# **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      |
| ROBINSON, PATRICIA | 00000960622930 | FCC - Type B Home |
| Address            |                | County            |
| 3206 EAST 135TH    |                | CUYAHOGA          |
|                    |                |                   |
| CLEVELAND          |                |                   |
| OH 44120           |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/28/2021             | 3:30 PM                        |                  | 4:30 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Michele Futch          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 79                     | 2                              | 0                | 0                 | 2            |

| 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   |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 3                | 3          | 0         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |                          |                |         |
|--|--------------------------|----------------|---------|
| Group  | Age Group/Range          | Ratio Observed | Comment |
| Patricia Robinson                            | School-Age to < 11 years | 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  |
|   |
|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
|   |
|   |

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

**Domain: 08 Staff Files** 

Rule: 5101:2-13-10 Health Training B

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in number(s) 1 and 5 below:

- 1. First Aid expired training
- 2. First Aid not taken First Aid training
- 3. First Aid not have verification of completion of First Aid
- 4. First Aid Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 5. CPR expired training
- 6. CPR not taken CPR training
- 7. CPR not have verification of CPR training
- 8. CPR training taken did not include all age groups the program serves
- 9. CPR Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 10. Management of Communicable Disease expired training
- 11. Management of Communicable Disease not taken CD training
- 12. Managment of Communicable Disease not have verification of completion of the full CD training
- 13. Management of Communicable Disease Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 14. Child Abuse Recognition and Prevention expired training
- 15. Child Abuse Recognition and Prevention not taken Child Abuse six-hour training
- 16. Child Abuse Recognition and Prevention Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/03/2021

#### **Domain: 09 Children's Files**

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information'

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 7 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 parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures

- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. Other [ ]

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

Corrective Action Plan Due: 07/03/2021

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

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-14 Driver Requirements   | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant |   |
| Care                               |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| 0.1                                |           | 5 (1) (1                                |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan         | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
|                                    |           | bocumenting statement(s), if applicable |
| 5101:2-13-18 Ratio and Group Size  | Compliant |   |
|                                    |           |   |
|                                    |           | <u> </u>                                |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size  | Compliant | bodumenting statement(s), it applicable |
| 3101.2 13 10 Natio and Group Size  | Compilant |   |
|                                    |           |   |

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-07 Provider Requirements      | Compliant |   |
|   |           |   |
|   |           |   |
|   | -         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space               | Compliant | Documenting statement(5), it applicable |
| 3101.2-13-11 illu001 3pace              | Compliant |   |
|   |           |   |
|   |           |   |
|   |           | 2                                       |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff           | Compliant |   |
| Requirements                            |           |   |
|   |           |   |
| [. <u></u>                              |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and              | Compliant |   |
| Combustible Materials in Type B Home    |           |   |
| Combastible Materials III Type B Home   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
|   |           | Documenting Statement(s), if applicable |
| 5101:2-13-25 Topical Products and       | Compliant |   |
| Lotions                                 |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming                | Compliant | 3 (" 11                                 |
| 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - |           |   |
|   |           |   |
|   | 1         | l                                       |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 1 7                                     |           | Documenting Statement(s), if applicable |
| 5101:2-13-24 On-site Pools              | Compliant |   |
|   |           |   |
|   | 1         |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment             | Compliant |   |
|   |           |   |
|   | <u> </u>  |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B     | Compliant | 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
|   |           |   |
| Homes                                   |           |   |
|   | I         |   |
|   |           |   |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-24 Parent Permission for | Compliant |   |
| Swimming                           |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping     | Compliant |   |
| Requirements for a Licensed Family |           |   |
| Child Care Provider                |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free            | Compliant | Documenting statement(s), if applicable |
| 3101.2-13-13 3moke free            | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Standard Precautions  | Compliant | bocumenting statement(3), ii applicable |
| 3101.2 13 10 Standard Freedations  | Compilant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections   | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and   | Compliant | 2 |
| Procedures                         | •         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary   | Compliant |   |
| Closure                            |           |   |
|                                    | I         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk            | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | l a       |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen      | Compliant |   |
| Requirements                       |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements  | Compliant |   |
| · ·                                | •         |   |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-13-11 Fall Zone         | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records     | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| D. I                           | C         | D :: C! ! !/ \ ! ! ! ! !                |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury   | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                | ·         |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
|                                |           | Documenting statement(s), if applicable |
| 5101:2-13-23 Diapering         | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                | ·         |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
|                                |           | 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 |   |
| 3101.2-13-24 Swiffilling Sites | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling     | Compliant |   |
| J101.2 13 22 1 000 Handling    | Compilant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment  | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant |   |
|                                | '         |   |
|                                |           |   |
|                                | 1         |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance    | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5101:2-13-16 First Aid Kit            | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-16 FIISt Alu Kit            | Compilant |   |
|                                       |           |   |
|                                       |           |   |
| D. J.                                 | Chahara   | Described Chatamantic (the malicular    |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant |   |
| Home                                  |           |   |
|                                       |           |   |
| - 1                                   | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision    | Compliant |   |
| for Field and Routine Trips           |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and     | Compliant |   |
| General Emergency Requirements        |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and     | Compliant |   |
| General Emergency Requirements        |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage       | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision   | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food   | Compliant |   |
| Preparation                           |           |   |
| ,                                     |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       | •         | ·                                       |
| D 1                                   | Status    | Documenting Statement(s), If applicable |
| Rule                                  | Jiaius    | Documenting Statement(s), it applicable |

| Beginning!                           |           |   |
|--------------------------------------|-----------|---|
| 5101:2-13-17 Materials and           | Compliant |   |
| Equipment                            |           |   |
|                                      |           |   |
| 2.1                                  | I 6       | 2                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision             | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and   | Compliant | Documenting Statement(3), if applicable |
| Equipment                            | Compilant |   |
| Lydipinent                           |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant | 3 (" 11                                 |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment    | Compliant |   |
| and Hygiene                          |           |   |
|                                      |           |   |
|                                      |           | ,                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication              | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| P. J.                                | Chatura   | D                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider | Compliant |   |
| Portal                               |           |   |
|                                      | <u> </u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field  | Compliant | bocumenting statement(3), if applicable |
| and Routine Trips                    | Compilant |   |
| and Routine mps                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower          | Compliant |   |
|                                      | ·         |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional            | Compliant |   |
| Development                          |           |   |

| Beg <u>inning!</u>                      |                         |  |
|---|-------------------------|--|
|   |                         |  |
|   |                         |  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Use of Crib and Playpen    | Compliant               |  |
|   |                         |  |
|   |                         |  |
|   |                         |  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child's Medical            | Compliant               |  |
|   |                         |  |
|   |                         |  |
|   |                         |  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks           | Compliant               |  |
|   |                         |  |
|   |                         |  |
|   |                         |  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Substitute                 | Compliant               |  |
| Requirements                            |                         |  |
|   |                         |  |
|   | Ta                      |  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Substitute                 | Compliant               |  |
| Requirements                            |                         |  |
|   |                         |  |
| Rule                                    | Ctatus                  | Documenting Statement(s) If applicable   |
| 5101:2-13-15 Health Conditions          | Status                  | Documenting Statement(s), If applicable  |
| 5101.2-15-15 Health Conditions          | Compliant               |  |
|   |                         |  |
|   |                         |  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Information in OCLQS       | Compliant               | Bocumenting statement(s), it applicable  |
| 5101.2 15 02 morniation in octos        | Compilarit              |  |
|   |                         |  |
|   |                         | ,  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  |
|   |                         | 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |
| 1 5101:2-13-11 Outdoor Space            | l Compliant             |  |
| 5101:2-13-11 Outdoor Space              | Compliant               |  |
| 5101:2-13-11 Outdoor Space              | Compliant               |  |
| 5101:2-13-11 Outdoor Space              | Compliant               |  |
| Rule                                    | Compliant               | Documenting Statement(s), If applicable  |
|   | Status                  | Documenting Statement(s), If applicable  |
| Rule                                    |                         | Documenting Statement(s), If applicable  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  |
| Rule                                    | Status                  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Provider Medical Rule | Status Compliant Status |  |
| Rule<br>5101:2-13-02 Provider Medical   | Status<br>Compliant     |  |
| Rule 5101:2-13-02 Provider Medical Rule | Status Compliant Status |  |

| Rule                               | Status    | Documenting Statement(s) If applicable  |
|------------------------------------|-----------|---|
|                                    |           | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
|                                    |           | Documenting statement(s), it applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
|                                    |           |   |
|                                    | 1         |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance            | Compliant |   |
|                                    | '         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
|                                    |           | Documenting Statement(3), it applicable |
| 5101:2-13-02 Change of Location    | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection            | Compliant | bocumenting statement(s), it applicable |
| 1 I                                | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| Transitional Pandemic Requirements | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |