

# 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      |
| BROWN, PHYLICIA  | 00000967568692 | FCC - Type B Home |
| Address          |                | County            |
| 12514 KIRTON AVE |                | CUYAHOGA          |
|                  |                |                   |
| CLEVELAND        |                |                   |
| OH 44135         |                |                   |

|                     | Inspection Information         |                  |                   |              |
|---------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type     | Inspection Sc                  | соре             | Inspection Notice |              |
| Compliance          | Full                           |                  | Unannounced       |              |
| Inspection Date     | Begin Time                     |                  | End Time          |              |
| 08/10/2021          | 10:26 AM                       |                  | 11:00 AM          |              |
| Inspection Date     | Begin Time                     |                  | End Time          |              |
| 08/19/2021          | 3:00 PM                        |                  | 4:59 PM           |              |
| Reviewer:           |                                |                  |                   |              |
| Michele Futch       | Michele Futch                  |                  |                   |              |
| Reviewer:           |                                |                  |                   |              |
| Michele Futch       |                                |                  |                   |              |
| Summary of Findings |                                |                  |                   |              |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 78                  | 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)                                 |                  | 3          | 0         | 3     |
| Young Toddler   |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 3                | 5          | 0         | 5     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 3          | 0         | 3     |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 6                | 7          | 0         | 12    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Phylicia Brown                               | Mixed Age Group | 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: 08 Staff Files

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

Code: The program staff is required to complete the prescribed child abuse and neglect course within the required timeframe.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and 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 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: 09/19/2021

#### 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 number(s) 1, 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 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: 09/19/2021

# **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 |   |
|                                    |           |   |
|                                    |           |   |
| Dula                               | Chatura   | Decumenting Statement/a) If applicable  |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan         | Compliant |   |
|                                    | compliant |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size  | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size  | Compliant |   |
| ۱                                  | · · ·     |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-07 Provider Requirements   | Compliant | Documenting statement(3), if applicable |
| Sidil is of Horaci Requirements      | compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space            | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s) If applicable  |
| 5101:2-13-08 Child Care Staff        | Compliant | Documenting Statement(s), If applicable |
| Requirements                         | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and           | Compliant |   |
| Combustible Materials in Type B Home |           |   |
|                                      |           |   |
|                                      | -         |   |
| Rule                                 | Status    | 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 |   |
|                                      |           |   |
| 1                                    | 1         |   |
| 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 Safe Equipment          | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B  | Compliant |   |
| Homes                                |           |   |
|                                      |           |   |



| Rule                               | Status    | Documenting Statement(s), If applicable  |
|------------------------------------|-----------|--|
| 5101:2-13-24 Parent Permission for | Compliant |  |
| Swimming                           |           |  |
|                                    |           |  |
| Dute                               | Chabura   |  |
| 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 |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements | Compliant | bookinenting otacement(o), it applicable |
|                                    |           |  |
|                                    |           |  |
|                                    | •         | · · · · · · · · · · · · · · · · · · ·    |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Standard Precautions  | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections   | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Review Policies and   | Compliant |  |
| Procedures                         | compliant |  |
| Flocedules                         |           |  |
|                                    |           | •  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Voluntary Temporary   | Compliant |  |
| Closure                            |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk            | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| D. I.                              | Chabura   |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen      | Compliant |  |
| Requirements                       |           |  |
|                                    | I         |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| ituic .                            | Status    | boounenting statement(s), it applicable  |



| 5101:2-13-14 Vehicle Requirements     | Compliant           |   |
|---------------------------------------|---------------------|---|
| Dula                                  | Chature             |   |
| Rule<br>5101:2-13-11 Fall Zone        | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                       | <b>.</b>            |   |
| Rule<br>5101:2-13-08 Staff Records    | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule                                  | Status              | Decumenting Statement(c) If applicable  |
| 5101:2-13-16 Incident/Injury          | Compliant           | Documenting Statement(s), If applicable |
|                                       |                     |   |
| Rule<br>5101:2-13-23 Diapering        | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                       | -                   |   |
| Rule<br>5101:2-13-12 Pets             | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                       |                     |   |
| Rule<br>5101:2-13-24 Swimming Sites   | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                       |                     |   |
| Rule<br>5101:2-13-22 Food Handling    | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                       |                     |   |
| Rule<br>5101:2-13-12 Safe Environment | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment        | Compliant           |   |
| D. I.                                 | Chathan             |   |
| Rule<br>5101:2-13-19 Child Guidance   | Status<br>Compliant | Documenting Statement(s), If applicable |



| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5101:2-13-16 First Aid Kit            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| 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 |
| 5101:2-13-14 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        |           |   |
| Seneral Energency Requirements        |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage       | Compliant |   |
| STOLL IS 25 Medication Stolage        | compliant |   |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision   | Compliant |   |
| SIGILZ IS IS SCHOOL/IGE Supervision   | compliant |   |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
| L                                     | 1         | 1                                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food   | Compliant |   |
|                                       |           |   |
| Preparation                           |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(c) If applicable  |
|                                       |           | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing            | Compliant |   |
|                                       |           |   |
|                                       |           |   |



| Dulo                                 | Status              | Desumanting Statement(c) If applicable  |
|--------------------------------------|---------------------|---|
| Rule<br>5101:2-13-17 Materials and   | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                      | Compliant           |   |
| Equipment                            |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(c) If applicable  |
|                                      |                     | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision             | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Decumenting Statement(c) If applicable  |
| 5101:2-13-13 Clean Environment and   |                     | Documenting Statement(s), If applicable |
|                                      | Compliant           |   |
| Equipment                            |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement/s) If applicable  |
| 5101:2-13-16 Communicable Diseases   |                     | Documenting Statement(s), If applicable |
| 5101:2-13-10 COMMUNICABLE DISEASES   | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| 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                         |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider | Compliant           |   |
| Portal                               | compliant           |   |
| Fortal                               |                     |   |
| L                                    | I                   | I                                       |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field  | Compliant           |   |
| and Routine Trips                    |                     |   |
|                                      |                     |   |
| L                                    | 1                   | I                                       |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower          | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
|                                      | 1                   | I                                       |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident        | Compliant           |   |
| 5101.2-15-10 JEHOUS IIICIUEIIL       |                     |   |
|                                      |                     |   |
| L                                    |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| inde                                 | Status              | Documenting statement(s), it applicable |



| 5101:2-13-10 Professional<br>Development | Compliant           |   |
|--|---------------------|---|
|  |                     |   |
| 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           |   |
|  |                     |   |
|  | <u> </u>            |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute                  | Compliant           |   |
| Requirements                             |                     |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute                  | Compliant           |   |
| Requirements                             |                     |   |
|  |                     |   |
| Rule                                     | Status              | Desumenting Statement(s) If applicable  |
| 5101:2-13-15 Health Conditions           | Status<br>Compliant | Documenting Statement(s), If applicable |
|  | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS        | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space               | Compliant           |   |
|  |                     |   |
|  | I                   |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical            | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks           | Compliant           |   |
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| Rule                               | Status    | 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 |
| 5101:2-13-09 Background Checks     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance            | Compliant |   |
|                                    | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location    | Compliant |   |
|                                    | •         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant |   |
|                                    |           |   |
| L                                  |           |   |
| Dula                               | Chature   |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection            | Compliant |   |
| Requirements                       |           |   |
|                                    | 1         | I                                       |
|                                    |           |   |
|                                    |           |   |