | Documenting Statement(3), it applicable |
| Requirements | | |
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| Rule F101:2 12 07 Provider Pespensibilities | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-18 Group Size and Ratios | Compliant | bootinenting statement(s), in approach |
| 3101.2 13 10 Group 3120 una Natios | Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | 44,7 |
| Procedures | - Compilation | |
| 1100000103 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | ' | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
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| Rule 5101 2 12 12 12 12 14 | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | bocumenting statement(s), ii applicable |
| JIOI.2-13-24 SWIIIIIIIIII SILES | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | booking statement(s), it applicable |
| Equipment | Compilant | |
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