

# 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      |
| BERONICA S DAYCARE | 2210023475     | FCC - Type B Home |
| Address            |                | County            |
| 4340 marvin ave    |                | CUYAHOGA          |
|                    |                |                   |
| cleveland          |                |                   |
| OH 44109           |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 08/16/2022             | 12:45 PM                       |                  | 3:30 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                     | 5                              | 0                | 0                 | 6            |

| Lic                       | 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) |   | 3          | 0         | 3     |
| Young Toddler             |   | 0          | 0         | 0     |
| Total Under 2 Years       | 3   | 3          | 0         | 3     |
| Older Toddler             |   | 0          | 0         | 0     |
| Preschool                 |   | 2          | 0         | 2     |
| School Age                |   | 2          | 0         | 2     |
| Total Capacity/Enrollment | 6   | 4          | 0         | 7     |

| Staff-Child Ratios at the Time of Inspection |                 |                |  |
|--|-----------------|----------------|--|
| Group  | Age Group/Range | Ratio Observed | Comment  |
| Beronica Lopez                               | Mixed Age Group | 1 to 6         | Provider's own<br>younger children<br>are included in<br>ratio/group size. |



#### **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(s) #5 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: 09/15/2022

#### Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to have attendance records with the required information.

Findings: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) #1, 2, 4 below:

- 1. The name of the child;
- 2. The birth date of the child;
- 3. The assigned group for the child;

4. The child's weekly schedule;

5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

The missing information must be added to the form used to maintain attendance records. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/15/2022

# Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 140 degrees Fahrenheit in the following room(s) Bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.



### Corrective Action Plan Due: 09/15/2022

#### Domain: 08 Staff Files

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) #2 below:

1. The provider had not created or updated their individual profile in the OPR.

2. The provider had not created or updated the program's organizational dashboard in the OPR.

3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.

4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.

6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.

7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.

8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.

9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.

10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

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: 09/15/2022

#### 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)#1 and #4 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: 09/15/2022

# 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)#1 and #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: 09/15/2022

# 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                          |           |   |
|                                  |           |   |
| L                                | 1         | 1                                       |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location  | Compliant |   |
| _                                |           |   |
|                                  |           |   |
|                                  |           |   |
| Dula                             | Chatura   | Desumenting Statement(s) If applies his |
| 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 |   |
|                                  | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
|                                  |           |   |



| 5101:2-13-04 Building Requirements for Type B Homes                             | Compliant           |   |
|---|---------------------|---|
| Rule<br>5101:2-13-04 Fire Safety for Type B<br>Homes                            | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-04 Flammable and<br>Combustible Materials in a Type B<br>Home | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-04 Heaters in a Type B<br>Home                                | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-07 Type B Provider - Foster<br>Parent                         | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-08 Employee Requirements                                      | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-08 Child Care Staff<br>Requirements                           | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-08 Whistle Blower   | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-09 Background Checks  | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-10 Health Training  | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |



| 5101:2-13-10 Professional<br>Development                 | Compliant           |  |
|--|---------------------|--|
| 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           | Documenting statement(s), it applicable  |
|  | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Fall Zone                                   | Compliant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment                              | Compliant           |  |
| Rule   | Status              | Desumenting (tetersout(s)) if eachies he |
| 5101:2-13-13 Clean environment and                       | Compliant           | Documenting Statement(s), If applicable  |
| equipment  | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing                                 | Compliant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Smoke Free                                  | Compliant           |  |
| Dula   | Chabus              |  |
| Rule   | Status<br>Compliant | 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<br>and Routine Trips | Compliant           |  |
| Dula   |                     |  |
| 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           |   |
|  |                     |   |
| Rule<br>5101:2-13-14 Vehicle Inspections                       | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements                              | Compliant           |   |
|  | l<br>               |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                                 | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention and Confidentiality       | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and                              | Compliant           |   |
| General Emergency Plan   |                     |   |
|  | -                   |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills                                  | Compliant           |   |
| · · · · · · · · · · · · · · · · · · ·                          |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard Precautions                | Compliant           |   |
|  |                     |   |
| Rule<br>5101:2-13-16 Communicable Diseases                     | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases                             | Compliant           |   |
|  | ·                   |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan                                     | Compliant           |   |



| Rule                                | Status              | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-13-16 Incident/Injury        | Compliant           |   |
|                                     | 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           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant           |   |
| Care                                |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Decumenting Statement(s) If any list he |
| 5101:2-13-21 Sanitary Environment   | Status<br>Compliant | Documenting Statement(s), If applicable |
| and Hygiene                         |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant           |   |
|                                     |                     |   |
|                                     |                     | <u> </u>                                |
| 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 |  |
|  |           |  |
|  |           |  |
|  |           |  |
| 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                            |           |  |
|  |           |  |
| Dula                                   | Chatura   |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-23 Diapering                 | Compliant |  |
|  |           |  |
|  | 1         |  |
| Dula                                   | Chature   | Decomposition Chatagories (a) If any light |
| 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                |           | Documenting statement(s), it applicable    |
|  | Compliant |  |
| Requirements                           |           |  |
|  | <u> </u>  |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-07 Provider Responsibilities | Compliant |  |
| 5101.2-15-07 FIOVIDEI Responsibilities | Compliant |  |
|  |           |  |
| L                                      | 1         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-18 Group Size and Ratios     | Compliant |  |
|  |           |  |
|  |           |  |
|  | 1         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13 Written Policies and         | Compliant |  |
| Procedures                             |           |  |
|  |           |  |
|  | 1         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Carbon Monoxide           | Compliant |  |
| Detectors - Type B Only                |           |  |
|  |           |  |
|  | 1         |  |



| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-11 Indoor Space   | Compliant |   |
|                             | F         |   |
|                             |           |   |
|                             |           |   |
| 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 |   |
|                             |           |   |
|                             |           |   |
| Dula                        | Status    | Documenting Statement(c) If applicable  |
| Rule<br>5101:2-13-12 Pets   | 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 |   |
| 0                           | F         |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |