# **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      |  |
| JETER, ARMINA         | 000000952869307 | FCC - Type B Home |  |
| Address               | •               | County            |  |
| 424 East 274th Street |                 | CUYAHOGA          |  |
|                       |                 |                   |  |
| Euclid                |                 |                   |  |
| OH 44132              |                 |                   |  |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 07/19/2024             | 11:30 AM                       |                  | 1:46 PM           | 1:46 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Renee Darling          |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 5                              | 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 6          | 0         | 6     |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 6                | 10         | 0         | 11    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Armina Jeter                                 | Mixed Age Group | 1 to 5 |  |

## **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   |
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| <u>J</u>   |
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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: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to maintain a record of the arrival and departure of each child. The program is

also required to retain the original attendance record at the program for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in numbers 4 & 6 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The record did not include the name of at least one child.
- 4. The record did not include the birth date of at least one child.
- 5. The record did not include the assigned group.
- 6. The record did not include the child's weekly schedule.
- 7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
- 8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 08/23/2024

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have an operating sink, refrigerator, and stove or microwave oven.

Findings: During the inspection it was determined the item(s) noted in number 4 below were not in working condition:

- 1. Kitchen Sink;
- 2. Refrigerator;
- 3. Stove or Microwave Oven;
- 4. Other Water Heater

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

Corrective Action Plan Due: 08/23/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: The program is required to post the current menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number 6 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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

Corrective Action Plan Due: 08/23/2024

#### **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 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: 08/23/2024

#### **Domain: 09 Children's Files**

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

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

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in numbers 2 & 9 below:

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

11. Other [ ]

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

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Closure

Corrective Action Plan Due: 08/23/2024

5101:2-13-02 Voluntary Temporary

### **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 |

Compliant



| Rule                                   | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-13-02 Change of Location        | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Dula                                   | Chahua              | Decrees the Chatemant of the continue   |
| Rule 5101:2-13-02 Information in OCLQS | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-02 IIIIOIIIIation III OCLQ3  | Compilant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical          | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                | Compliant           |   |
| Requirements                           |                     |   |
| <u> </u>                               |                     |   |
|  | T e                 |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements     | Compliant           |   |
| for Type B Homes                       |                     |   |
|  |                     |   |
| 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           | bocumenting statement(3), if applicable |
| Combustible Materials in a Type B      |                     |   |
| Home                                   |                     |   |
|  | I                   |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B       | Compliant           |   |
| Home                                   |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records             | Compliant           | O massimily in approach                 |
| 1                                      |                     |   |
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| - •                                    | I -                 |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster  | Compliant           |   |
| Parent                                 |                     |   |
|  | ı                   |   |
| 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           | Bocumenting statement(s), if applicable  |
| Dula  | Chatus              | Decumenting Statement/s) If applicable   |
| Rule 5101:2-13-09 Background Checks               | Status Compliant    | Documenting Statement(s), If applicable  |
| Rule  | Status              | Decumenting Ctatement/s) If applicable   |
| 5101:2-13-10 Health Training                      | Compliant           | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional<br>Development          | Compliant           | Documenting ottatement(0), in applicable |
| Dula  | Chatana             | Decree the Chateres and A Manualisable   |
| Sule 5101:2-13-11 Outdoor Space                   | Compliant           | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment                    | Compliant           | bocumenting statement(s), if applicable  |
|   |                     |  |
| Rule 5101:2-13-11 Fall Zone                       | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule 5101:2-13-12 Safe Equipment                  | Status Compliant    | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule 5101:2-13-13 Clean environment and equipment | Status Compliant    | Documenting Statement(s), If applicable  |
| Dula  | Chabine             | Dogumenting Chalemant/-\ If!:b!-         |
| Rule 5101:2-13-13 Handwashing                     | Status Compliant    | Documenting Statement(s), If applicable  |

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| Rule   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free  | Compliant  |   |
|  |            |   |
|  |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing   | Compliant  | C (" 11                                 |
| 310112 10 10 1000110100111116  | Compilarie |   |
|  |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant  | bocumenting statement(s), if applicable |
| •  | Compilant  |   |
| for Field and Routine Trips  |            |   |
|  | 1          |   |
| Rule   | Status     | Documenting Statement/s) If annieshie   |
|  |            | 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  |   |
|  |            |   |
|  |            |   |
|  | 1          |   |
| 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  |            |   |
|  |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and  | Compliant  |   |
| General Emergency Plan   | '          |   |
|  |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills  | Compliant  | 0                                       |
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| Rule                                | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant  |   |
| Precautions                         | Compilarit |   |
| Frecautions                         |            |   |
|                                     | 1          |   |
|                                     | 1          |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases  | Compliant  |   |
|                                     |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant  |   |
|                                     |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
|                                     |            | bocumenting statement(s), if applicable |
| 5101:2-13-16 Emergency              | Compliant  |   |
| Preparedness and Response Plan      |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant  |   |
|                                     |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
|                                     |            | bocumenting statement(s), if applicable |
| 5101:2-13-19 School Age Supervision | Compliant  |   |
|                                     |            |   |
|                                     |            |   |
|                                     | 1          |   |
| 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  | Dodanienang etatement(e), in approach   |
| •                                   | Compliant  |   |
| Requirements                        |            |   |
|                                     |            |   |
| D 1                                 | C          |   |
| 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  | 5                                       |
|                                     | Compilant  |   |
| Care                                |            |   |
|                                     |            |   |

| Rule                                   | Status                                | Documenting Statement(s), If applicable |
|--|---------------------------------------|---|
| 5101:2-13-21 Sanitary Environment      | Compliant                             |   |
| and Hygiene                            |                                       |   |
|  |                                       |   |
|  |                                       |   |
| 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                             | bocumenting statement(s), if applicable |
| 3101.2-13-22 1 000 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                            |                                       |   |
|  |                                       |   |
| Rule                                   | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant                             | Documenting Statement(s), if applicable |
| 3101.2-13-23 Diapering                 | Compliant                             |   |
|  |                                       |   |
|  |                                       |   |
| Rule                                   | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant                             |   |
| Swimming                               | ·                                     |   |
| _                                      |                                       |   |
|  |                                       |   |
| 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 | Status                                | Documenting Statement(s), If applicable |
| 5101.2-15-07 Provider Responsibilities | Compliant                             |   |
|  |                                       |   |
|  | 1                                     |   |
| Rule                                   | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant                             |   |
| 3 2.22 4                               | -   -   -   -   -   -   -   -   -   - |   |
|  |                                       |   |
|  |                                       |   |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-13 Written Policies and | Compliant | 200amenting ottatement(e)) ii approate  |
| Procedures                     |           |   |
|                                |           |   |
|                                |           |   |
| 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 |
| 5101:2-13-08 Child Care Staff  | Compliant | bocumenting statement(s), it applicable |
| Requirements                   |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space      | Compliant |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming       | Compliant | bocumenting statement(s), if applicable |
| J101.2-13-17 Flogramming       | Compilant |   |
|                                |           |   |
|                                | <u> </u>  |   |
| 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 | bocumenting statement(s), if applicable |
| 3101.2-13-12 Fets              | Compilant |   |
|                                |           |   |
|                                | ·         |   |
| 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(s), If applicable |
|                                | Compliant |   |
| Equipment                      |           |   |
|                                | L         |   |
|                                |           |   |