

# **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      |
| GASTON, KRISITA        | 000000999634095 | FCC - Type B Home |
| Address                |                 | County            |
| 5242 EAST 115TH STREET |                 | CUYAHOGA          |
|                        |                 |                   |
| GARFIELD HTS.          |                 |                   |
| OH 44125               |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           | (0.044)          | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 03/18/2025             | 2:50 PM                        | 2:50 PM          |                   | 4:45 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Renee Darling          |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 69                     | 4                              | 0                | 1                 | 3            |  |

| 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   |                  | 4          | 0         | 4     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 1          | 0         | 1     |
| Total Capacity/Enrollment                                 | 6                | 6          | 0         | 7     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Krista Gaston                                | Mixed Age Group | 1 to 6 |  |



# **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  |  |  |  |
|---|--|--|--|
| Serious hisk non-compliances  |  |  |  |
| No Serious Risk Non-Compliances were observed during this inspection  |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Moderate Risk Non-Compliances   |  |  |  |
| Moderate hisk Non-compliances   |  |  |  |
| Domain: 00 License & Approvals  |  |  |  |
| Rule: 5180:2-13-04 Flammable and Combustible Materials in a Type B Home   |  |  |  |
| Code: The program is required to properly store flammable and combustible materials and substances.             |  |  |  |
| Findings: During the inspection, it was determined flammable and combustible materials and substances were      |  |  |  |
| stored near numbers 2 & 3 below:  |  |  |  |
|   |  |  |  |
| 1. Heater;  |  |  |  |
| 2. Furnace;   |  |  |  |
| 3. Water Heater;  |  |  |  |
| 4. Gas Appliance.   |  |  |  |
| Correct the violation and submit the program's corrective action plan to verify compliance with the requirement |  |  |  |
| of the rule.  |  |  |  |
|   |  |  |  |
| Corrective Action Plan Due: 04/18/2025  |  |  |  |
|   |  |  |  |
|   |  |  |  |



### **Low Risk Non-Compliances**

**Domain: 00 License & Approvals** 

Rule: 5180:2-13-03 Inspection Requirements

Code: The program is required to respond to all non-compliances by the date noted in the inspection report.

Findings: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 9/18/2024. The rule requires the program complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/18/2025

#### Domain: 01 Ratio & Supervision

Rule: 5180:2-13-18 Attendance

Code: The program is required to have a tracking method for children.

Findings: During the inspection, it was determined that the method for tracking the children in the group did not meet the requirements in rule as noted in the number 5 below:

- 1. There was no method in place.
- 2. The method did not include each child's name.
- 3. The method did not include each child's birthdate.
- 4. The tracking method did not remain with the group at all times.
- 5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 04/18/2025

#### **Domain: 06 Program Information**

Rule: 5180:2-13-14 Driver Requirements

Code: The program is required to have all drivers be an employee or child care staff member of the program, a public transportation driver, or employed by a contracted transportation service company and retain a copy of all licenses for drivers employed by the program. Only a child care staff member or employee may transport children without the provider present, except parents may transport children for field trips.

Findings: During the inspection, it was determined that the requirements for drivers was not met as listed in number 1 below:



- 1. The driver(s) noted on the Employee Record Chart used for trips did not have a copy of a current driver's license on file.
- 2. At least one employee or child care staff member who is responsible for transporting children did not have documentation of completion of the prescribed driver training on file.
- 3. The driver used to transport children was not an employee or child care staff member of the program, a public transportation driver, or employed by a company contracted to provide transportation service.
- 4. The driver who was not a child care staff member or employee who is used in accordance with the requirements in rule 5101:2-13-08 transported children without the provider present.

Remove this individual from transporting children until the requirements are met. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/18/2025

## Rules In-Compliance/Not Verified

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5180:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible      | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   | T.        |   |
| 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 |   |
|                                   |           |   |
|                                   | 1         |   |
|                                   | <b>.</b>  | D C/ \ IS II                            |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical     | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| Doda                              | Chatus    | Decumenting Statements If applies life  |
| Rule                              | Status    | Documenting Statement(s), If applicable |



| 5180:2-13-04 Building Requirements for Type B Homes  | Compliant                        |   |
|--|----------------------------------|---|
| Rule 5180:2-13-04 Fire Safety for Type B Homes   | Status<br>Compliant              | Documenting Statement(s), If applicable |
| Rule<br>5180:2-13-04 Heaters in a Type B<br>Home   | Status<br>Compliant              | Documenting Statement(s), If applicable |
| Rule<br>5180:2-13-07 Staff Records   | Status<br>Compliant              | Documenting Statement(s), If applicable |
| Rule 5180:2-13-07 Provider Responsibilities  | Status<br>Compliant              | Documenting Statement(s), If applicable |
| Rule 5180:2-13 Written Policies and Procedures   | Status<br>Compliant              | Documenting Statement(s), If applicable |
| Rule 5180:2-13-07 Type B Provider - Foster Parent  | Status<br>Compliant              | Documenting Statement(s), If applicable |
| Rule 5180:2-13-08 Employee Requirements  | Status<br>Compliant              | Documenting Statement(s), If applicable |
| Rule 5180:2-13-08 Child Care Staff Requirements  | Status<br>Compliant              | Documenting Statement(s), If applicable |
| Rule 5180:2-13-08 Whistle Blower   | Status<br>Compliant              | Documenting Statement(s), If applicable |
| Rule 5180:2-13-09 Background Checks  | Status Compliant                 | Documenting Statement(s), If applicable |
| Accessed to the control of the contr | оченны закан з ∎ин висовению (С) |   |



| -W  |           |   |
|---|-----------|---|
|   |           |   |
| 2.1   | ] c: :    | D (1) (1) (1) (1)                       |
| 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                                       | Compliant | bocumenting statement(s), it applicable |
| Development   | Compliant |   |
| bevelopment   |           |   |
|   | <u>'</u>  |   |
| 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 | bocumenting statement(s), it applicable |
| 3100.2 13 11 Tall 2011c   | Compliant |   |
|   |           |   |
|   | <u>.</u>  | '                                       |
| 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 |
|   | Compliant |   |
| 5180:2-13-12 Carbon Monoxide                                    | Compliant |   |
|   | Соттриате |   |
| 5180:2-13-12 Carbon Monoxide                                    | Сотрианс  |   |
| 5180:2-13-12 Carbon Monoxide<br>Detectors - Type B Only         |           | Decumenting Statement(s) If applies his |
| 5180:2-13-12 Carbon Monoxide<br>Detectors - Type B Only<br>Rule | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide<br>Detectors - Type B Only         |           | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide<br>Detectors - Type B Only<br>Rule | Status    | Documenting Statement(s), If applicable |



| ~~                                  |  |   |
|-------------------------------------|--|---|
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and  | Compliant  |   |
| equipment                           | Control Contro |   |
| - 1-1-1                             |  |   |
|                                     | •  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free             | Compliant  | Beautiful Baatement (5), it approach    |
| 3180.2-13-13 31110Ke 11ee           | Compliant  |   |
|                                     |  |   |
| L                                   | 1  |   |
| Rule                                | Status   | Decrees time Chatamant/a) If annicable  |
|                                     |  | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Medical and      | Compliant  |   |
| Enrollment Records                  |  |   |
|                                     |  |   |
|                                     |  |   |
| 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  |   |
| ,                                   | <b>,</b>   |   |
|                                     |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field |  | bocumenting statement(s), it applicable |
| *                                   | Compliant  |   |
| and Routine Trips                   |  |   |
|                                     | 55   | 2                                       |
| D.I.                                |  | D '' C'                                 |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision  | Compliant  |   |
| for Field and Routine Trips         |  |   |
|                                     |  |   |
|                                     |  |   |
| 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  | 0 (1)                                   |
| 22002 20 27 Vellicie Requirements   | Somphanic  |   |
|                                     |  |   |
|                                     | I,   |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
|                                     |  | Documenting Statement(s), if applicable |
| 5180:2-13-15 Health Conditions      | Compliant  |   |
|                                     |  |   |
|                                     |  |   |
| - 05 V                              |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |



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



| ~~                                  |  |   |
|-------------------------------------|--|---|
|                                     |  |   |
| Rule                                | Ctatus   | Desumenting Statement(s) If applicable  |
| 100                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision | Compliant  |   |
|                                     |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight  | Compliant  |   |
| Care                                |  |   |
|                                     |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap          | Compliant  |   |
| Requirements                        |  |   |
|                                     |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance         | Compliant  |   |
|                                     |  |   |
|                                     |  |   |
| Rule                                | Status   | Decumenting Statement(s) If applicable  |
| Tocasons                            | Control of the Contro | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen       | Compliant  |   |
| Requirements                        |  |   |
|                                     |  | <u>!</u>                                |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment   | Compliant  |   |
| and Hygiene                         |  |   |
| 70                                  |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks       | Compliant  |   |
|                                     |  |   |
|                                     |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling          | Compliant  |   |
|                                     |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement/s) If applies his |
| 5180:2-13-22 Fluid Milk             |  | Documenting Statement(s), If applicable |
| J100.2-13-22 FIUIU IVIIIK           | Compliant  |   |
|                                     |  |   |
|                                     | I  | I                                       |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Daily Care      | Compliant  | Seamonano statemento), il approdote     |
| 5155.2 15 25 illiant bally care     | Compilant  |   |
|                                     |  |   |
|                                     |  |   |



| Rule                                | Status                          | Documenting Statement(s), If applicable  |
|-------------------------------------|---------------------------------|--|
| 5180:2-13-23 Infant Bottle and Food | Compliant                       |  |
| Preparation                         |                                 |  |
| · ·                                 |                                 |  |
|                                     | •                               |  |
| Rule                                | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Diapering              | Compliant                       |  |
| and a second second second second   | Source and Browning and Company |  |
|                                     |                                 |  |
|                                     | •                               |  |
| Rule                                | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-13-24 On-site Pools          | Compliant                       |  |
| 2203.2 20 2.1 0.1 0.00 1 00.0       | Josephania                      |  |
|                                     |                                 |  |
|                                     |                                 |  |
| Rule                                | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-13-24 Swimming Sites         | Compliant                       | (-),                                     |
| 3130.2 13 2 1 3 William in States   | Compilant                       |  |
|                                     |                                 |  |
|                                     |                                 |  |
| Rule                                | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-13-24 Parent Permission for  | Compliant                       | 0 (7)                                    |
| Swimming                            |                                 |  |
| Swimining                           |                                 |  |
|                                     |                                 |  |
| Rule                                | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-13-25 Medication             | Compliant                       | O 2000 (10) (10)                         |
| Requirements                        | Compilant                       |  |
| Nequirements                        |                                 |  |
|                                     | 1                               | 1  |
| Rule                                | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-14-06 Health Conditions      | Compliant                       | bootimenting statement(s), it applicable |
| 3100.2 14 00 Health Conditions      | Compilant                       |  |
|                                     |                                 |  |
|                                     | 1                               |  |
|                                     |                                 |  |
|                                     |                                 |  |