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 |
| GRAVES-THOMAS, TONYA | 000000916874222 | FCC - Type B Home |
| Address | | County |
| 10002 SOUTH HIGHLAND | | CUYAHOGA |
| | | |
| GARFIELD | | |
| OH 44125 | | |

| | Insp | ection Information | | |
|--------------------|--------------------------------|--|-------------------|---|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | Begin Time End Time | | |
| 09/16/2022 | 1:30 PM | | 4:00 PM | |
| Reviewer: | | | | |
| Peggy Henderson | | | | |
| | Sur | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Rules with Non-compliances No. Serious Risk No. Moderate Risk No. Low Risk | | |
| 68 | 1 | 0 | 0 | 1 |

| Lic | ense Capacity and | d Enrollment a | at the Time of I | nspection |
|---------------------------|-------------------|----------------|------------------|-----------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 1 | 0 | 1 |
| Total Under 2 Years | 3 | 1 | 0 | 1 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 2 | 0 | 2 |
| Total Capacity/Enrollment | 3 | 2 | 0 | 3 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Tonya Thomas Graves | 12 months to < 18 months | 1 to 1 | |

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: 2-13-03 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 |
| No Moderate Risk Non-Compliances were observed during this inspection |
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Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The program is required to have the applicable JFS 01176 "Program Notification of Background Check

Review for Child Care" on file.

Findings: In review of the staff records, it was determined that background check requirements had not been followed, for the individual(s) listed on the Employee Record Chart, as noted in number(s) 1 below:

- 1. The JFS 01176 "Program Notification of Background Check Review for Child Care" was not on file for the Provider.
- 2. The JFS 01177 "Individual Notification of Background Check Review for Child Care" was on file instead of the JFS 01176.
- 3. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/20/2022

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-02 License Visible | Compliant | |
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| Rule | Chahua | Decree onting Chatamagnet/s) If a mulicable |
| *************************************** | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
| | | |
| Rule | Status | Desumenting Statement/s) If applicable |
| 110110 | | 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 Information in OCLQS | Compliant | |
| 310112 13 32 IIII01111411011 III 3 3243 | | |
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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 |

| 5101:2-13-03 Inspection Requirements | Compliant | |
|---|------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements for Type B Homes | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B Homes | Compliant | bocamenting statement(s), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | Documenting Statement(s), If applicable |
| Dula | Chahira | Decrease which the transport of the continue la |
| Sule 5101:2-13-07 Staff Records | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster Parent | Compliant | |
| | | |
| S101:2-13-08 Employee Requirements | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-08 Child Care Staff Requirements | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-08 Whistle Blower | Status Compliant | Documenting Statement(s), If applicable |
| D. J. | Chahara | Decrease the Control of the Control |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-10 Health Training | Compliant | |
|---|---------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development | Compliant | 3 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | Documenting statement(3), if applicable |
| Rule | Status | Documenting 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 | Documenting statement(s), if applicable |
| Dula | Chahua | Decumenting (testerment/s) If small-schile |
| Sule 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 |
| Dula | Chahua | Decumenting City and All City |
| Rule 5101:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
| and nodeline mps | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | botumenting statement(s), in applicable |
| Jaulia-13-14 vehicle hispections | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and | Compliant | a comment of the comm |
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| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| 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 |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
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| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | | Documenting Statement(s), if applicable |
| 5101.2-15-22 Medis and Shacks | 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 | |
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| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
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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 | Documenting Statement(s), it applicable |
| Swimming | Compliant | |
| Swittining | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | , , , |
| Requirements | · · | |
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