

Family Child Care Licensing Inspection Full Report

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

| Program Details | | |
|------------------|----------------|-------------------|
| Program Name | Program Number | Program Type |
| WILLIAMS, CHERYL | 00000970397069 | FCC - Type B Home |
| Address | | County |
| 539 EAST 115 | | CUYAHOGA |
| | | |
| CLEVELAND | | |
| OH 44108 | | |

| | Inspection Information | | | |
|---------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Attempted | Partial | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 06/12/2024 | 3:50 PM | | 3:55 PM | |
| Reviewer: | | | | |
| Tonesha Jones | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 0 | 0 | 0 | 0 | 0 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 2 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 0 | 0 | 0 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| | | | |



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

No Low Risk Non-Compliances were observed during this inspection



Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-13-05 Denial, Revocation, and | Not Verified | |
| | | |
| Suspension | | |
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| Dula | Chatura | Description State + (-) If ! ! |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Not Verified | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-13-03 Inspection | Not Verified | |
|---|--------------|---|
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Inspections for | Not Verified | |
| Type A Homes | Not vermed | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Not Verified | |
| for Type B Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspections for Type | Not Verified | |
| A Homes | | |
| | I | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Not Verified | |
| Homes | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Not Verified | |
| Combustible Materials in a Type B | | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Not Verified | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Not Verified | |
| Procedures | | |
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| Dula | Status | Desumenting Statement(-) If any list here |
| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-13-08 Employee Requirements | Not Verified | |
|---|------------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster Parent | Not Verified | |
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| Rule 5101:2-13-08 Child Care Staff Requirements | Status Not Verified | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-08 Whistle Blower | Not Verified | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-09 Background Checks | Status Not Verified | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Not Verified | |
| Dula | Chatura | Decumenting Statement(s) If employed |
| Rule 5101:2-13-10 Professional | Status Not Verified | Documenting Statement(s), If applicable |
| Development | Not vermed | |
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| Rule 5101:2-13-11 Indoor Space | Status Not Verified | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Not Verified | |
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| Rule | Status Not Vorified | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Not Verified | |
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| Rule 5101:2-13-11 Outdoor Equipment | Status Not Verified | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-11 Fall Zone | Not Verified | |
| 5101.2 13 11 101 2010 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Not Verified | |
| Detectors - Type B Only | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Not Verified | |
| 5101.2 15 12 1013 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Not Verified | |
| equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Not Verified | |
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| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-13-13 Toothbrushing | Status Not Verified | Documenting Statement(s), If applicable |
| 5101.2 15 15 100(hb)(d3hing | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Not Verified | |
| and Routine Trips | | |



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| Rule 5101:2-13-14 Ratio and Supervision | Status Not Verified | Documenting Statement(s), If applicable |
| for Field and Routine Trips | Not vermeu | |
| for heid and fourne mps | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Not Verified | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and | Not Verified | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Not Verified | |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-16 First Aid Kit/Standard | Not Verified | bocumenting statement(s), if applicable |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Not Verified | |
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| Rule | Status Net Verified | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency | Not Verified | |
| Preparedness and Response Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Not Verified | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Not Verified | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Not Verified | |
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| Rule | Status Net Verified | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-19 Supervision | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Not Verified | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
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Department of Education Department of Job and Family Services

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| 5101:2-13-23 Infant Bottle and Food | Not Verified | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | Documenting statement(s), if applicable |
| 5101:2-13-24 On-site Pools | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Not Verified | |
| 5101.2-15-24 Swittining Sites | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Not Verified | |
| Swimming | | |
| Swittining | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5101:2-13-25 Medication | Not Verified | |
| Requirements | | |
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