

## 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      |  |
| NORMAN, ANICEIA L      | 00000972381369 | FCC - Type B Home |  |
| Address                |                | County            |  |
| 1210 EAST 113TH STREET |                | CUYAHOGA          |  |
|                        |                |                   |  |
| CLEVELAND              |                |                   |  |
| OH 44108               |                |                   |  |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection Se                  | соре             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 07/30/2021          | 1:25 PM                        |                  | 3:30 PM           | 3:30 PM      |  |
| Reviewer:           |                                |                  |                   |              |  |
| Sharon Porter       |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 78                  | 1                              | 0                | 0                 | 1            |  |

| 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   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 4          | 0         | 5     |

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



## **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

Domain: 09 Children's Files

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information' 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) 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 parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. Other Enrollment form not updated for the year.

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

Corrective Action Plan Due: 09/01/2021

## **Rules In-Compliance/Not Verified**

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-14 Driver Requirements   | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant |   |
| Care                               |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care     | Compliant |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-13-10 Health Training B       | Compliant |  |
|                                      |           | · · · · · · · · · · · · · · · · · · ·    |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan           | Compliant |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Ratio and Group Size    | Compliant | bocumenting statement(s), it applicable  |
| 5101.2-15-18 Katlo and Group Size    | Compliant |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Ratio and Group Size    | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Requirements   | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space            | Compliant |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff        |           | Documenting statement(s), it applicable  |
| Requirements                         | Compliant |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and           | Compliant |  |
| Combustible Materials in Type B Home |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Topical Products and    | Compliant | boothening statement(s), it applicable   |
| Lotions                              |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing             | Compliant | bootamenting statement(s), if applicable |
|                                      |           |  |



| 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           | Documenting statement(s), it applicable |
| 5101.2-13-24 OII-Site Pools               | Compliant           |   |
|   |                     |   |
|   | •                   |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment               | Compliant           |   |
|   |                     |   |
| <u> </u>                                  |                     |   |
| 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 |
| 5101:2-13-24 Parent Permission for        | Compliant           |   |
| Swimming                                  |                     |   |
| L   | I                   |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping            | Compliant           |   |
| Requirements for a Licensed Family        |                     |   |
| Child Care Provider                       |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free                   | Compliant           |   |
|   |                     |   |
|   | 1                   |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements        | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Pulo                                      | Statuc              | Decumenting Statement/s) If applicable  |
| Rule<br>5101:2-13-16 Standard Precautions | Status<br>Compliant | Documenting Statement(s), If applicable |
|   | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections          | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| nuic.                                     | 514145              | boothening statement(s), it applicable  |



| 5101:2-13-08 Review Policies and Procedures   | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary<br>Closure   | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                       | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen<br>Requirements | Compliant           |   |
|   |                     |   |
| Rule<br>5101:2-13-14 Vehicle Requirements     | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                        | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records                    | Compliant           |   |
|   |                     |   |
| Rule<br>5101:2-13-16 Incident/Injury          | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                        | 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 |
|------------------------------------|---------------------|---|
| 5101:2-13-22 Food Handling         | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment      | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment     | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance        | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit         | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    | 1-                  |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B   | Compliant           |   |
| Home                               |                     |   |
|                                    |                     |   |
| Dula                               | Chathar             | $\mathbf{D}_{\mathbf{r}}$               |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant           |   |
| for Field and Routine Trips        |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(c) If applicable  |
|                                    | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and  | Compliant           |   |
| General Emergency Requirements     |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and  | Compliant           |   |
| General Emergency Requirements     | Compilant           |   |
|                                    |                     |   |
| L                                  | 1                   | I                                       |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage    | Compliant           |   |
|                                    |                     |   |
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| Rule                                  | Status    | Decumenting Statement/s) If applicable  |
|---------------------------------------|-----------|---|
|                                       |           | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision   | 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 |
| 5101:2-13-23 Infant Bottle and Food   | Compliant |   |
| Preparation                           |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
|                                       |           | bocumenting statement(s), if applicable |
| 5101:2-13-13 Toothbrushing            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and            | Compliant |   |
| Equipment                             |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision              | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and    | Compliant |   |
|                                       | Compliant |   |
| Equipment                             |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases    | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment     | Compliant |   |
| and Hygiene                           |           |   |
|                                       |           |   |
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| Rule                                  | Status    | Documenting Statement(s) If applicable  |
|                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication               | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
|                                       |           |   |



| 5101:2-13-02 Information in Provider<br>Portal                   | Compliant           |   |
|--|---------------------|---|
| Dula   | Chatwa              | Decumenting Statement(s) If applicable  |
| Rule<br>5101:2-13-14 Requirements for Field<br>and Routine Trips | 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>5101:2-13-16 Serious Incident                            | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule<br>5101:2-13-10 Professional<br>Development                 | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule<br>5101:2-13-20 Use of Crib and Playpen                     | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule<br>5101:2-13-15 Child's Medical                             | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule<br>5101:2-13-22 Meals and Snacks                            | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute<br>Requirements                          | Compliant           |   |
| Dulo   | Status              | Decumonting Statement(a) If anniable    |
| Rule<br>5101:2-13-08 Substitute<br>Requirements                  | Status<br>Compliant | Documenting Statement(s), If applicable |
| Bulo   | Status              | Documonting Statement(a) If any list la |
| Rule<br>5101:2-13-15 Health Conditions                           | Status<br>Compliant | Documenting Statement(s), If applicable |



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| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS  | Compliant           |   |
|                                    | -                   |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space         | Compliant           | , |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     | l                                       |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical      | Compliant           |   |
|                                    | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Desumenting Statement(c) If applicable  |
|                                    | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant           |   |
|                                    |                     |   |
|                                    |                     | ]                                       |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant           |   |
|                                    | -                   |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    | -                   |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance            | Compliant           |   |
|                                    |                     |   |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
|                                    | Compliant           | Documenting statement(s), it applicasie |
| 5101:2-13-02 Change of Location    | Compliant           |   |
|                                    |                     |   |
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|                                    |                     | Chatan and A If any liable              |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant           |   |
|                                    |                     |   |
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| Γ | Rule                    | Status    | Documenting Statement(s), If applicable |
|---|-------------------------|-----------|---|
|   | 5101:2-13-03 Inspection | Compliant |   |
|   | Requirements            |           |   |
|   |                         |           |   |
|   |                         |           |   |
|   |                         |           |   |