

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 | |
| THOMPSON, YVETTE | 000000939007292 | FCC - Type B Home | |
| Address | | County | |
| 12927 MILLIGAN AVE | | CUYAHOGA | |
| | | | |
| CLEVELAND | | | |
| OH 44135 | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | соре | Inspection Notice | | |
| Compliance | Full | (0)40 | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 02/12/2025 | 11:00 AM | 11:00 AM | | 1:15 PM | |
| Reviewer: | | | * | | |
| Terrie Cochran | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 69 | 4 | 0 | 0 | 4 | |

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

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|--|--------|--|--|
| Group | Group Age Group/Range Ratio Observed Comment | | | |
| Yvette Thompson | 12 months to < 18 months | 1 to 1 | | |



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

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-13 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 numbers 4 & 5 below, were in the downstairs program 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: 03/15/2025

Domain: 03 Postings & Equipment

Rule: 5180:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 1 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.
- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed it he event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 03/15/2025

Domain: 08 Staff Files



Rule: 5180:2-13-07 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 1 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.

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

Corrective Action Plan Due: 03/15/2025

Domain: 08 Staff Files

Rule: 5180:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number 1.

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.



5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.

6. Other [].

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

Corrective Action Plan Due: 03/15/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|--|
| 5180:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS | Compliant | bootimenting statement(s), it approaches |
| 3100.2 13 02 information in octo | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |



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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and | Compliant | |
| Combustible Materials in a Type B | Compilarie | |
| Home | | |
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| es los | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and | Compliant | |
| Procedures | Street An All Street 1 and All Street 1 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster | Compliant | (-), |
| Parent | Compilarie | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Bocumenting Statement(3), if applicable |
| 5180:2-13-08 Employee Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-13-10 Health Training | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Space | Compliant | Documenting outside in (i), ii approacie |
| 3180.2-13-11 Outdoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone | Compliant | , , , , , , , , , , , , , , , , , , , |
| 310012 13 111 411 20110 | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-13-13 Smoke Free | Compliant | |
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| Rule | | Documenting Statement(s), If applicable |



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| 5180:2-13-15 Child Medical and | Compliant | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 344453444 | 100000000000000000000000000000000000000 | Documenting Statement(s), if applicable |
| 5180:2-13-13 Toothbrushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | and the second | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements | Compliant | Bocamenang statement(5), ii applicable |
| 5160.2-13-14 Driver Requirements | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5411-541-0400 | | bocumenting statement(s), if applicable |
| 5180:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | - Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases | <u> </u> | Documenting Statement(s), if applicable |
| 5180:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency | Compliant | |
| Preparedness and Response Plan | , | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming | Compliant | bootimenting statement(s), it approasts |
| 5180.2-15-17 Flogramming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios | Compliant | |
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| F | Secretarian Port address | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5180:2-13-18 Attendance | Status Compliant | |
| Rule 5180:2-13-18 Attendance Rule | Status Compliant Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5180:2-13-18 Attendance | Status Compliant | |
| Rule 5180:2-13-18 Attendance Rule | Status Compliant Status | |
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| Rule 5180:2-13-18 Attendance Rule 5180:2-13-19 Supervision | Status Compliant Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5180:2-13-18 Attendance Rule 5180:2-13-19 Supervision | Status Compliant Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap | Compliant | pocumenting statement(s), it approaches |
| Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance | Compliant | Documenting Statement(3), if applicable |
| 3180:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk | Compliant | 0 |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-13-23 Infant Daily Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-14-06 Health Conditions | Compliant | |
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