

# 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      |
| JONES, PAMELA R   | 00000986682139 | FCC - Type B Home |
| Address           |                | County            |
| 11005 MT OVERLOOK |                | CUYAHOGA          |
|                   |                |                   |
| CLEVELAND         |                |                   |
| OH 44104          |                |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection S                   | соре               | Inspection Notice |              |
| Compliance         | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 10/30/2023         | 4:05 PM                        |                    | 6:02 PM           |              |
| Reviewer:          |                                |                    |                   |              |
| Patricia Hill      |                                |                    |                   |              |
|                    | Su                             | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 68                 | 7                              | 0                  | 0                 | 7            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           | nspection |
|---|------------------|------------|-----------|-----------|
| 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   |                  | 1          | 0         | 1         |
| School Age  |                  | 5          | 0         | 5         |
| Total Capacity/Enrollment                                 | 6                | 6          | 0         | 6         |

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



# **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: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Pets Code: The program is required to properly care for pets and prevent any threat to the safety or health of the children by the pet.



Findings: During the inspection, it was determined pets at the program were not properly housed or cared for or posed a threat to the safety or health of the children as noted in number 6 below:

1. The animal's cage was dirty with feces.

- 2. The aquarium was unclean.
- 3. The litter box was dirty with feces.
- 4. A pet posed a threat to the safety of a child in that [].
- 5. A pet requiring a license did not have a current license.
- 6. Proper inoculation records were not on file at the program for a pet requiring inoculations.
- 7. Children were exposed to the pet's urine and/or feces.
- 8. Other [ ].

A pet that poses a threat to the children shall not be at the program. All pets at the program must receive proper care and housing. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/29/2023

## 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 01201 "Dental First Aid" and implement as required by rule.

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

Corrective Action Plan Due: 11/29/2023

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

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

Code: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.

Findings: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number 4 below:

1. Written parental permission was not secured for field trips and/or routine trips off the premises.

- 2. The written permission was missing the child's name.
- 3. The written permission was missing the date(s) of the trip(s) (field trips only).
- 4. The written permission was missing the destination(s) of the trip(s).

5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).



6. The written permission was missing the signature of the parent.

7. The written permission was missing the date on which the permission was signed.

8. The written permission was missing a statement notifying parents how their child will be transported.

9. Permission forms for routine trips were not being updated annually.

10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.

11. Other: [ ].

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

Corrective Action Plan Due: 11/29/2023

# Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for trainings listed in numbers 10 and 14 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer
- qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care

8. CPR - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of CD training

13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training

16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 11/29/2023



#### **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 have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care. 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: 11/29/2023

## 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, 12 and 13 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: 11/29/2023



# **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 number 23 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: 11/29/2023

# Rules In-Compliance/Not Verified

| Rule  | Status              | Desumenting Statement(s) If applicable  |
|---|---------------------|---|
| 5101:2-13-02 License Visible                | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary<br>Closure | Compliant           |   |
|   |                     | · · · · · ·                             |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 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                                 |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements           | Compliant           | becamenting statement(3), if applicable |
| for Type B Homes                             | compliant           |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B<br>Homes | Compliant           |   |
| nomes  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and                   | Compliant           |   |
| Combustible Materials in a Type B            |                     |   |
| Ноте   |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B             | Compliant           |   |
| Home   |                     |   |
|  |                     |   |
| Rule   | Status              | Desumenting Statement(s) If applicable  |
| 5101:2-13-07 Staff Records                   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2 15 07 5001 ACCORds                    | 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           |   |
|  |                     |   |
| L  | 1                   | 1                                       |
| 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           |   |
|  |                     |   |



| 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 Professional          | Compliant |  |
| Development                        |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space         | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment     | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| 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    | Decumenting Statement(s) If applicable   |
| 5101:2-13-12 Safe Environment      |           | Documenting Statement(s), If applicable  |
| 5101.2-13-12 Sale Environment      | Compliant |  |
|                                    |           |  |
| L                                  | J         | 1  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and | Compliant | bootamenting statement(s), if applicable |
| equipment                          | Compliant |  |
| equipment                          |           |  |
| L                                  | 1         | 1]                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing           | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| L                                  |           | 1  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Smoke Free            | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    | L         |  |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-13 Toothbrushing           | Compliant |   |
| C 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
|                                      | Compliant |   |
| and Confidentiality                  |           |   |
| L                                    | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
| STOTIC TO TO EINCIGENCY DINIS        | Compilant |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |   |
| Precautions                          |           |   |
|                                      |           |   |
|                                      | L         | ·                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | L         |   |
|                                      |           |   |



| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-16 Incident/Injury        |           |   |
| 5101.2-13-16 incident/injury        | 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 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
| S101.2-13-19 Child Guidance         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Dula                                | Status    | Desumenting Statement(s) If eachies     |
| 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              | Desumenting Statement(s) If emplicable  |
| 5101:2-13-22 Food Handling                                      | Compliant           | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-23 Infant Daily Care                          | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-23 Infant Bottle and Food<br>Preparation      | 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 |
| 5101:2-13-24 Parent Permission for<br>Swimming                  | Compliant           |   |
|   |                     |   |
| Rule<br>5101:2-13-25 Medication<br>Requirements                 | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios                              | Compliant           |   |
| · · · · · · · · · · · · · · · · · · ·                           |                     |   |
| Rule<br>5101:2-13-12 Carbon Monoxide<br>Detectors - Type B Only | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | 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 |   |
|                             |           |   |
| -                           |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools  | Compliant |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
|                             |           |   |
| 5101:2-13-24 Swimming Sites | Compliant |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |