



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 ROBERT, GICEL | Program Number 000000985943993 | Program Type FCC - Type B Home |
| Address 3302 W. 31ST STREET CLEVELAND OH 44109 | | County CUYAHOGA |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Compliance | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 09/10/2021 | Begin Time 9:45 AM | End Time 12:10 PM |
| Reviewer: Patricia Hill | | |

| Summary of Findings | | | | |
|--------------------------|--------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 78 | No. Rules with Non-compliances 10 | No. Serious Risk 0 | No. Moderate Risk 1 | No. Low Risk 9 |

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

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Group 1 | Mixed Age Group | 1 to 4 | |



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

Domain: 09 Children's Files

Rule: 5101:2-13-25 Medication Requirements

Code: The program is required to appropriately store medication.

Findings: During the inspection, it was determined the program did not meet the requirement for administering a medication, food supplement or medical food to a child as noted in number 1 below:

1. No JFS 01217 "Request for Administrator of Medication for Child Care" was on file.
2. The child's name was missing on the JFS 01217.
3. The child's date of birth was missing on the JFS 01217.
4. The child's weight was missing on the JFS 01217.
5. The name of the medication was missing on the JFS 01217.
6. The exact dose was missing on the JFS 01217.
7. The time to administer was missing on the JFS 01217. 7. The time period to administer was missing on the JFS 01217.
8. The Parent/Guardian's dated signature was missing on the JFS 01217.
9. Possible side effects were missing on the JFS 01217.
10. Expiration date was missing on the JFS 01217.
11. Physician instructions were missing on the JFS 01217.
12. Physician's dated signature was missing on the JFS 01217.
13. Physician's phone number was missing on the JFS 01217.
14. Date medication was administered was missing on the JFS 01217.
15. Time medication was administered was missing on the JFS 01217.
16. Dosage administered was missing on the JFS 01217.
17. Staff member's signature was missing on the JFS 01217.
18. A current prescription label was not attached to the prescription medication.
19. The medication or product, [], was not brought to the program in its original container.



Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/10/2021

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to store alcohol so it is not accessible by children.

Findings: During the inspection, alcohol was determined to be in a space that was visible to children, but not accessible. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 10/10/2021

Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Requirements

Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined a fire and weather alert plan was not posted in each space used by the children as required by rule. Please post in the bathroom, the living room, dining room and art/science room. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 10/10/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to have a completed written disaster plan.



Findings: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number 17 below:

Procedures:

1. The written disaster plan had not been completed
2. The plan was not provided to all child care staff and employees
3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
6. Outbreaks, epidemics or other infectious disease emergencies
7. Loss of power, water, or heat
8. Other threatening situations that may pose a health or safety hazard to the children in the program

Details:

9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
10. Assisting infants and children with special needs and/or health conditions
11. Emergency contact information for parents and the program
12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
13. Procedures for communicating with parents during loss of communications, no phone or internet service available
14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
16. Training of staff or reassignment of staff duties as appropriate
17. Updating the plan on a yearly basis
18. Contact with local emergency management officials

Add the missing information to the disaster plan. Submit the program's corrective action plan, which includes the missing information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/10/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit onsite as required, that included all items listed in the appendix A of the rule. The kit was missing the item(s) or the item(s) were not replaced after use, when expired or damaged listed in number 8 below:

1. One roll of hypoallergenic first-aid tape;
2. Individually wrapped sterile gauze squares in assorted sizes;
3. Sterile adhesive bandages in assorted sizes;
4. Tweezers;



5. Gauze rolled bandage;
6. Triangular bandage;
7. Rounded end scissors;
8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only); The tooth preservation system was expired.
9. A working digital thermometer;
10. Disposable non-latex gloves;
11. A working flashlight;
12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
15. Soap or waterless sanitizer (field trip or transporting away from the program only);
16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 10/10/2021

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Requirements

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 10/10/2021

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 did not have current valid documentation for training listed in numbers 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. Management 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: 10/10/2021

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The program is required to have the applicable JFS 01176 "Program Notification of Background Check Review for Child Care" on file.

Findings: In review of the staff records, it was determined that background check requirements had not been followed, for the individual listed on the Employee Record Chart, as noted in number 2 below:

1. The JFS 01176 "Program Notification of Background Check Review for Child Care" the program received from the Department was not on file and the individual was not left alone with children.
2. The JFS 01177 "Individual Notification of Background Check Review for Child Care" was on file instead of the JFS 01176.
3. The JFS 01176 on file was for a different program.
4. The JFS 01176 "Program Notification of Background check Review for Child Care" was not on file at the program, but was on file at the county agency and the individual is eligible.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/10/2021



Domain: 09 Children's Files

Rule: 5101:2-13-15 Child's Medical

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 2 below:

1. No medical was on file for at least one child
2. Medical on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
6. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
8. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
9. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
10. Other []

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

Corrective Action Plan Due: 10/10/2021

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 3, 5 and 11 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: 10/10/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-14 Driver Requirements | Compliant | |
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
| 5101:2-13-02 License Posted | Compliant | |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| 5101:2-13-18 Ratio and Group Size | Compliant | |
| 5101:2-13-18 Ratio and Group Size | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-07 Provider Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and Combustible Materials in Type B Home | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and Lotions | Compliant | |
| 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 | |
| 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 Homes | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider | Compliant | |
| 5101:2-13-13 Smoke Free | Compliant | |
| 5101:2-13-08 Employee Requirements | Compliant | |
| 5101:2-13-16 Standard Precautions | Compliant | |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| 5101:2-13-08 Review Policies and Procedures | Compliant | |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
| 5101:2-13-22 Fluid Milk | Compliant | |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant | |
| 5101:2-13-25 Medication Storage | Compliant | |
| 5101:2-13-19 School Age Supervision | Compliant | |
| 5101:2-13-07 Type B Provider - Foster Parent | Compliant | |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | |
| 5101:2-13-13 Toothbrushing | Compliant | |
| 5101:2-13-17 Materials and Equipment | Compliant | |
| 5101:2-13-19 Supervision | Compliant | |
| 5101:2-13-13 Clean Environment and Equipment | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-16 Communicable Diseases | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider Portal | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| 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 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 |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



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|--------------------------------------|---------------|--|
| 5101:2-13-08 Substitute Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
| 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 | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection Requirements | Compliant | |



Department of Education
Department of Job and Family Services

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