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 | |
| CARR, GLORIA-JEAN | 000000993777081 | FCC - Type B Home | |
| Address | | County | |
| 2316 #B EAST 63RD ST. | | CUYAHOGA | |
| | | | |
| CLEVELAND | | | |
| OH 44104 | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection Sc | cope | Inspection Notice | | |
| Monitor | Partial | | Unannounced | Unannounced | |
| Inspection Date | Begin Time | | End Time | | |
| 01/11/2024 | 12:51 PM | | 1:10 PM | | |
| Reviewer: | | | | | |
| Anju Abdullah | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 1 | 1 | 0 | 1 | 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 | 5 | 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 | | |
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| No Serious Risk Non-Compliances were observed during this inspection | | |
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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: 02/10/2024

| Low Risk Non-Compliances | | |
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| No Low Risk Non-Compliances were observed during this inspection | | |
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Rules In-Compliance/Not Verified

| 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 Voluntary Temporary | Not Verified | |
| Closure | | |
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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 | 3 (7 1) |
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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 |
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| 5101:2-13-03 Inspection | Not Verified | 2004. Market Mar |
| Requirements | | |
| Troquir error | | |
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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 Safety for Type B | Not Verified | |
| Homes | | |
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| Pulo | Status | Documenting Statement(s) If and inchis |
| Rule 5101:2-13-04 Flammable and | Status Not Verified | Documenting Statement(s), If applicable |
| | Not verified | |
| Combustible Materials in a Type B Home | | |
| ноте | | |
| DI- | Chahara | Decree which the continue of t |
| Rule | Status Not Verified | 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 |
| 5101:2-13-05 Denial, Revocation, and | Not Verified | bookinenting statement(s), it applicable |
| Suspension | | |
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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 Type B Provider - Foster | Not Verified | |
| Parent | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Not Verified | Documenting Statement(s), if applicable |
| 5101.2-15-06 Employee Requirements | INOL VEHILLEU | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Not Verified | 3 |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-08 Whistle Blower | Not Verified | Bootamenting statement(s)) if applicable |
| 3101.2 13 00 Whistie Blower | 110t vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Not Verified | |
| 3101.2 13 10 Health Halling | 110t vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Not Verified | |
| Development | l l l l l l l l l l l l l l l l l l l | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Not Verified | , |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Not Verified | Dodding other ment (a), in approach |
| 3101.2 13 11 Outdoor Equipment | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Not Verified | Bootimenting statement(s); if approasie |
| 3101.2 13 11 1411 20110 | 110t vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Not Verified | |
| 310112 10 12 date Equipment | Troc remied | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Not Verified | G Table Market and Company of the Co |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Not Verified | O The Control of the |
| equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Not Verified | and a state of the |
| Julia 13 13 Hallawasiiilig | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-13 Smoke Free | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Not Verified | |
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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 | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Not Verified | |
| for Field and Routine Trips | | |
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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 |
| 5101:2-13-14 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 Enrollment Records | Not Verified | |
| Linolinent 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 F101:2 12 15 Child Pocords Potentian | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention and Confidentiality | NOT VEHILER | |
| and confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |

| Designating. | 1 | |
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| 5101:2-13-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
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| Dula | Chahua | Decree entire Chateman and A. If a well-all- |
| 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 |
| 5101:2-13-16 First Aid Kit/Standard | Not Verified | Documenting Statement(s), if applicable |
| Precautions | Not verified | |
| Frecautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Not Verified | 0 |
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| Rule | Status | 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 Disaster Plan | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 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 | bocumenting statement(s), if applicable |
| 2101.5-13-13 School Age Subervision | NOC VEHILLER | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Not Verified | 2 003 menting statement(s), it applicable |
| 3101.2 13 13 Gillia Galdanice | 1.402 Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-20 Sleep and Nap | Not Verified | |
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| | Not vermed | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Not Verified | (1) |
| Requirements | . roc remied | |
| integan ements | | |
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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 |
| 5101:2-13-21 Sanitary Environment | Not Verified | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Not Verified | bocumenting statement(s), if applicable |
| 5101:2-13-22 Medis and Shacks | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Not Verified | and the second s |
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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 |
| 5101:2-13-23 Infant Bottle and Food | Not Verified | Booking statement(5), it applicable |
| Preparation | 1.00 vermeu | |
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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 |

| 5101:2-13-24 Parent Permission for Swimming | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Not Verified | 2 commendation of the second o |
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| Dula | Chahua | Decree onting Chatene ont/s) If a militable |
| Rule 5101:2-13-18 Group Size and Ratios | Status Not Verified | Documenting Statement(s), If applicable |
| 3101.2-13-18 Group Size and Natios | 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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| 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 |
| 5101:2-13-11 Indoor Space | Not Verified | Bocamenting statement(3), it applicable |
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| Rule 5101:2-13-17 Programming | Status Not Verified | Documenting Statement(s), If applicable |
| 3101.2-13-17 Programming | 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 |
| 5101:2-13-12 Pets | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Not Verified | Bocumenting statement(s), if applicable |
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| Rule 5101:2-13-17 Materials and Equipment | Status Not Verified | Documenting Statement(s), If applicable |
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