## **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      |
| LOVE, FELICIA    | 000000922824068 | FCC - Type B Home |
| Address          |                 | County            |
| 662 TURNEY RD #6 |                 | CUYAHOGA          |
|                  |                 |                   |
| BEDFORD          |                 |                   |
| OH 44146         |                 |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 04/23/2024          | 6:10 PM                        | 6:10 PM          |                   | 7:05 PM      |  |
| Reviewer:           |                                |                  |                   |              |  |
| Candice Isabell     |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                  | 3                              | 0                | 0                 | 3            |  |

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

| Staff-Child Ratios at the Time of Inspection |            |        |  |
|--|------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |            |        |  |
| Ms. Love                                     | 11 years + | 1 to 2 |  |

### **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| 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: 02 Safe & Sanitary Environment** 

Rule: 5101:2-13-13 Clean environment and equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number 4 below, were in the first floor restroom:

- 1. There was no liquid soap.
- 2. There was no toilet tissue.
- 3. There were no individually assigned towels or disposable towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet was not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/24/2024

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-17 Programming

Code: The program is required to have a daily schedule posted in a visible place.

Findings: During the inspection, it was determined the daily schedule was not posted in the program. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/24/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-22 Fluid Milk

Code: The program is to ensure that children are served age-appropriate fluid milk.

Findings: During the inspection, it was determined that the program did not have the type of milk on-site to ensure that all children were served age-appropriate fluid milk requirements. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2024

# 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 |  |
| Closure                                |           |  |
|  |           |  |
|  | 1         | 2  |
| 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 Information in OCLQS      | Compliant | Documenting Statement(S), it applicable  |
| 5101.2-13-02 IIIIOIIIIatioii iii OCLQ3 | Compliant |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical          | Compliant | good mental good control of the approach |
| STOTIC TO SET FORMER WIEGISCH          | Compilant |  |
|  |           |  |
|  |           | ·  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection                | Compliant |  |
| Requirements                           |           |  |
| ,                                      |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements     | Compliant |  |
| for Type B Homes                       |           |  |
|  |           |  |
|  | 1         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B    | Compliant |  |
| Homes                                  |           |  |
|  |           |  |
| Rule                                   | Ctatus    | Documenting 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 | bocamenting statement(s), it applicable     |
| Home                                    | Compilant |   |
| Home                                    |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-07 Staff Records              | Compliant | Dodamenting statement(s); it approach       |
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|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-07 Type B Provider - Foster   | Compliant |   |
| Parent                                  | ·         |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Employee Requirements      | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Whistle Blower             | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-09 Background Checks          | Compliant |   |
|   |           |   |
|   |           |   |
| D. J.                                   | Chahara   | Decree which Chatana ant/a/ If a natical la |
| Rule                                    | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-10 Health Training            | Compliant |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-10 Professional               | Compliant | bocumenting statement(s), if applicable     |
|   | Compilant |   |
| Development                             |           |   |
|   | l         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Outdoor Space              | Compliant | 2002  |
| 3101.2 10 11 Oddaooi Space              | Compliant |   |
|   |           |   |
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| Rule                                    | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Outdoor Equipment          | Compliant | 0   |
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|   |           | <u> </u>                                    |



| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-11 Fall Zone              | Compliant |   |
|                                     |           |   |
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|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | Γ-        |   |
| 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 Handwashing            | Compliant | bocumenting statement(s), if applicable |
| JIOI.2-13-13 Hanuwasiiiiig          | Compliant |   |
|                                     |           |   |
|                                     | 1         | <u> </u>                                |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free             | Compliant | 0 (" 11                                 |
|                                     | '         |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 | bocamenting statement(3), it applicable |
| for Field and Routine Trips         | Compliant |   |
| 10. Field died Rodelite Trips       |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements    | Compliant |   |
| ·                                   |           |   |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections    | Compliant |   |
|                                     |           |   |
|                                     |           |   |
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| 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 Child Medical and<br>Enrollment Records        | Compliant          | bocumenting statement(s), ii applicable |
| Bulo  | Status             | Desumenting Statements   If applicable  |
| Rule 5101:2-13-15 Health Conditions                         | Compliant          | Documenting Statement(s), If applicable |
| Rule  | Status             | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention and Confidentiality    | Compliant          | bocumenting statement(s), ii applicable |
| Rule  | Status             | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and<br>General Emergency Plan | Compliant          | bodumenting otalement(s)) is applicable |
|   | T -                |   |
| S101:2-13-16 Emergency Drills                               | Status   Compliant | Documenting Statement(s), If applicable |
|   | I a                |   |
| Rule 5101:2-13-16 First Aid Kit/Standard Precautions        | Status   Compliant | Documenting Statement(s), If applicable |
|   |                    |   |
| Rule 5101:2-13-16 Communicable Diseases                     | Status Compliant   | Documenting Statement(s), If applicable |
|   |                    |   |
| Rule 5101:2-13-16 Incident/Injury                           | Status   Compliant | Documenting Statement(s), If applicable |
|   |                    |   |
| Rule 5101:2-13-16 Emergency Preparedness and Response Plan  | Status Compliant   | Documenting Statement(s), If applicable |
| Rule  | Status             | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                                     | Compliant          | bocamenting statement(s), it applicable |

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| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision            | Compliant |  |
|                                     |           |  |
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|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision | Compliant |  |
|                                     |           |  |
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|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance         | 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 |  |
| Requirements                        |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Evening and Overnight  | Compliant |  |
| Care                                |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment   | Compliant |  |
| and Hygiene                         |           |  |
|                                     |           |  |
| D. J.                               | Chahara   | Decree of the state of the stat |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks       | Compliant |  |
|                                     |           |  |
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| 2.1                                 |           |  |
| 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 |  |
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| Rule                                   | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food    |   | bocumenting statement(3), if applicable |
|  | Compliant                               |   |
| Preparation                            |   |   |
|  |   |   |
|  |   |   |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant                               | Secretary (e), approximation            |
| J101.2-13-23 Diapering                 | Compliant                               |   |
|  |   |   |
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|  |   |   |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant                               | 3 (" 11                                 |
|  | Compilant                               |   |
| Swimming                               |   |   |
|  | <u> </u>                                |   |
|  |   |   |
| 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                               |   |
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|  |   |   |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant                               |   |
| ·                                      |   |   |
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| - 1                                    | I -                                     |   |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and         | Compliant                               |   |
| Procedures                             |   |   |
| 1 Toccadi es                           |   |   |
|  | I .                                     |   |
| D.J.                                   | Chahara                                 | Decree entire Ct. 1 1/ 1/ 1/ 1/ 1/      |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide           | Compliant                               |   |
| Detectors - Type B Only                |   |   |
| 11.2 2,                                |   |   |
| 1                                      | 1                                       | 1                                       |
| Dula                                   | Chahua                                  | Decumenting Chatemant / - \ If          |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff          | Compliant                               |   |
| Requirements                           |   |   |
| '                                      |   |   |
|  | 1                                       |   |
| Dula                                   | Chahua                                  | Decumenting Statement 1-1 If a will all |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant                               |   |
|  |   |   |
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| 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 |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |