

## 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      |
| MCNEAR, BETTY       | 00000915838604 | FCC - Type B Home |
| Address             |                | County            |
| 13615 CRANWOOD PARK |                | CUYAHOGA          |
|                     |                |                   |
| GARFIELD HTS        |                |                   |
| OH 44125            |                |                   |

|                    | Inspection Information         |                  |                   |              |  |
|--------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type    | Inspection So                  | соре             | Inspection Notice |              |  |
| Compliance         | Full                           |                  | Unannounced       |              |  |
| Inspection Date    | Begin Time                     |                  | End Time          |              |  |
| 07/25/2022         | 9:30 AM                        | 9:30 AM          |                   | 11:50 AM     |  |
| Reviewer:          |                                |                  |                   |              |  |
| Michele Futch      |                                |                  |                   |              |  |
|                    | 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            |  |

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

| Staff-Child Ratios at the Time of Inspection |  |        |  |  |
|--|--|--------|--|--|
| Group  | Group Age Group/Range Ratio Observed Comment |        |  |  |
| My Nana                                      | Mixed Age Group                              | 1 to 4 |  |  |



## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

## 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

No Low Risk Non-Compliances were observed during this inspection



## **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                             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s) If applicable  |
|                                     | Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS   | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
| Requirements                        |           |   |
|                                     |           | I                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant |   |
| for Type B Homes                    |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | 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  |   |
|                                       |            |   |
|                                       |            |   |
| Dula                                  | Status     | Documenting Statement(s) If smilles his |
| Rule                                  | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant  |   |
| Parent                                |            |   |
| L                                     |            | I                                       |
| Rule                                  | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant  |   |
| 5101.2-15-08 Employee Requirements    | Compliant  |   |
|                                       |            |   |
|                                       |            |   |
| Rule                                  | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff         | Compliant  |   |
| Requirements                          | compilatio |   |
|                                       |            |   |
|                                       |            |   |
| Rule                                  | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant  |   |
|                                       |            |   |
|                                       |            |   |
|                                       |            |   |
| 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                           |            |   |
|                                       |            |   |
|                                       |            |   |



| 5101:2-13-11 Outdoor Space    Compliant      Rule    Status    Documenting Statement(s), if applicable      S101:2-13-11 Outdoor Equipment    Compliant    Documenting Statement(s), if applicable      Rule    Status    Documenting Statement(s), if applicable      S101:2-13-11 Fall Zone    Compliant    Documenting Statement(s), if applicable      Rule    Status    Documenting Statement(s), if applicable      S101:2-13-12 Safe Equipment    Compliant    Documenting Statement(s), if applicable      S101:2-13-12 Safe Environment    Compliant    Documenting Statement(s), if applicable      S101:2-13-13 Clean environment and<br>equipment    Status    Documenting Statement(s), if applicable      S101:2-13-13 Clean environment and<br>equipment    Compliant    Documenting Statement(s), if applicable      S101:2-13-13 Handwashing    Compliant    Documenting Statement(s), if applicable      S101:2-13-13 Handwashing    Compliant    Documenting Statement(s), if applicable      S101:2-13-13 Toothbrushing    Compliant    Documenting Statement(s), if applicable      S101:2-13-13 Toothbrushing    Compliant    Documenting Statement(s), if applicable      S101:2-13-14 Requirements for Field<br>and Routine Trips    Status    Documenting Statement(s), if applicable  | Rule                                | Status    | Documenting Statement(s), If applicable |
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| 5101:2-13-13 Clean environment and equipment    Compliant      Rule    Status    Documenting Statement(s), If applicable      5101:2-13-13 Handwashing    Compliant    Image: Compliant      Rule    Status    Documenting Statement(s), If applicable      5101:2-13-13 Smoke Free    Compliant    Image: Compliant      Rule    Status    Documenting Statement(s), If applicable      S101:2-13-13 Smoke Free    Compliant    Image: Compliant      Rule    Status    Documenting Statement(s), If applicable      S101:2-13-13 Toothbrushing    Compliant    Image: Compliant      Rule    Status    Documenting Statement(s), If applicable      S101:2-13-14 Requirements for Field and Routine Trips    Compliant    Image: Compliant  |                                     |           |   |
| equipment    Status    Documenting Statement(s), If applicable      S101:2-13-13 Handwashing    Compliant    Image: Status statement(s), If applicable      Rule    Status    Documenting Statement(s), If applicable      S101:2-13-13 Smoke Free    Compliant    Image: Statement(s), If applicable      Rule    Status    Documenting Statement(s), If applicable      S101:2-13-13 Toothbrushing    Compliant    Image: Statement(s), If applicable      Rule    Status    Documenting Statement(s), If applicable      S101:2-13-13 Toothbrushing    Compliant    Image: Statement(s), If applicable      S101:2-13-14 Requirements for Field and Routine Trips    Compliant    Image: Statement(s), If applicable   |                                     |           | Documenting Statement(s), If applicable |
| Rule    Status    Documenting Statement(s), If applicable      5101:2-13-13 Handwashing    Compliant    Image: Compliant      Rule    Status    Documenting Statement(s), If applicable      5101:2-13-13 Smoke Free    Compliant    Image: Compliant      Rule    Status    Documenting Statement(s), If applicable      S101:2-13-13 Toothbrushing    Compliant    Image: Compliant      Rule    Status    Documenting Statement(s), If applicable      S101:2-13-13 Toothbrushing    Compliant    Image: Compliant      Rule    Status    Documenting Statement(s), If applicable      S101:2-13-14 Requirements for Field and Routine Trips    Compliant    Image: Compliant  |                                     | Compliant |   |
| 5101:2-13-13 Handwashing    Compliant      Rule    Status    Documenting Statement(s), If applicable      5101:2-13-13 Smoke Free    Compliant    Image: Status in the state in the s | equipment                           |           |   |
| 5101:2-13-13 Handwashing    Compliant      Rule    Status    Documenting Statement(s), If applicable      5101:2-13-13 Smoke Free    Compliant    Image: Status in the state in the s |                                     |           |   |
| 5101:2-13-13 Handwashing    Compliant      Rule    Status    Documenting Statement(s), If applicable      5101:2-13-13 Smoke Free    Compliant    Image: Status in the state in the s | Rule                                | Status    | Documenting Statement(s) If applicable  |
| Rule  Status  Documenting Statement(s), If applicable    5101:2-13-13 Smoke Free  Compliant  Documenting Statement(s), If applicable    Rule  Status  Documenting Statement(s), If applicable    5101:2-13-13 Toothbrushing  Compliant  Documenting Statement(s), If applicable    Rule  Status  Documenting Statement(s), If applicable    S101:2-13-14 Requirements for Field and Routine Trips  Compliant  |                                     |           | bocumenting statement(s), in applicable |
| S101:2-13-13 Smoke Free  Compliant    Rule  Status    5101:2-13-13 Toothbrushing  Compliant    Rule  Status    Status  Documenting Statement(s), If applicable    S101:2-13-14 Requirements for Field and Routine Trips  Compliant  |                                     | Compliant |   |
| S101:2-13-13 Smoke Free  Compliant    Rule  Status    5101:2-13-13 Toothbrushing  Compliant    Rule  Status    Status  Documenting Statement(s), If applicable    S101:2-13-14 Requirements for Field and Routine Trips  Compliant  |                                     |           |   |
| S101:2-13-13 Smoke Free  Compliant    Rule  Status    5101:2-13-13 Toothbrushing  Compliant    Rule  Status    Status  Documenting Statement(s), If applicable    S101:2-13-14 Requirements for Field and Routine Trips  Compliant  |                                     |           |   |
| Rule    Status    Documenting Statement(s), If applicable      5101:2-13-13 Toothbrushing    Compliant    Image: Compliant      Rule    Status    Documenting Statement(s), If applicable      5101:2-13-14 Requirements for Field and Routine Trips    Compliant   |                                     |           | Documenting Statement(s), If applicable |
| S101:2-13-13 Toothbrushing  Compliant    Rule  Status    Status  Documenting Statement(s), If applicable    S101:2-13-14 Requirements for Field  Compliant    and Routine Trips  Compliant  | 5101:2-13-13 Smoke Free             | Compliant |   |
| S101:2-13-13 Toothbrushing  Compliant    Rule  Status    Status  Documenting Statement(s), If applicable    S101:2-13-14 Requirements for Field  Compliant    and Routine Trips  Compliant  |                                     |           |   |
| S101:2-13-13 Toothbrushing  Compliant    Rule  Status    Status  Documenting Statement(s), If applicable    S101:2-13-14 Requirements for Field  Compliant    and Routine Trips  Compliant  |                                     |           |   |
| S101:2-13-13 Toothbrushing  Compliant    Rule  Status    Status  Documenting Statement(s), If applicable    S101:2-13-14 Requirements for Field  Compliant    and Routine Trips  Compliant  | Pulo                                | Status    | Documenting Statement(c) If applicable  |
| Rule  Status  Documenting Statement(s), If applicable    5101:2-13-14 Requirements for Field<br>and Routine Trips  Compliant  |                                     |           | Documenting statement(s), if applicable |
| 5101:2-13-14 Requirements for Field  Compliant    and Routine Trips  Compliant  |                                     |           |   |
| 5101:2-13-14 Requirements for Field  Compliant    and Routine Trips  Compliant  |                                     |           |   |
| 5101:2-13-14 Requirements for Field  Compliant    and Routine Trips  Compliant  |                                     |           |   |
| 5101:2-13-14 Requirements for Field  Compliant    and Routine Trips   | Rule                                | Status    | Documenting Statement(s), If applicable |
|   | 5101:2-13-14 Requirements for Field | Compliant |   |
| Rule  Status  Documenting Statement(s), If applicable   | and Routine Trips                   |           |   |
| Rule  Status  Documenting Statement(s), If applicable   |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable   |                                     |           |   |
|   | Kule                                | 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   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections                               | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s) If applicable  |
| 5101:2-13-14 Vehicle Requirements                              | Compliant           | Documenting Statement(s), If applicable |
|  | compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and                                 | Compliant           |   |
| Enrollment Records   |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                                 | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule<br>5101:2-13-15 Child Records Retention                   | Status              | Documenting Statement(s), If applicable |
| and Confidentiality  | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and                              | Compliant           | becamenting statement(s), in applicable |
| General Emergency Plan   |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills                                  | Compliant           |   |
|  |                     |   |
|  | l                   |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard                            | Compliant           |   |
| Precautions  |                     |   |
|  |                     |   |
| Rule   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases                             | Compliant           |   |



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|---|---------------------|---|
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury              | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan                | Compliant           | bocumenting statement(s), it applicable |
|   |                     |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                   | Compliant           |   |
|   |                     |   |
|   | 1                   |   |
| 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                                      | Ctature             | Decumenting Statement(s) If englishing  |
| 5101:2-13-19 Child Guidance               | Status<br>Compliant | Documenting Statement(s), If applicable |
|   | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap                | Compliant           |   |
| Requirements                              |                     |   |
|   | 1                   |   |
| 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                                      |                     |   |
|   |                     |   |
| Dula                                      | Ctatus              | Desumanting Statemart(s) If any list be |
| Rule<br>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 |   |
|  |           |   |
|  |           |   |
|  |           |   |
| 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                            |           |   |
|  |           |   |
|  | •         |   |
| 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 |   |
| Swimming                               | p         |   |
| Switting .                             |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant |   |
| Requirements                           |           |   |
| Requirements                           |           |   |
| <u></u>                                |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
|  |           |   |
|  |           |   |
|  | 1         | 1                                       |
| 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 |   |
| Procedures                     |           |   |
|                                |           |   |
|                                | 1         |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide   | Compliant |   |
| Detectors - Type B Only        |           |   |
|                                |           |   |
| Rule                           | Status    | Descriptions Statement(s) If emplicable |
|                                |           | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space      | Compliant |   |
|                                |           |   |
|                                | I         |   |
| 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 |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets              | Compliant |   |
| 5101.2 15 12 1 013             | 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                      |           |   |
|                                |           |   |
|                                |           |   |