Family Child Care Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details | | | |
|-------------------|-----------------|-------------------|--|
| Program Name | Program Number | Program Type | |
| WILLIAMS, SHYONNA | 000000935612353 | FCC - Type B Home | |
| Address | | County | |
| 4465 EAST 143RD | | CUYAHOGA | |
| | | | |
| CLEVELAND | | | |
| OH 44128 | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Attempted | Partial | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 06/11/2024 | 12:45 PM | | 1:00 PM | |
| Reviewer: | | | | |
| Melissa Vega | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 0 | 0 | 0 | 0 | 0 |

| 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 | 1 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 0 | 0 | 0 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--|--|
| Group Age Group/Range Ratio Observed Comment | | | |
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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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances |
| No Low Risk Non-Compliances were observed during this inspection |
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| | Rules In-Compliance/N | Int Verified |
| | tales in compliance, i | tot vermeu |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and | Not Verified | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Not Verified | |
| Closure | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Not Verified | 3 (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Not Verified | bocumenting statement(s), it applicable |
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| Rule 5101:2-13-02 Provider Medical | Status Not Verified | Documenting Statement(s), If applicable |
| 5101.2-15-02 Flovider Medical | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |

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| 5101:2-13-03 Inspection | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Inspections for | Not Verified | |
| Type A Homes | | |
| 77. | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Not Verified | |
| for Type B Homes | | |
| Tor Type Briomes | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspections for Type | Not Verified | |
| A Homes | 1.00 vermed | |
| A Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Not Verified | Documenting Statement(s), it applicable |
| , ,, | NOT VEHILLE | |
| Homes | | |
| | I | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 1 1 | | Documenting Statement(s), If applicable |
| | NI - 1 N/ C' I | |
| 5101:2-13-04 Flammable and | Not Verified | |
| Combustible Materials in a Type B | Not Verified | |
| | Not Verified | |
| Combustible Materials in a Type B | Not Verified | |
| Combustible Materials in a Type B | Not Verified Status | Documenting Statement(s), If applicable |
| Combustible Materials in a Type B Home | | Documenting Statement(s), If applicable |
| Combustible Materials in a Type B Home Rule | Status | Documenting Statement(s), If applicable |
| Combustible Materials in a Type B Home Rule 5101:2-13-04 Heaters in a Type B | Status | Documenting Statement(s), If applicable |
| Combustible Materials in a Type B Home Rule 5101:2-13-04 Heaters in a Type B | Status | Documenting Statement(s), If applicable |
| Combustible Materials in a Type B Home Rule 5101:2-13-04 Heaters in a Type B | Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Heaters in a Type B Home | Status Not Verified | |
| Rule 5101:2-13-04 Heaters in a Type B Home Rule | Status Not Verified Status | |
| Rule 5101:2-13-04 Heaters in a Type B Home Rule | Status Not Verified Status | |
| Rule 5101:2-13-04 Heaters in a Type B Home Rule | Status Not Verified Status | |
| Rule 5101:2-13-04 Heaters in a Type B Home Rule | Status Not Verified Status | Documenting Statement(s), If applicable |
| Rule S101:2-13-04 Heaters in a Type B Home Rule S101:2-13-05 Home Rule S101:2-13-07 Staff Records | Status Not Verified Status Not Verified Status Status | |
| Rule 5101:2-13-04 Heaters in a Type B Home Rule 5101:2-13-05 Staff Records | Status Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| Rule S101:2-13-04 Heaters in a Type B Home Rule S101:2-13-05 Home Rule S101:2-13-07 Staff Records | Status Not Verified Status Not Verified Status Status | Documenting Statement(s), If applicable |
| Rule S101:2-13-04 Heaters in a Type B Home Rule S101:2-13-05 Home Rule S101:2-13-07 Staff Records | Status Not Verified Status Not Verified Status Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-07 Staff Records Rule 5101:2-13-07 Provider Responsibilities | Status Not Verified Status Not Verified Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule S101:2-13-07 Staff Records Rule 5101:2-13-07 Provider Responsibilities Rule Rule | Status Not Verified Status Not Verified Status Not Verified Status Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-07 Staff Records Rule 5101:2-13-07 Staff Records Rule 5101:2-13-07 Provider Responsibilities | Status Not Verified Status Not Verified Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule S101:2-13-07 Staff Records Rule 5101:2-13-07 Provider Responsibilities Rule Rule | Status Not Verified Status Not Verified Status Not Verified Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-07 Staff Records Rule 5101:2-13-07 Staff Records Rule 5101:2-13-07 Provider Responsibilities | Status Not Verified Status Not Verified Status Not Verified Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-07 Staff Records Rule 5101:2-13-07 Staff Records Rule 5101:2-13-07 Provider Responsibilities | Status Not Verified Status Not Verified Status Not Verified Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |

| 5101:2-13-08 Employee Requirements | Not Verified | |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster Parent | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements | Not Verified | bocumenting statement(s), if applicable |
| Dulo | Ctatus | Decumenting Statement(s) If applicable |
| S101:2-13-08 Whistle Blower | Not Verified | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Not Verified | bocumenting statement(3), it applicable |
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| Rule 5101:2-13-10 Health Training | Not Verified | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development | Not Verified | bocumenting statement(s), if applicable |
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| Rule 5101:2-13-11 Indoor Space | Status Not Verified | Documenting Statement(s), If applicable |
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| Sule 5101:2-13-11 Indoor Space | Not Verified | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-11 Outdoor Space | Not Verified | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Not Verified | bookinenting statement(s), it appreads |
| 3101.2 13 11 1 11 20110 | 140t vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Not Verified | , , , , , , , , , , , , , , , , , , , |
| STOTIL TO TO SMICKETTEE | . Tot vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Not Verified | |
| Detectors - Type B Only | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Not Verified | |
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| Dula | Ctatura | Decumenting Statements of the analysis of the |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Not Verified | |
| equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Not Verified | Social cities of the cities of |
| 5101.2-13-13 Hallawasillig | INOL VEHILEU | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Not Verified | 2 out the management of the applicable |
| JIJILE IS IS TOUTING | . 100 Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Not Verified | 9 |
| and Routine Trips | | |
| and Rodelite Trips | L | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Not Verified | |
| for Field and Routine Trips | | |
| To Freid and Rodeline Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | bocumenting statement(s), if applicable |
| 5101:2-13-14 Driver Requirements | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Not Verified | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | bocumenting statement(s), it applicable |
| 5101:2-13-14 Vehicle Requirements | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and | Not Verified | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Not Verified | bocumenting statement(s), if applicable |
| | Not verilled | |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Not Verified | U VIII III |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-16 First Aid Kit/Standard | Not Verified | bocumenting statement(3), if applicable |
| Precautions | Not verified | |
| Precautions | | |
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| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Not Verified | |
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| Rule | Ctatus | Desumenting Statement/s) If applicable |
| 1.0.10 | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency | Not Verified | |
| Preparedness and Response Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Not Verified | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Not Verified | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-19 Supervision | Not Verified | bootimenting statement(s), it approals |
| 3101.2 13 13 3uper vision | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Not Verified | |
| 3101.2 13 13 36/10017 (ge 3aper 13/01) | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Not Verified | 0 |
| Requirements | | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Not Verified | |
| Requirements | Not vermed | |
| i Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Not Verified | bootinenting statement(s), in approache |
| Care | Not vermed | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Not Verified | 44,7 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Not Verified | 5 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Not Verified | 0 (7) |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Not Verified | 5 |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-23 Infant Bottle and Food Preparation | Not Verified | |
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| rieparation | | |
| D.J. | Chahua | Decumenting Chatemant/a) If and inchis |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Not Verified | boomening statement(s), it appreads |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Not Verified | bootimenting statement(s), in approasie |
| 5101/2 10 2 / 0W//////////////////////////////// | Troc vermed | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Not Verified | <u> </u> |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming | Not Verified | |
| Rule | Status | Decumenting Statement/s) If an itself |
| 5101:2-13-25 Medication | Status Not Verified | Documenting Statement(s), If applicable |
| Requirements | Not verified | |
| | | |