# **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 <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 Details   |                |                   |
|-------------------|----------------|-------------------|
| Program Name      | Program Number | Program Type      |
| TAVAREZ, KIRSIS B | 00000945844560 | FCC - Type B Home |
| Address           |                | County            |
| 8121 DETROIT AVE  |                | CUYAHOGA          |
|                   |                |                   |
| CLEVELAND         |                |                   |
| OH 44102          |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 11/17/2021             | 9:45 AM                        |                  | 12:50 PM          |              |
| Reviewer:              |                                |                  |                   |              |
| Patricia Hill          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 4                              | 0                | 1                 | 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 5     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Group 1                                      | Mixed Age Group | 1 to 5         |         |



## **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**

**Domain: 04 Indoor/Outdoor Space** 

Rule: 5101:2-13-11 Fall Zone

Code: The program is required to have an adequate fall surface on the outdoor playground.

Findings: During the inspection, it was determined that the playground did not have adequate fall surface under and around equipment as noted in the following number 3 below:

- 1. No fall surface
- 2. Adequate fall surface to soften the impact of a fall
- 3. The Little Tykes climbing equipment did not have a fall zone of protective material under and around it. There was only a rubber mat at the bottom of the slide.

Any equipment designed for climbing, swinging, bouncing, or sliding needs a fall zone of protective material resilient under and around the equipment in order to protect children in the event of a fall. Submit the program's corrective action plan, which includes written verification of the discontinued use of this equipment until corrections are made along with a description of the resilient material added, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/18/2021



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

**Domain: 00 License & Approvals** 

Rule: 5101:2-13-04 Fire Safety for Type B Homes

Code: The program is required to maintain smoke alarms in the appropriate areas of the program building.

Findings: During the inspection, it was determined that the Type B Home did not have a working smoke alarm on the second level of the home. A working smoke alarm must be placed, installed, tested, and maintained in accordance with manufacturer's recommendations. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 12/18/2021

### **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program is required to have breast milk labeled and stored appropriately.

Findings: During the inspection, it was determined that breast milk provided by the parent was not stored appropriately as noted in number 1 below.

- 1. Not labeled with infant's name, date pumped, and date bottle was prepared;
- 2. Not immediately refrigerated or frozen;
- 3. Stored at room temperature longer than eight hours;
- 4. Stored at the provider for more than five days after it was expressed;
- 5. Stored longer than two weeks in the freezer compartment of the refrigerator;
- 6. Stored longer than six months in the refrigerator/freezer;
- 7. Stored longer than twelve months in the deep freezer.

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

Corrective Action Plan Due: 12/18/2021

#### Domain: 09 Children's Files

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

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in numbers 4, 6, 12 and 13 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 12/18/2021

## **Rules In-Compliance/Not Verified**

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

| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|---------------------------------------|-----------|--|
| 5101:2-13-02 Provider Medical         | Compliant | bocamenting statement(s), it applicable  |
| 3101.2 13 02 1 Tovider Wedicar        | Compilant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 11010                                 | Compliant | Documenting statement(s), if applicable  |
| 5101:2-13-03 Inspection               | Compliant |  |
| Requirements                          |           |  |
|                                       | I.        |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|                                       |           | Documenting statement(s), if applicable  |
| Building Requirements for Type B      | Compliant |  |
| Homes                                 |           |  |
|                                       |           |  |
| Rule                                  | Status    | Decumenting Statement/s) If applicable   |
| 11010                                 |           | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and            | Compliant |  |
| Combustible Materials in a Type B     |           |  |
| Home                                  |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B      | Compliant |  |
| Home                                  |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-05 Denial, Revocation, and  | Compliant |  |
| Suspension                            |           |  |
| ·                                     |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records            | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster | Compliant |  |
| Parent                                |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements    | Compliant | 5 4,7,7                                  |
| 2 20112 10 00 Employee nequirements   |           |  |
|                                       |           |  |
| <u> </u>                              | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff         | Compliant | bookinenting statement(s), it applicable |
|                                       | Compilant |  |
| Requirements                          |           |  |
|                                       | 1         |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |

| 5101:2-13-08 Whistle Blower                  | Compliant        |  |
|--|------------------|--|
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks               | Compliant        | Totaliening seatoment (e), ii approach   |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training                 | Compliant        | - Comment of the comm |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional<br>Development     | Compliant        | Documenting Statement(3), if applicable  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space                   | Compliant        | Bootimenting 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  |
| 5101:2-13-12 Safe Equipment                  | Compliant        | bocamenting statement(s), if applicable  |
| Rule   | Status           | Desumenting Statement(s) If applicable   |
| 5101:2-13-12 Safe Environment                | Compliant        | Documenting Statement(s), If applicable  |
|  |                  |  |
| S101:2-13-13 Clean environment and equipment | Compliant        | Documenting Statement(s), If applicable  |
| Bulo   | Chahus           | Decumenting Statement/s) If small sales  |
| Rule 5101:2-13-13 Handwashing                | Compliant        | Documenting Statement(s), If applicable  |
| Rule   | Status           | Decumenting Statement/s) If applicable   |
| 5101:2-13-13 Smoke Free                      | Status Compliant | Documenting Statement(s), If applicable  |

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|--------------------------------------|-----------|--|
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|                                      |           |  |
| 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  | Compliant |  |
| and Routine Trips                    |           |  |
|                                      |           |  |
|                                      | J         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Ratio and Supervision   | Compliant | Bocamenting statement(3), it applicable  |
| •                                    | Compliant |  |
| for Field and Routine Trips          |           |  |
|                                      |           |  |
| D. J.                                | Chatter   | Decrease time Chats (1) If It It   |
| 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 | , , , , , , , , , , , , , , , , , , ,  |
|                                      |           |  |
|                                      |           |  |
|                                      | l         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Health Conditions       | Compliant | Bocamenting statement(3), it applicable  |
| 3101.2-13-13 Health Collutions       | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | C         | D " :: : : : : : : : : : : : : : : : : :   |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention | Compliant |  |
| and Confidentiality                  |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and    | Compliant |  |
| General Emergency Plan               |           |  |
| 3-1/                                 |           |  |
|                                      | •         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills        | Compliant | 2 out the state of |
| 3101.2 13 10 Line gency Dillis       | Compilant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |



| Rule                                | Status      | Documenting Statement(s), If applicable  |
|-------------------------------------|-------------|--|
| 5101:2-13-16 First Aid Kit/Standard | Compliant   |  |
| Precautions                         |             |  |
|                                     |             |  |
|                                     | I a         |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases  | Compliant   |  |
|                                     |             |  |
|                                     | 1           |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury        | Compliant   |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan          | Compliant   | bocumenting statement(s), if applicable  |
| 3101.2 13 10 Disaster Flair         | Compilation |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance             | Compliant   |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision            | Compliant   | Bocamenting statement(s), it applicable  |
|                                     |             |  |
|                                     |             |  |
|                                     | I a         |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision | Compliant   |  |
|                                     |             |  |
|                                     | 1           |  |
| 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          | Compliant   | 2 continuing statement(s), it applicable |
| Requirements                        |             |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen       | Compliant   |  |
| Requirements                        |             |  |
|                                     | l           |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
|                                     |             | 0 100                                    |

| 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 | Documenting statement(s), if applicable  |
|   | I a       | 10 11 01 11 11 11                        |
| 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 |  |
| STOTIZ TO ZZ FOOD Harranning                  | 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 Diapering                        | Compliant | bocamenting statement(3), it applicable  |
| 3101.2 13 23 Blupering                        | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for Swimming   | Compliant |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication<br>Requirements       | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities        | Compliant |  |
| Pulo  | Status    | Decumenting Statement (s) If a will also |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios            | Compliant |  |

| Rule                           | Status      | Documenting Statement(s), If applicable |
|--------------------------------|-------------|---|
| 5101:2-13 Written Policies and | Compliant   | bocamenting statement(s), it applicable |
| rocedures                      | Compilation |   |
| . 000000100                    |             |   |
|                                |             |   |
| Rule                           | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide   | Compliant   |   |
| etectors - Type B Only         |             |   |
|                                |             |   |
| Rule                           | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space      | Compliant   |   |
|                                |             |   |
|                                | L           |   |
| Rule                           | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming       | Compliant   |   |
|                                |             |   |
|                                |             |   |
| Rule                           | Status      | Documenting Statement(s), If applicable |
| 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   |   |
|                                |             |   |
|                                | L           | I                                       |
| Rule                           | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and     | Compliant   |   |
| Equipment                      |             |   |