# **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      |  |
| ANOINTED BEGINNINGS CHILD DAYCARE  | 000000300352   |                 | FCC - Type A Home |  |
| Address  |                |                 | County            |  |
| 166 RICHMOND RD.   |                |                 | CUYAHOGA          |  |
|  |                |                 |                   |  |
| RICHMOND HTS.  |                |                 |                   |  |
| OH 44143   |                |                 |                   |  |
| Building and Fire Approvals apply to Type A Family Child Care Homes only |                |                 |                   |  |
| Building Approval Date   | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |  |
| 04/24/2012   |                |                 |                   |  |
| Fire Inspection Approval Date  |                |                 | ·                 |  |
| 01/18/2023   |                |                 |                   |  |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 03/15/2023             | 9:20 AM                        |                  | 12:04 PM          |              |  |
| Reviewer:              |                                |                  |                   |              |  |
| Patricia Hill          | Patricia Hill                  |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 66                     | 5                              | 0                | 0                 | 7            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant (Birth to < 18 m)                                  |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 5          | 1         | 6     |
| Total Under 2 Years                                       | 12               | 6          | 1         | 7     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 5          | 0         | 5     |
| School Age  |                  | 0          | 1         | 1     |
| Total Capacity/Enrollment                                 | 12               | 5          | 1         | 13    |

| Staff-Child Ratios at the Time of Inspection |                 |         |  |
|--|-----------------|---------|--|
| Group Age Group/Range Ratio Observed Comment |                 |         |  |
| Group 1                                      | Mixed Age Group | 2 to 10 |  |



## **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: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by

rule.

Findings: During the inspection, it was determined the current 01201 "Dental First Aid" was not posted. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 04/14/2023

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.
- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 04/14/2023

#### **Domain: 06 Program Information**

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

Code: The program is required to update routine permission forms annually.

Findings: In review of the program's records, it was determined that permission forms for routine trips were not being updated annually, as required. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/14/2023

#### **Domain: 06 Program Information**

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

Code: The program is required to obtain a completed written parental permission before conducting a field or

routine trip..

Findings: In review of the program's records, it was determined that the form used to secure the written permission of the parent for a field trip or routine trip was missing the required information listed in numbers 3 and 7 below:

- 1. Child's name;
- 2. Date of the trip (field trips only);
- 3. Destination of the trip;
- 4. Departure and return time of the trip (field trips only);
- 5. Signature of the parent/guardian;
- 6. Date on which the permission was signed;
- 7. Statement notifying parents how their child will be transported;
- 8. Other [].

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

Corrective Action Plan Due: 04/14/2023

#### **Domain: 08 Staff Files**

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933

"Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not obtain or maintain the required liability insurance. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 04/14/2023

#### 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 numbers, 1, 2, 4, 5, 6, 11, 12, 13, 14, and 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: 04/14/2023

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 Health Conditions

Code: The program is required to have a completed JFS 01236 "Medical/Physical Care Plan" on file for each condition for each child, which is updated annually and retained for at least one year.

Findings: In review of records, it was determined the JFS 01236 "Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number 3 below:

- 1. The JFS 01236 had not been updated annually
- 2. A separate JFS 01236 had not been used for each condition
- 3. The program used an old version of the JFS 01236

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

Corrective Action Plan Due: 04/14/2023

## **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 | Documenting Statement(s), if applicable |
| Closure                               | Compilant |   |
| Closure                               |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location       | Compliant |   |
|                                       |           |   |
|                                       | <u> </u>  |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS     | Compliant |   |
| ,                                     | '         |   |
|                                       |           |   |
| F                                     | Ι.        |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection               | Compliant | Documenting Statement(s), if applicable |
| Requirements                          | Compilant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Inspections for | Compliant |   |
|                                       | 1         |   |
| Type A Homes                          |           |   |



| Rule                                   | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-13-04 Fire Inspections for Type | Compliant           |   |
| A Homes                                |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records             | Compliant           | bocumenting statement(3), if applicable |
| 3101.2 13 07 31411 11630143            |                     |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements     | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff          | Compliant           |   |
| Requirements                           |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower            | Compliant           |   |
|  | ·                   |   |
|  |                     |   |
| D. J.                                  | Chahara             | Decree with a Chaham and a Managara     |
| Rule 5101:2-13-09 Background Checks    | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-09 Background Checks         | Compilant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training           | Compliant           |   |
|  |                     |   |
|  | 1                   |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional              | Compliant           |   |
| Development                            |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space             | Compliant           | Service (a), a approach                 |
|  | ·                   |   |
|  |                     |   |
| Dula                                   | Chahua              | Decumenting Chairmant (1) If            |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment         | 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              | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Environment                                  | Compliant           | Bocumenting Statement(3), if applicable  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and 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           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing                                     | Compliant           |  |
|  |                     |  |
| 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           | boodinenting statement(3), it applicable |
|  | 1                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections                               | Compliant           |  |
| Pulo   | Chatus              | Decumenting Statement(s) If small-salds  |
| Rule 5101:2-13-14 Vehicle Requirements                         | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 3101.2 13 14 Vehicle Requirements                              | Compliant           |  |

| L                                       | <u>I</u>  |  |
|---|-----------|--|
| Rule                                    | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-15 Child Records Retention    | Compliant | bocumenting statement(s), it applicable      |
| and Confidentiality                     | Compliant |  |
| and Confidentiality                     |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Emergency Drills           | Compliant | , , , , , , , , , , , , , , , , , , ,        |
| and the second second second            |           |  |
|   |           |  |
|   |           |  |
| 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 |  |
|   |           |  |
|   |           |  |
| DI-                                     | Chahara   | Decree with a Chatana and a life and include |
| 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 |  |
| 0-0-1-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1 |           |  |
|   |           |  |
|   |           |  |
| 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 |  |
|   |           |  |
|   |           |  |
| Dulo                                    | Chatus    | Decumenting Statements of the section is     |
| Rule                                    | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-19 School Age Supervision     | Compliant |  |
|   |           |  |
| L                                       | <u> </u>  |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-19 Child Guidance             | Compliant | bocamenting statement(s), it applicable      |
| 5101.2 13 13 Cillia Galdance            | Compilant |  |
|   | 1         |  |

| Beginning!                          |           |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
| 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    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| 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 |   |
| · <del>-</del>                      |           |   |
|                                     |           |   |

| Rule                               | Status      | Documenting Statement(s), If applicable |
|------------------------------------|-------------|---|
| 5101:2-13-24 Parent Permission for | Compliant   | bocamenting statement(s), it applicable |
| Swimming                           | Compilation |   |
| 3William B                         |             |   |
|                                    |             | ·                                       |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication            | Compliant   |   |
| Requirements                       | ·           |   |
| ·                                  |             |   |
|                                    |             |   |
| 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                         |             |   |
|                                    |             |   |
| Rule                               | Ctatus      | Documenting Statement(s), If applicable |
|                                    | Status      | Documenting Statement(s), if applicable |
| 5101:2-13-11 Indoor Space          | Compliant   |   |
|                                    |             |   |
|                                    |             |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming           | Compliant   | bocamenting statement(s), it applicable |
| 3101.2 13 17 Pogramming            | Compliant   |   |
|                                    |             |   |
|                                    |             | ·                                       |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools         | Compliant   |   |
|                                    |             |   |
|                                    |             |   |
|                                    |             |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and   | Compliant   |   |
| Procedures                         |             |   |
|                                    |             |   |
| D. I.                              |             |   |
| Rule 5101 2 12 12 12 Pul           | 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   | Documenting Statement(s), if applicable |
| 2101.5-13-54 3MIIIIIIIII 31(6)     | Compliant   |   |
|                                    |             |   |
|                                    | 1           |   |



|   | Rule                       | Status    | Documenting Statement(s), If applicable |
|---|----------------------------|-----------|---|
|   | 5101:2-13-17 Materials and | Compliant |   |
|   | Equipment                  |           |   |
|   |                            |           |   |
| i |                            |           |   |
|   |                            |           |   |