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 |
| Jones Home Day Care | 2190019796 | FCC - Type B Home |
| Address | • | County |
| 19150 Upper Valley Dr. | | CUYAHOGA |
| | | |
| Euclid | | |
| OH 44117 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 03/07/2023 | 4:30 PM | | 6:30 PM | |
| Reviewer: | | | | |
| Renee Darling | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 3 | 0 | 0 | 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) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 0 | 0 | 0 |
| Older Toddler | | 1 | 0 | 1 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 1 | 0 | 1 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| Luvenia Jones | | 1 to 0 | |

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

Domain: 00 License & Approvals

Rule: 5101:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.



Findings: During the inspection, it was determined the information in number 4 below was not up to date in the Ohio Child Care Licensing and Quality System:

- 1. Mailing Address;
- 2. Telephone Number;
- 3. Email Address;
- 4. Days and Hours of Operation;
- 5. Services Offered;
- 6. Name of Program, If applicable.
- 7. Private pay rates.

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

Corrective Action Plan Due: 04/06/2023

Domain: 06 Program Information

Rule: 5101:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to have written parental permission for trips on file.

Findings: During the inspection, it was determined that written parental permission was not secured for field trips and/or routine trips off the premises or out of the areas approved for child care, as required. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/06/2023

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 15 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: 04/06/2023

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-02 License Visible | Compliant | |
| | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
| | <u> </u> | |
| | 1 6 | |
| 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 Provider Medical | | 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 |

| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|--|
| | | |
| JIOI.Z-13-03 Dackground Checks | Compilant | |
| Rule 5101:2-13-09 Background Checks | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| | | |
| 5101:2-13-08 Whistle Blower | Compliant | - Table and Garage and All Andrews |
| Rule | Status | Documenting Statement(s), If applicable |
| [L | | |
| Requirements | Compliant | |
| Rule 5101:2-13-08 Child Care Staff | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| | | |
| 5101:2-13-08 Employee Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Parent | | |
| 5101:2-13-07 Type B Provider - Foster | Compliant | 2 - Commenting Statements (S), in applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| | Compliant | |
| Rule 5101:2-13-07 Staff Records | Status | Documenting Statement(s), If applicable |
| | | |
| Home | | |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Tionic | | |
| Combustible Materials in a Type B Home | | |
| 5101:2-13-04 Flammable and | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Homes | | |
| 5101:2-13-04 Fire Safety for Type B | Compliant | 100 100 100 |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| for Type B Homes | | |
| 5101:2-13-04 Building Requirements | Compliant | |

| 5101:2-13-10 Health Training | Compliant | |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development | Compliant | , , , , , , , , , , , , , , , , , , , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | Documenting statement(3), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | Documenting statement(3), if applicable |
| Dula | Chahua | Decumenting Chatemant/s) If andischis |
| Rule 5101:2-13-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | Documenting statement(s), if applicable |
| | | |
| Rule 5101:2-13-13 Clean environment and equipment | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | bocumenting statement(s), if applicable |
| | | |
| Rule 5101:2-13-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |

| | 1 | |
|--------------------------------------|-------------|--|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | bocumenting statement(s), it applicable |
| for Field and Routine Trips | Compliant | |
| Tot Fleid and Routine Trips | | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | <u> </u> |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| | | |
| | | |
| | 1 | 5 6 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | bootilenting statement(s), it applicable |
| STOTIL TO TO FROM THE CONTRICTORS | Compilation | |
| | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | bountening statement(s), it applicable |
| July 10 To Emergency Dimo | Compilation | |
| | | |
| | • | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-16 Incident/Injury | Compliant | <u> </u> |
| | · | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
| | | |
| | | |
| | Lau | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| | | |
| | | |
| | | · |
| 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 | bocamenting statement(s), it applicable |
| Requirements | Compilant | |
| nequirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
| | | |
| | Lau | |
| 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 | bocumenting statement(s), if applicable |
| and Hygiene | Compilant | |
| and Hygiene | | |
| <u> </u> | 1 | |

| 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-22 FOOd Halldling | Compilant | |
| | | |
| | ı | |
| 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 | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | Documenting Statement(s), if applicable |
| 3101.2-13-23 Diapering | Compilant | |
| | | |
| | 1 | |
| Rule | Status | 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | bocumenting statement(s), if applicable |
| 5101.2 13 07 Floride Nespolisibilities | Compilant | |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| · | | |
| | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-13 Written Policies and | Compliant | Documenting Statement(s), if applicable |
| | Compliant | |
| Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | bocumenting statement(s), if applicable |
| | Compliant | |
| Detectors - Type B Only | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | Decamentally exacement(o), it approach |
| 3101.2 13 11 mador space | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
| 3101.2 13 17 1 10gramming | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
| | · | |
| | | |
| | | |
| 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 | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| | | |
| | | |