

# **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      |
| CRUZ, MILAGROS       | 000000983580816 | FCC - Type B Home |
| Address              |                 | County            |
| 3602 WEST 103 STREET |                 | CUYAHOGA          |
|                      |                 |                   |
| CLEVELAND            |                 |                   |
| OH 44111             |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | ope              | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 09/01/2022             | 1:15 PM                        |                  | 3:15 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Melissa Vega           |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 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)                                  |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 1          | 0         | 1     |
| Total Capacity/Enrollment                                 | 6                | 2          | 0         | 4     |

| Staff-Child Ratios at the Time of Inspection |                 |                |  |
|--|-----------------|----------------|--|
| Group  | Age Group/Range | Ratio Observed | Comment  |
| Milagros Cruz                                |                 | 1 to 0         | Two children<br>were present but<br>just left before I |
|  |                 |                | came.  |



### **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 |
|   |
|   |
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|   |

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

**Domain: 00 License & Approvals** 

Rule: 5101:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.

Findings: During the inspection, it was determined the information in number(s) [] below was not up to date in the Ohio Child Care Licensing and Quality System:

- 1. Mailing Address;
- 2. Telephone Number;
- 3. Email Address;
- 4. Days and Hours of Operation;
- 5. Services Offered;
- 6. Name of Program, If applicable.
- 7. Private pay rates.

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

Corrective Action Plan Due: 10/02/2022

#### **Domain: 08 Staff Files**

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) #2 below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not created or updated the program's organizational dashboard in the OPR.
- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.
- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.
- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.
- 11.Other: []

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



| Corrective Action Plan Due: 10/02/2022 |  |
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|  |  |
|  |  |

## **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 | bocumenting statement(s), if applicable  |
| Closure                             | Compliant |  |
| Closure                             |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Change of Location     | Compliant |  |
| _                                   |           |  |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection             | Compliant | bootimenting statement(s)) in approach   |
| Requirements                        | Compilant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements  | Compliant |  |
| for Type B Homes                    |           |  |
|                                     | <u> </u>  |  |
| Dula                                | Chatra    | Decree who selected and the selected and |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B | Compliant |  |
| Homes                               |           |  |
|                                     |           | 1  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
|                                     |           | G tastanting(o)) approach  |

| Rule                                     | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| <u> </u>                                 |                     |   |
|  |                     |   |
| 5101:2-13-11 Outdoor Space               | Compliant           | bocamenting statement(s), it applicable |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| [ <u></u>                                |                     |   |
| Development Development                  |                     |   |
| 5101:2-13-10 Professional                | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule                                     | Status              | Decumenting Statement(s) If applicable  |
|  |                     |   |
| 5101:2-13-10 Health Training             | Compliant           |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
|  |                     |   |
|  |                     |   |
| 5101:2-13-09 Background Checks           | Compliant           |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| L  | <u>l</u>            |   |
|  |                     |   |
| 5101:2-13-08 Whistle Blower              | Compliant           |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| <u> </u>                                 |                     |   |
| Requirements                             |                     |   |
| 5101:2-13-08 Child Care Staff            | Compliant           |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
|  |                     |   |
|  |                     |   |
| 5101:2-13-08 Employee Requirements       | Compliant           | , , , , , , , , , , , , , , , , , , ,   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| [ <u>]</u>                               |                     |   |
| Parent                                   | r · · ·             |   |
| 5101:2-13-07 Type B Provider - Foster    | Compliant           | Documenting Statement(s), If applicable |
| Rule                                     | Status              | Documenting Statement(s) If applicable  |
|  |                     |   |
| Home                                     | Compliant           |   |
| Rule<br>5101:2-13-04 Heaters in a Type B | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Home                                     |                     |   |
| Combustible Materials in a Type B        |                     |   |
| 5101:2-13-04 Flammable and               | Compliant           |   |

| 5101:2-13-11 Outdoor Equipment                                      | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Fall Zone  | Compliant           | Documenting Statement(s), if applicable     |
| Rule  | Status              | Decumenting Statement(s) If applicable      |
| 5101:2-13-12 Safe Equipment   | Compliant           | Documenting Statement(s), If applicable     |
| Rule  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-12 Safe Environment                                       | Compliant           | bocamenting statement(s), it applicable     |
| Rule  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-13 Clean environment and equipment                        | Compliant           | Boodmenting statement(s), it approaches     |
|   |                     |   |
| S101:2-13-13 Handwashing  | Compliant           | Documenting Statement(s), If applicable     |
|   |                     |   |
| Rule 5101:2-13-13 Smoke Free  | Status<br>Compliant | Documenting Statement(s), If applicable     |
|   |                     |   |
| Rule 5101:2-13-13 Toothbrushing                                     | Status<br>Compliant | Documenting Statement(s), If applicable     |
|   |                     |   |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips          | Status Compliant    | Documenting Statement(s), If applicable     |
|   |                     |   |
| Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status   Compliant  | Documenting Statement(s), If applicable     |
| Dula  | Chatus              | Decumenting States and (a) If any live live |
| Rule 5101:2-13-14 Driver Requirements                               | Status<br>Compliant | Documenting Statement(s), If applicable     |

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|--------------------------------------|-------------|---|
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Compliant   | bocumenting statement(s), it applicable |
| 3101.2-13-14 Vehicle hispections     | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant   |   |
|                                      | Compilarit  |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and       | Compliant   |   |
| Enrollment Records                   |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant   |   |
|                                      |             |   |
|                                      | <u> </u>    |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant   | bocamenting statement(5), it applicable |
| and Confidentiality                  | Compliant   |   |
| and community                        |             |   |
|                                      |             | •                                       |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant   |   |
| General Emergency Plan               |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant   |   |
| Precautions                          | Compilation |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury         | Compliant   |   |
|                                      |             |   |

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| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan          | Compliant                               |  |
| 3101.2-13-10 Disaster Flati         | Compliant                               |  |
|                                     |   |  |
|                                     |   |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance             | Compliant                               |  |
| 3101.2 13 107(((()))                | Compilant                               |  |
|                                     |   |  |
|                                     |   |  |
|                                     | _                                       |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision            | Compliant                               |  |
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| Dulo                                | Ctatus                                  | Decumenting Statement/s) If annies blo   |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision | Compliant                               |  |
|                                     |   |  |
|                                     |   |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance         |   | bocamenting statement(s), it applicable  |
| 5101.2-15-19 Cillia Galdance        | Compliant                               |  |
|                                     |   |  |
|                                     |   |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap          | Compliant                               |  |
| Requirements                        |   |  |
| Requirements                        |   |  |
| L                                   | <u> </u>                                |  |
| D 1                                 | [ c                                     | 2 (/ ) ( 1 1 1                           |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen       | Compliant                               |  |
| Requirements                        |   |  |
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|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
|                                     |   | Southeriting statement(s), it applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant                               |  |
| Care                                |   |  |
|                                     |   |  |
|                                     |   |  |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment   | Compliant                               |  |
| and Hygiene                         | 1 |  |
| and Hygiene                         |   |  |
|                                     | 1                                       |  |
| D. I.                               |   | D 11 61 1 1/1 15 11 11                   |
| Rule                                | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks       | Compliant                               |  |
|                                     |   |  |
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| Rule                                   | Status      | Documenting Statement(s), If applicable |
|--|-------------|---|
| 5101:2-13-22 Fluid Milk                | Compliant   | Documenting statement(s), it applicable |
| JIOI.Z-IJ-ZZ I IUIU IVIIIK             | Compliant   |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant   | Documenting statement(s), it approach   |
| 3101.2 13 22 1 300                     | Compilation |   |
|  |             |   |
|  |             |   |
| 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    | Compliant   |   |
| Preparation                            |             |   |
|  |             |   |
| l                                      |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant   |   |
|  |             |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant   |   |
| Swimming                               |             |   |
|  |             |   |
| 2.1.                                   | Challer     | Chatamantia (tatamantia) if applicable  |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant   |   |
| Requirements                           |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant   | Documenting Statement(s), it applicable |
|  | Compilant   |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant   | Documenting statement(s), it approach   |
|  | Compilant   |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and         | Compliant   |   |
| Procedures                             | Copa        |   |
| Troccaures                             |             |   |
|  |             |   |

| Rule                         | Status     | Documenting Statement(s), If applicable |
|------------------------------|------------|---|
| 5101:2-13-12 Carbon Monoxide | Compliant  | , , , , , ,                             |
| Detectors - Type B Only      | ·          |   |
| ,,                           |            |   |
|                              |            |   |
| Rule                         | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space    | Compliant  |   |
|                              |            |   |
|                              |            |   |
| Rule                         | Status     | Decumenting Statement(s) If applicable  |
|                              | Compliant  | 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  | -                                       |
|                              |            |   |
|                              |            |   |
|                              | Γ-         | 1                                       |
| Rule                         | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets            | Compliant  |   |
|                              |            |   |
| L                            | _ <b>L</b> | 1                                       |
| Rule                         | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites  | Compliant  | 200minum gotatement (a) in approach     |
|                              |            |   |
|                              |            |   |
|                              |            |   |
| Rule                         | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and   | Compliant  |   |
| Equipment                    |            |   |
|                              |            |   |
|                              |            |   |