# **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      |  |
| DENNIS, DEBORAH       | 00000945400394 | FCC - Type B Home |  |
| Address               |                | County            |  |
| 936 EAST 150TH STREET |                | CUYAHOGA          |  |
|                       |                |                   |  |
| CLEVELAND             |                |                   |  |
| OH 44110              |                |                   |  |

| Inspection Information |  |          |                   |         |  |
|------------------------|--|----------|-------------------|---------|--|
| Inspection Type        | Inspection So  | cope     | Inspection Notice |         |  |
| Compliance             | Full   |          | Unannounced       |         |  |
| Inspection Date        | Begin Time   |          | End Time          |         |  |
| 11/30/2023             | 11:57 AM   | 11:57 AM |                   | 1:35 PM |  |
| Reviewer:              |  |          |                   |         |  |
| Candice Isabell        |  |          |                   |         |  |
| Summary of Findings    |  |          |                   |         |  |
| No. Rules Verified     | No. Rules with Non-compliances No. Serious Risk No. Moderate Risk No. Low Risk |          | No. Low Risk      |         |  |
| 68                     | 4  | 0        | 0                 | 5       |  |

| 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   |                  | 1          | 0         | 1     |
| School Age  |                  | 7          | 0         | 7     |
| Total Capacity/Enrollment                                 | 6                | 9          | 0         | 11    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Deborah                                      | Mixed Age Group | 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: 5101:2-13-12 Safe Environment

Code: The program is required to store cleaning and sanitizing supplies in a place that is inaccessible to children. Cleaning agents, aerosol cans and chemical substances must be stored in their original container or clearly labeled. School-age children may use cleaning supplies and equipment with adult supervision.

Findings: During the inspection, cleaning and sanitzing equipment and supplies were not used or stored properly as noted in number(s) [ ] below:

- 1. Cosmetics were accessible to children in the [ ] area.
- 2. Disinfecting wipes were accessible to children in the [ ] area.
- 3. Fish food was accessible to children in the [ ] area.
- 4. Hand lotion was accessible to children in the [ ] area.
- 5. Hand sanitizer (for children under 24 months) was accessible to children in the [ ] area.
- 6. Laundry detergent was accessible to children in the [ ] area.
- 7. Powder dish washing soap was accessible to children in the [ ] area.
- 8. Paint cans were accessible to children in the [ ] area.
- 9. White out was accessible to children in the [ ] area.
- 10. Potting Soil was accessible to children in the [ ] area.
- 11. Other potentially hazardous substance, Lysol. was accessible to children in the bathroom area.
- 12. Cleaning/sanitizing supplies had not been clearly labeled.
- 13. School-age children were using cleaning supplies, agents and/or equipment without adult supervision.
- 14. A spray aerosol was used in the [ ] group while children were in attendance.
- 15. Other: [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance is no longer accessible to children and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/31/2023

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

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

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

Findings: During the inspection, it was determined the following information was not posted for item number(s) 1 and 3 below:

- 1. Fire alert plan, including a diagram indicating evacuation routes.
- 2. Weather alert plan was missing details for [].
- 3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 12/31/2023

# **Domain: 03 Postings & Equipment**

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

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by

rule.

Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not completed. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 12/31/2023

### **Domain: 06 Program Information**

Rule: 5101:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.

Findings: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number(s) 4,8, and 9 below:

- 1. Written parental permission was not secured for field trips and/or routine trips off the premises.
- 2. The written permission was missing the child's name.
- 3. The written permission was missing the date(s) of the trip(s) (field trips only).
- 4. The written permission was missing the destination(s) of the trip(s).
- 5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).
- 6. The written permission was missing the signature of the parent.
- 7. The written permission was missing the date on which the permission was signed.
- 8. The written permission was missing a statement notifying parents how their child will be transported.
- 9. Permission forms for routine trips were not being updated annually.
- 10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.
- 11. Other: [ ].

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

Corrective Action Plan Due: 12/31/2023

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

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 number(s) 4,10,13, and 14 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 child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 12/31/2023

## **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<br>Closure | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location             | Compliant |   |

|                                       | 1         |   |
|---------------------------------------|-----------|---|
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS     | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           | <u>.</u>                                |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection               | Compliant | general (e), it approach                |
| Requirements                          | Compilant |   |
| Requirements                          |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
|                                       |           | bocamenting statement(s), it applicable |
| 5101:2-13-04 Building Requirements    | Compliant |   |
| for Type B Homes                      |           |   |
|                                       |           |   |
| 2.1                                   | l c       | D C                                     |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B   | Compliant |   |
| Homes                                 |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | 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 | 3 (" 11                                 |
| Home                                  | Compliant |   |
| Home                                  |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant | bocamenting statement(s), if applicable |
| JIOI.2-13-07 Stall Recolus            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Pulo                                  | Ctatus    | Decumenting Statement/s) If and lively  |
| 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 Child Care Staff      | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
|                                    | La.       |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower        | Compliant |   |
|                                    |           |   |
|                                    | <u> </u>  |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant | 0 17                                    |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| 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 |
| Development Development            | Compilant |   |
| Bevelopment                        |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space         | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| 2.1                                | C         | D C/ \ If I: II                         |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone             | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment        | Compliant |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | botamenting statement(3), it applicable |
| equipment                          | Compliant |   |
|                                    |           |   |
|                                    |           |   |



| Rule                                 | Status      | Documenting Statement(s), If applicable   |
|--------------------------------------|-------------|---|
| 5101:2-13-13 Handwashing             | Compliant   | Bootimenting ottatement(o)) if applicable |
| 3101.2 13 13 Handwashing             | Compilation |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Smoke Free              | Compliant   | S (" 11                                   |
|                                      |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Toothbrushing           | Compliant   | S (" 11                                   |
|                                      | ·           |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Ratio and Supervision   | Compliant   |   |
| for Field and Routine Trips          | ,           |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Driver Requirements     | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Inspections     | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Requirements    | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Health Conditions       | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Child Records Retention | Compliant   |   |
| and Confidentiality                  |             |   |
|                                      |             |   |
| D. I.                                |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Emergency Drills        | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| Pula                                 | Chahus      | Decume aution Chatage aut/-\ Iflili-      |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |

| 5101:2-13-16 First Aid Kit/Standard | Compliant |  |
|-------------------------------------|-----------|--|
| Precautions                         |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases  | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     | I 6       | 15   |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury        | Compliant |  |
|                                     |           |  |
|                                     | I.        |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan          | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance             | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision            | Compliant |  |
|                                     |           |  |
|                                     | I.        |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision | Compliant | Joanna Market Ma |
| ge expension                        |           |  |
|                                     |           |  |
|                                     |           |  |
| 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                        |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen       | Compliant | g = 22.cm cm (e), m applicable   |
| Requirements                        |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
|                                     |           |  |

| 5101:2-13-21 Evening and Overnight Care        | Compliant           |  |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-21 Sanitary Environment and Hygiene  | Compliant           | Boodineming ottatement(o), in approache      |
| D. J.  | Chahara             | Decree with a Chatagoratical of a continuity |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-22 Meals and Snacks                  | Compliant           |  |
| Dula   | Chahua              | Decumenting Chaterra and a) If a multiple    |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-22 Fluid Milk                        | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-22 Food Handling                     | Compliant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-23 Infant Daily Care                 | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-23 Infant Bottle and Food            | Compliant           |  |
| Preparation                                    | - Compilant         |  |
|  | Lac                 | 12 11 11 11 11                               |
| 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<br>Swimming | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-25 Medication                        | Status<br>Compliant | Documenting Statement(s), if applicable      |
| Requirements                                   | Compilant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-07 Provider Responsibilities         | Compliant           |  |

| Rule                               | Status              | Documenting Statement(s), If applicable   |
|------------------------------------|---------------------|---|
| 5101:2-13-18 Group Size and Ratios | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Ctatus              | Decumenting Statement(s) If applicable    |
| 5101:2-13 Written Policies and     | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Procedures                         | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
| 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           | Documenting statement(s), it approximates |
| 310112 10 11                       | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Programming           | Compliant           |   |
|                                    |                     |   |
|                                    |                     | I   |
| Rule                               | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-24 On-site Pools         | Compliant           |   |
|                                    | ,                   |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule 5101:2 12 12 Pots             | 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           | Documenting statement(3), it approaches   |
| Equipment                          | Compliant           |   |
|                                    |                     |   |
|                                    |                     | <u> </u>                                  |
|                                    |                     |   |