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 |
| FLOYD, NICOLE D | 000000965318326 | FCC - Type B Home |
| Address | • | County |
| 375 Dumbarton Blvd | | CUYAHOGA |
| | | |
| Richmond Heights | | |
| OH 44143 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 11/15/2021 | 8:38 AM | | 11:23 AM | |
| Reviewer: | Reviewer: | | | |
| Linda Golson | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 6 | 0 | 0 | 6 |

| 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) | | 0 | 0 | 0 |
| Young Toddler | | 1 | 0 | 1 |
| Total Under 2 Years | 3 | 1 | 0 | 1 |
| Older Toddler | | 2 | 0 | 2 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 2 | 2 |
| Total Capacity/Enrollment | 6 | 2 | 2 | 5 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--------|--|
| Group | Group Age Group/Range Ratio Observed Comment | | |
| Nicole Floyd | 3 years to < 4 years | 1 to 2 | |



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: 00 License & Approvals

Rule: 5101:2-13-02 License Visible

Code: The program is required to have their license in a visible area.

Findings: During the inspection, it was determined the provider's license was not in a location visible to parents, as required. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/16/2021

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 3 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: 12/16/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-22 Fluid Milk

Code: The program is required to have written documentation when serving substitutions for fluid milk.

Findings: During the inspection, it was determined that required documentation for substitutions for fluid milk was not as file noted in number 3 below:

- 1. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when Infants up to 12 months of age were served anything other than formula or breast milk.
- 2. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when Infants and toddlers 12 months of age up to 24 months of age were not served anything other than unflavored whole homogenized vitamin D fortified cow's milk, breast milk, or non-cow milk substitutions that is nutritionally equivalent to milk.
- 3. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when toddlers and children 24 months of age and older are served anything other than unflavored one percent milk that is vitamin A and D fortified, unflavored fat free or skim milk that is vitamin A and D fortified, or non-cow milk substitutions that are nutritionally equivalent to milk.
- 4. Written parental consent for non-cow milk substitutions that are nutritionally equivalent to milk.

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

Corrective Action Plan Due: 12/16/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number 1 below:

- 1. Monthly fire drills for May, June, July, August, and September
- 2. Monthly weather emergency drills (March through September)
- 3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 12/16/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: The program is required to post the current menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number 3 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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

Corrective Action Plan Due: 12/16/2021

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 14 & 16 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. Enrollment form did not have first date

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

Corrective Action Plan Due: 12/16/2021

Rules In-Compliance/Not Verified

| 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 | |
| 310112 13 02 1 10 vide: Wedical | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | Bocumenting statement(s), it applicable |
| Requirements | Compilant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Building Requirements for Type B | Compliant | Bocumenting statement(s), it applicable |
| 1 | Compliant | |
| Homes | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(s), if applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
| | <u> </u> | |
| Rule | Status | Decumenting Statement(s) If applicable |
| | Status | 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 | | |
| | | |
| . <u></u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
|---|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-06 Whistie Blower | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-09 Background Checks | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | 0 |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
| · | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
| | | |
| | | |
| Dula | Ctatus | Decumenting Statement (a) If any live is in |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
| | | |
| | | |
| Pulo | Ctatus | Decumenting Statement (s) If a will also |
| 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 | Compliant | bocumenting statement(3), if applicable |
| equipment | Compilant | |
| счаршен | | |

| beginning: | 1 | |
|--------------------------------------|-------------|--|
| | | |
| | | |
| 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 | |
| | | |
| | | |
| | J | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | bocumenting statement(3), it applicable |
| J101.2-13-13 TOOLIDI USIIIIIg | Compliant | |
| | | |
| | | |
| Dula | Chahua | Decumenting Chatering with the transfer of the |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
| | | |
| | | |
| 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 |
| 5101:2-13-14 Driver Requirements | Compliant | <u> </u> |
| | | |
| | | |
| | J | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | bocamenting statement(s), it applicable |
| 3101.2-13-14 Vehicle inspections | Compliant | |
| | | |
| | 1 | |
| Dula | Chahua | Decumenting Chaterrant/s) If and trail |
| 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 | Compliant | |
| | Compilation | |
| and Confidentiality | | |
| | 1 | |
| | | |



| E404 0 40 46 NA | | Documenting Statement(s), If applicable |
|-------------------------------------|------------------|---|
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| P. J. | Chahara | December Chateman (1) (C. 1) |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| | | |
| | | |
| P. J. | Chahara | December Chateman I V I I II |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
| | | |
| | ı | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
| | | |
| | | |
| | T - | |
| 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 | |
| | | |
| | | |
| Rulo | Ctatus | Documenting Statement/s) If a reliable |
| Rule 5101:2-13-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| 2101.2-13-13 Cillia animatice | Compliant | |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | Documenting Statement(s), If applicable |
| Requirements | Compilant | |
| Requirements | | |
| | • | |
| 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 | Documenting Statement(s), If applicable |
| | | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| | I - | |
| 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 | Compliant | Bocamenting Statement(3), it applicable |
| Requirements | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | boothering statement(s), it applicable |
| | | |
| 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 Procedures | Compliant | |

| | L | I |
|------------------------------|-------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | bocamenting statement(s), it applicable |
| Detectors - Type B Only | Compilation | |
| Secretors Type B offing | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
| 3101.2 13 17 1 10gramming | 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 | 3 (" 11 |
| | ' | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | · | |
| • • | | |