## **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      |
| Family Traditions Family Child Care | 2180018936     | FCC - Type B Home |
| Address                             |                | County            |
| 4108 High Street                    |                | SUMMIT            |
|                                     |                |                   |
| Richfield                           |                |                   |
| OH 44286                            |                |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 04/11/2023             | 10:00 AM                       | 10:00 AM         |                   | 11:09 AM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Kathryn Carey          |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 1          | 0         | 2     |

| Staff-Child Ratios at the Time of Inspection |                      |        |  |
|--|----------------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                      |        |  |
| Family Traditions                            | 3 years to < 4 years | 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  |
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|   |
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|   |
|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
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|   |
|   |
| Low Risk Non-Compliances  |
| No Low Risk Non-Compliances were observed during this inspection      |
|   |
|   |



Rule

|  | Rules In-Compliance/ | Not Verified                            |
|--|----------------------|---|
| Rule<br>5101:2-13-02 License Visible                     | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Voluntary Temporary Closure            | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Change of Location                     | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Information in OCLQS                   | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-02 Provider Medical                    | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-03 Inspection<br>Requirements          | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Building Requirements for Type B Homes | Status<br>Compliant  | Documenting Statement(s), If applicable |

Status

Documenting Statement(s), If applicable

| 5101:2-13-04 Fire Safety for Type B   | Compliant   |   |
|---------------------------------------|-------------|---|
| Homes                                 |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and            | Compliant   |   |
| Combustible Materials in a Type B     |             |   |
| Home                                  |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant   |   |
| Home                                  |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant   |   |
|                                       |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant   |   |
| Parent                                |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff         | Compliant   | Documenting Statement(s), it applicable |
|                                       | Compliant   |   |
| Requirements                          |             |   |
|                                       | <u> </u>    |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant   |   |
|                                       | Compilation |   |
|                                       |             |   |
|                                       | •           |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant   |   |
|                                       | ·           |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training          | Compliant   |   |
|                                       |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional             | Compliant   |   |
| Development                           |             |   |
|                                       |             |   |
| P. J.                                 | Ct-t        | Decree anting City of August 1997       |
| Rule                                  | Status      | Documenting Statement(s), If applicable |

| 5101:2-13-11 Outdoor Space          | Compliant |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment      | Compliant | getterming statesent(e); approante      |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone              | Compliant | bocamenting statement(s), if applicable |
|                                     | ·         |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment         | Compliant | getatee.te(e); appreade                 |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment       | Compliant | bocamenting statement(s), it applicable |
|                                     | ·         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant | bodamenting statement(s), it applicable |
| equipment                           | ·         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Compliant | getatee.te(e); appreadic                |
|                                     | ·         |   |
|                                     |           |   |
| 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 | Compliant | ( // - TF                               |
| and Routine Trips                   |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If 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             | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections                               | Compliant          | Documenting Statement(s), if applicable  |
| Dula   | Chahara            | Decrease time Chateman (A) If a multiple |
| Sule 5101:2-13-14 Vehicle Requirements                         | Compliant          | Documenting Statement(s), If applicable  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Medical and<br>Enrollment Records           | Compliant          | bocumenting statement(s), it applicable  |
| D.J.   | Ctatura            | Decision Chahaman Mah If a militaria     |
| Sule 5101:2-13-15 Health Conditions                            | Compliant          | Documenting Statement(s), If applicable  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention and Confidentiality       | Compliant          | bocumenting statement(s), if applicable  |
|  |                    |  |
| Rule 5101:2-13-16 Medical, Dental, and General Emergency Plan  | Status Compliant   | Documenting Statement(s), If applicable  |
| Pulo   | Charling           | Decumenting Statement/s) If 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  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases                             | Compliant          | Documenting Statement(s), it applicable  |

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|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-16 Incident/Injury       | Compliant |   |
|                                    | ·         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Decumenting Statement(s) If applicable            |
|                                    |           | Documenting Statement(s), If applicable           |
| 5101:2-13-16 Disaster Plan         | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-18 Attendance            | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | <u> </u>  |   |
| Pule                               | Chatus    | Decumenting States as ast (a) If a sure live late |
| Rule                               | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-19 Supervision           | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-19 Child Guidance        | Compliant |   |
| 310112 13 13 011114 Galdanee       | Compilant |   |
|                                    |           |   |
|                                    | <u> </u>  |   |
| D. I                               | 6         | D 11 C1 1 1/ \ 15 11 11                           |
| Rule                               | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-20 Sleep and Nap         | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-20 Crib and Playpen      | Compliant |   |
| Requirements                       | Compilant |   |
| i Nequilements                     |           |   |
| L                                  | <u>I</u>  |   |
| Pula                               | Chatus    | Decumenting States as ast (a) If a sure live late |
| 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                        |           |   |
| and riggiene                       |           |   |
| L                                  | <u> </u>  |   |
| Pula                               | Chatus    | Decumenting Statement (a) If a well-all-          |
| Rule                               | Status    | Documenting Statement(s), If applicable           |
| 5101:2-13-22 Meals and Snacks      | Compliant |   |
|                                    |           |   |

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| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk                | Compliant | botamenting statement(s), it applicable  |
| 3101.2-13-22 Fluid Wilk                | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Food Handling             | Compliant |  |
|  |           |  |
|  |           |  |
|  | 1         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           | 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 |  |
| Preparation                            |           |  |
| Treparation                            |           |  |
|  | <u> </u>  |  |
| 0.1                                    | S         | D 1: C: 1 1/ ) If 1: 1.1                 |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering                 | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant | or governor state                        |
|  | Compilant |  |
| Swimming                               |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                | Compliant |  |
| Requirements                           |           |  |
| •                                      |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  | Compliant | bootheriding statement(3), it applicable |
| 5101:2-13-07 Provider Responsibilities | Compilant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant |  |
| '                                      | ,         |  |
|  |           |  |
| L                                      | 1         |  |
| Pule                                   | Chatus    | Decumenting Statement(s) If and Parkle   |
| 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 |   |
| Detectors - Type B Only      |           |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space    | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
|                              |           | Documenting statement(s), if applicable |
| 5101:2-13-17 Programming     | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets            | Compliant |   |
|                              |           |   |
|                              |           |   |
|                              |           | 2 6                                     |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites  | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and   | Compliant |   |
| Equipment                    | ,         |   |
| de la essa                   |           |   |