

## 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://ifs.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<br>GLOVER, CRYSTAL                         | Program Number<br>000000959323754 | Program Type<br>FCC - Type B Home |
| Address<br>11725 ROBERTSON<br><br>CLEVELAND<br>OH 44105 | County<br>CUYAHOGA                |                                   |

| Inspection Information        |                                     |                          |                       |                                  |
|-------------------------------|-------------------------------------|--------------------------|-----------------------|----------------------------------|
| Inspection Type<br>Compliance |                                     | Inspection Scope<br>Full |                       | Inspection Notice<br>Unannounced |
| Inspection Date<br>04/14/2025 |                                     | Begin Time<br>6:55 PM    |                       | End Time<br>7:50 PM              |
| Reviewer:<br>Tonesha Jones    |                                     |                          |                       |                                  |
| Summary of Findings           |                                     |                          |                       |                                  |
| No. Rules Verified<br>69      | No. Rules with Non-compliances<br>4 |                          | No. Serious Risk<br>0 | No. Moderate Risk<br>0           |
|                               |                                     |                          | No. Low Risk<br>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)                                 |                  | 0          | 0         | 0     |
| Young Toddler                                             |                  | 0          | 0         | 0     |
| <b>Total Under 2 Years</b>                                | 1                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 1          | 0         | 1     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 1          | 0         | 1     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| Crystal Glover                               |                 | 1 to 0         |         |

### 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: 01 Ratio & Supervision**

Rule: 5180:2-13-18 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 number 1 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: 05/15/2025

#### **Domain: 05 Health & Safety**

Rule: 5180:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number(s) 1,2 & 3 below:

1. Monthly fire drills
2. Monthly weather emergency drills (March through September)
3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 05/15/2025

#### **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 2 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.
  11. Other: []
- Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/15/2025

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

Rule: 5180:2-13-15 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 4, 6, 8, 10 & 12 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: 05/15/2025

### Rules In-Compliance/Not Verified

| Rule                                     | Status    | Documenting Statement(s), If applicable |
|------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-02 Voluntary Temporary Closure | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible             | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location          | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS        | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical            | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection Requirements     | Compliant |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |

|                                                                   |               |                                                |
|-------------------------------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-04 Building Requirements for Type B Homes               | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Fire Safety for Type B Homes                         | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Heaters in a Type B Home                             | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Provider Responsibilities                            | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13 Written Policies and Procedures                         | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Type B Provider - Foster Parent                      | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Employee Requirements                                | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Child Care Staff Requirements                        | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Whistle Blower                                       | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-09 Background Checks                                    | Compliant     |                                                |

|                                                      |           |                                         |
|------------------------------------------------------|-----------|-----------------------------------------|
|                                                      |           |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training                         | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional Development                | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space                            | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Space                           | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment                       | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone                               | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment                          | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment                        | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets                                    | Compliant |                                         |

| Rule                                         | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Clean environment and equipment | Compliant |                                         |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Smoke Free | Compliant |                                         |

| Rule                     | Status    | Documenting Statement(s), If applicable |
|--------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Handwashing | Compliant |                                         |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Toothbrushing | Compliant |                                         |

| Rule                                                  | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Requirements for Field and Routine Trips | Compliant |                                         |

| Rule                                                           | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |                                         |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Driver Requirements | Compliant |                                         |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Vehicle Inspections | Compliant |                                         |

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Vehicle Requirements | Compliant |                                         |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Health Conditions | Compliant |                                         |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|-----------------------------------------|
|------|--------|-----------------------------------------|

|                                                          |               |                                                |
|----------------------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 First Aid Kit/Standard Precautions          | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Communicable Diseases                       | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Incident/Injury                             | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Emergency Preparedness and Response Plan    | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-17 Programming                                 | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-17 Materials and Equipment                     | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Group Size and Ratios                       | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Supervision                                 | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 School Age Supervision                      | Compliant     |                                                |

|                                                 |               |                                                |
|-------------------------------------------------|---------------|------------------------------------------------|
|                                                 |               |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Evening and Overnight Care         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Sleep and Nap Requirements         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Child Guidance                     | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Crib and Playpen Requirements      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Sanitary Environment and Hygiene   | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Meals and Snacks                   | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Food Handling                      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Fluid Milk                         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Daily Care                  | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant     |                                                |

| Rule                                        | Status    | Documenting Statement(s), If applicable |
|---------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-23 Diapering                      | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools                  | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites                 | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for Swimming | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication Requirements        | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-14-06 Health Conditions              | Compliant |                                         |