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 |
| MORALES, MARGARITA | 000000973232895 | FCC - Type B Home |
| Address | • | County |
| 7122 DONALD AVE. | | CUYAHOGA |
| | | |
| CLEVELAND | | |
| OH 44103 | | |

| | Inspection Information | | | | |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Compliance | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 12/29/2023 | 4:10 PM | | | 6:30 PM | |
| Reviewer: | | | | | |
| Melissa Vega | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 68 | 4 | 0 | 1 | 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) | | 2 | 0 | 2 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 2 | 0 | 2 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 1 | 0 | 3 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--------|--|
| Group | Group Age Group/Range Ratio Observed Comment | | |
| Margarita Morales | | 1 to 1 | |



Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances |
|--|
| No Serious Risk Non-Compliances were observed during this inspection |
| |
| |
| |
| |
| |

Moderate Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

Findings: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) #4 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/29/2024



Low Risk Non-Compliances

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to have a completed written disaster plan.

Findings: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number(s) #18 below:

Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials

Add the missing information to the disaster plan. Submit the program's corrective action plan, which includes the missing information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/29/2024



Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in number(s) #10 and #14 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 01/29/2024

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 number(s) #2 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.

.

Corrective Action Plan Due: 01/29/2024

Domain: 09 Children's Files

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

Code: The program is required to have a completed 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) 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: 01/29/2024

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 | Compliant | |
| Closure | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | - 112 |
| | | |
| | | |
| | | |
| 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Ruic | Status | bocamenting statement(s), it applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---------------------|---|
| | | |
| Development | Compilant | |
| Rule 5101:2-13-10 Professional | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| | | |
| 5101:2-13-08 Whistle Blower | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Requirements | | |
| 5101:2-13-08 Child Care Staff | Compliant | , |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| | , | |
| 5101:2-13-08 Employee Requirements | Compliant | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Parent | Compilant | |
| Rule 5101:2-13-07 Type B Provider - Foster | Status Compliant | Documenting Statement(s), If applicable |
| | C | |
| | | |
| 5101:2-13-07 Staff Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Home | | |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | <u> </u> | |
| Combustible Materials in a Type B Home | | |
| 5101:2-13-04 Flammable and | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | <u> </u> | |
| Homes | | |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| for Type B Homes | | |
| 5101:2-13-04 Building Requirements | Compliant | |

| 5101:2-13-11 Outdoor Space | Compliant | |
|---|-----------|---|
| | | |
| 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 | bocumenting statement(s), it applicable |
| 3101.2 13 11 1411 20110 | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and equipment | Compliant | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | booumenting statement(s); if approache |
| | | |
| 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 | , , , , , , , , , , , , , , , , , , , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Nuic | Jacatus | bocumenting statement(3), it applicable |

| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Decumenting Statements If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | Documenting Statement(s), If applicable |
| Dula | Chahira | Design outline Chatage author If and inchie |
| S101:2-13-14 Vehicle Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | Documenting Statement(s), if applicable |
| | | |
| Sample 5101:2-13-15 Child Records Retention and Confidentiality | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | Bootimenting statement(3), it applicable |
| | | |
| Rule 5101:2-13-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-16 First Aid Kit/Standard Precautions | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Samue 5101:2-13-16 Communicable Diseases | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-16 Incident/Injury | Status Compliant | Documenting Statement(s), If applicable |

| Deglinating: | _ | |
|-------------------------------------|-----------|---|
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| | · · | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | bocamenting statement(s), it applicable |
| 3101.2-13-19 Supervision | Compilant | |
| | | |
| | | |
| 0.1 | 6 | D :: C: : :/ \ If I: II |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
| | | |
| | | |
| | | |
| 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 | <u> </u> |
| Requirements | | |
| nequirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | bocumenting statement(s), it applicable |
| | Compliant | |
| Requirements | | |
| | | |
| Dulo | Chatura | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| 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 Meals and Snacks | Compliant | |
| | ' | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | bocamenting statement(s), it applicable |
| JIOI.Z-IJ-ZZ HUIU IVIIK | Comphant | |
| | | |

| Beginning! | | |
|---|-----------|--|
| | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
| 3101.2 13 22 1 000 Handling | Compilant | |
| | | |
| | | |
| | | |
| 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 | bocamenting statement(s), it applicable |
| | Compilant | |
| Preparation | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | 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 | | |
| Requirements | | |
| | | |
| Rule | Chahua | Decree entire Statement (a) If a mulicable |
| | 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 | - |
| 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | | |
| | | |
| | 1 | |
| Distr | Chahara | Decree at the Chatery of the Line III |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | Tanana Baratanian (a), wakkinaana |
| | Compliant | |
| Detectors - Type B Only | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-------------|---|
| 5101:2-13-11 Indoor Space | Compliant | bocumenting statement(s), if applicable |
| 5101.2-15-11 Illu001 Space | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
| - | · | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
| | | |
| | | |
| D. I. | 1.61 | D :: (1) (1) (1) |
| Rule | 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 | |
| 3101.2 13 2 1 3 3 1 1 3 1 1 1 1 1 1 1 1 1 1 1 | Compilation | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
| | | |