



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 DELGADO, GUADALUPE | Program Number 000000937833306 | Program Type FCC - Type B Home |
| Address 3513 WEST 60TH STREET CLEVELAND OH 44102 | | County CUYAHOGA |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Compliance | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 05/10/2022 | Begin Time 1:40 PM | End Time 3:30 PM |
| Reviewer: Sharon Porter | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 68 | No. Rules with Non-compliances 5 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 6 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | Total |
| | Totals | Full Time | Part Time | |
| Infant (Birth to < 18 m) | 3 | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | | 0 | 0 | 0 |
| Older Toddler | 3 | 0 | 0 | 0 |
| Preschool | | 2 | 0 | 2 |
| School Age | | 4 | 0 | 4 |
| Total Capacity/Enrollment | 6 | 6 | 0 | 6 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Guadalupe Delgado | | 1 to 0 | |



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

[Greyed out area]

[Empty area]

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

[Greyed out area]

[Empty area]

Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to maintain attendance records.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 2 below:



1. No attendance record was being maintained.
2. The attendance record was not being consistently completed.
3. The original attendance documentation was not kept at the program for a period of one year.

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: 06/10/2022

Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number(s) 7 below:

1. The plan was not posted on each level of the home used for child care.
2. The name, address and telephone number of the program were not complete.
3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
5. Location of children's records was not complete.
6. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
7. The current version of the prescribed form was not used.
8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 06/10/2022

Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.



Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not completed/posted. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/10/2022

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to have a completed written disaster plan.

Findings: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number(s) 18 below:

Procedures:

1. The written disaster plan had not been completed
2. The plan was not provided to all child care staff and employees
3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
6. Outbreaks, epidemics or other infectious disease emergencies
7. Loss of power, water, or heat
8. Other threatening situations that may pose a health or safety hazard to the children in the program

Details:

9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
10. Assisting infants and children with special needs and/or health conditions
11. Emergency contact information for parents and the program
12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
13. Procedures for communicating with parents during loss of communications, no phone or internet service available
14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
16. Making the plan available to all child care staff members and employees
17. Training of staff or reassignment of staff duties as appropriate
18. Updating the plan on a yearly basis
19. Contact with local emergency management officials

Add the missing information to the disaster plan. Submit the program's corrective action plan, which includes the missing information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/10/2022



Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1 below

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1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
11. Other []

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

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Corrective Action Plan Due: 06/10/2022

Domain: 10 Written Policies & Procedures

Rule: 5101:2-13 Written Policies and Procedures

Code: The provider is required to create, maintain, and implement the policies and procedures outlined in appendix C of this rule.

Findings: It was determined the provider was not responsible for creating, maintaining or implementing the policies and procedures detailed in appendix C of this rule. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/10/2022



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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-02 License Visible | Compliant | |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
| 5101:2-13-02 Change of Location | Compliant | |
| 5101:2-13-02 Information in OCLQS | Compliant | |
| 5101:2-13-02 Provider Medical | Compliant | |
| 5101:2-13-03 Inspection Requirements | Compliant | |
| 5101:2-13-04 Building Requirements for Type B Homes | Compliant | |
| 5101:2-13-04 Fire Safety for Type B Homes | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant | |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
| 5101:2-13-07 Staff Records | Compliant | |
| 5101:2-13-07 Type B Provider - Foster Parent | Compliant | |
| 5101:2-13-08 Employee Requirements | Compliant | |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
| 5101:2-13-08 Whistle Blower | Compliant | |
| 5101:2-13-09 Background Checks | Compliant | |
| 5101:2-13-10 Health Training | Compliant | |
| 5101:2-13-10 Professional Development | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



| | | |
|---|---------------|--|
| 5101:2-13-11 Outdoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



| | | |
|--|---------------|--|
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-19 School Age Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | |
| 5101:2-13-23 Diapering | Compliant | |
| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
| 5101:2-13-25 Medication Requirements | Compliant | |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant | |
| 5101:2-13-11 Indoor Space | Compliant | |
| 5101:2-13-17 Programming | Compliant | |
| 5101:2-13-24 On-site Pools | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------|-----------|---|
| 5101:2-13-12 Pets | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-24 Swimming Sites | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-17 Materials and Equipment | Compliant | |