Family Child Care Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details | | | |
|-------------------|-----------------|-------------------|--|
| Program Name | Program Number | Program Type | |
| JONES, PAMELA R | 000000986682139 | FCC - Type B Home | |
| Address | | County | |
| 11005 MT OVERLOOK | | CUYAHOGA | |
| | | | |
| CLEVELAND | | | |
| OH 44104 | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Compliance | Full | | Unannounced | Unannounced | |
| Inspection Date | spection Date Begin Time | | End Time | End Time | |
| 05/03/2023 | 9:15 AM | 9:15 AM | | 11:05 AM | |
| Reviewer: | | | | | |
| Patricia Hill | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 68 | 3 | 0 | 0 | 3 | |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 5 | 0 | 5 |
| Total Capacity/Enrollment | 6 | 5 | 0 | 5 |

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



Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances |
|---|
| No Serious Risk Non-Compliances were observed during this inspection |
| |
| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
| |
| |
| |
| |

Low Risk Non-Compliances

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item numbers 1 and 2 below:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- 3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 06/03/2023

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 4 and 14 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: 06/03/2023

Domain: 10 Written Policies & Procedures

Rule: 5101:2-13 Written Policies and Procedures

Code: The program is required to have policies and procedures for all items listed in this rule.

Findings: On the day of the inspection, the program's written policies and procedures provided to the parents/guardians and employees was missing item numbers 17 and 29 below:

General Information

- 1. Name, address, email address and telephone number.
- 2. Description of the provider's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in activities.
- 6. Opportunities for parents to meet with the provider regarding their child.
- 7. Payment schedule, overtime charges and registration fees if applicable.
- 8. Programs shall have a policy in place describing supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

Provider Policies and Procedures

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Ensure compliance with the Americans and Disabilities (ADA) including administering medication to children with disabilities and administering care procedures for children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice).
- 17. Food and dietary policy, including information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals, and snacks and policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return, notification of parent of ill child and whether or not the provider will care for sick children.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products policy, medical foods, modified diets, and whether school age children are permitted to carry their own medical and ointments.
- 21. Transportation policy for field trips, routine walks, if applicable, and emergencies including if the provider will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks, and information about daily activities.
- 24. Sleeping, napping and resting.
- 25. Evening and overnight care, if applicable.

- 26. Policy on hours of operation, closing due to weather, school delays or closings and any other factors.
- 27. Use of a substitute child care staff member or child care staff member pursuant to 5101:2-13-08 of the Administrative Code for sick days, vacations or other time off.
- 28. Situations that may require disenrollment of a child, if applicable.
- 29. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the family child care home.
- 30. Formal screenings and assessments conducted on enrolled children and if the program reports child level data to ODJFS pursuant to Chapter 5101:2-17 of the Administrative Code.

Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/03/2023

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 | |
| Closure | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| | | |
| | | |
| Rule | Chahua | Described Statement (a) If and inchin |
| 110110 | 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 | Bocumenting statement(3), it applicable |
| 3101.2-13-02 FTOVIder Wedicar | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |

| D I - | Chatana | Decree of the Chatter of the Artist II. |
|--|---------------------|--|
| 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 | V // 11 |
| Homes | · | |
| | | |
| | I a | |
| Rule 5101:2-13-04 Flammable and | Status | Documenting Statement(s), If applicable |
| | Compliant | |
| Combustible Materials in a Type B Home | | |
| Home | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | S |
| Home | | |
| | | |
| | I c | 5 (|
| Rule 5101:2-13-07 Staff Records | Status | Documenting Statement(s), If applicable |
| 3101:2-13-07 Staff Records | 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 |
| 5101:2-13-08 Employee Requirements | Compliant | |
| | · | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Requirements | | |
| | | <u>, </u> |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower | Status Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable 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 | Documenting statement(s), if applicable |
| Pulo | Status | Documenting Statement(s) If applicable |
| Rule 5101:2-13-10 Professional Development | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | bocumenting statement(s), if applicable |
| | | |
| Rule 5101:2-13-11 Fall Zone | Compliant | Documenting Statement(s), If applicable |
| Dida | Chahus | Decumenting Chatemant/s) If andischis |
| Rule 5101:2-13-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-12 Safe Environment | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-13 Clean environment and | Status Compliant | Documenting Statement(s), If applicable |
| equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | boothering statement(3), if applicable |
| | | |
| Rule 5101:2-13-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable |
| 2101.2-13-13 3HOVE LIEE | Compilant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-------------|---|
| 5101:2-13-13 Toothbrushing | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-13 100thbru31iiig | Compliant | |
| | | |
| | <u>.l</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | 3 3 3 3 4 4 A |
| and Routine Trips | oop.i.a.i.c | |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
| , | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
| | | |
| | | |
| | Т. | |
| 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 | bocumenting statement(s), if applicable |
| 5101.2-13-14 Vehicle Requirements | Compliant | |
| | | |
| | <u>. L</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | G (" 11 |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
| | | |
| | T - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| Dula | Chahira | Decrease time Chate |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |

| | 1 | |
|-------------------------------------|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-16 Communicable Diseases | Compilant | |
| | | |
| | | |
| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | | bocumenting statement(s), it applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-16 Attenuance | Compliant | |
| | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting 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 | bocumenting statement(s), if applicable |
| 3101.2-13-19 3chool Age Supervision | Compilant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-19 Cillia Galdance | Compilant | |
| | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | bocumenting statement(s), it applicable |
| · | Compilant | |
| Requirements | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | bocamenting statement(s), it applicable |
| Requirements | Compilant | |
| nequirents | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | bocumenting statement(s), it applicable |
| | Compilant | |
| Care | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
| | | |
| | T | |
| 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 | Documenting Statement(s), if applicable |
| 3101.2-13-23 Illiant 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 | |
| | | |
| L | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | F | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement/c) If applicable |
| 5101:2-13-07 Provider Responsibilities | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-07 Flovider Responsibilities | Compnant | |
| | | |
| 1 | l . | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| · · | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | bocumenting statement(s), it applicable |
| 3101.2-13-11 Illudoli Space | Compliant | |
| | | |
| | | |
| 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 | bocumenting statement(s), it applicable |
| 3101.2-13-12 Fets | Compliant | |
| | | |
| | -1 | |
| 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 | | |
| | | |
| | | |
| | | |