# **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      |  |
| Beautiful Angels Childcare LLC | 2210023487     | FCC - Type B Home |  |
| Address                        |                | County            |  |
| 291 EAST PARK BLVD             |                | SUMMIT            |  |
|                                |                |                   |  |
| AKRON                          |                |                   |  |
| OH 44305                       |                |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 04/12/2023             | 9:40 AM                        |                  | 11:45 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Kevin Bowden           |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 9                              | 0                | 1                 | 8            |

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

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Beautiful Angels                             | Mixed Age Group | 2 to 3 |  |



# **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 |  |  |
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# **Moderate Risk Non-Compliances**

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Fall Zone

Code: The program is required to have an adequate fall surface on the outdoor playground.

Findings: During the inspection, it was determined that the playground did not have adequate fall surface under and around equipment as noted in the following number(s) 1 below:

- 1. No fall surface
- 2. Adequate fall surface to soften the impact of a fall
- 3. Other [ ]

Any equipment designed for climbing, swinging, bouncing, or sliding needs a fall zone of protective material resilient under and around the equipment in order to protect children in the event of a fall. Submit the program's corrective action plan, which includes written verification of the discontinued use of this equipment until corrections are made along with a description of the resilient material added, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/12/2023



## **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that surge protectors or outlets did not have childproof receptacle covers. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/12/2023

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Communicable Diseases

Code: The program is required to post the Ohio Communicable Disease Chart in a noticeable area.

Findings: During the inspection, it was determined that the Ohio Communicable Disease Chart was not posted as required, as indicated in the number(s) 3 below:

- 1. In a location readily available to provider, child care staff members, employees, and residents;
- 2. The chart was not posted.
- 3. The posted chart was not the current version and the Child Care Manual Procedural Letter No. 159 was not posted next to the chart.
- 4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

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

Corrective Action Plan Due: 05/12/2023

# 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 number(s) 1,2,3 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: 05/12/2023

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

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

Code: The program is required to have written parental permission for trips on file.

Findings: During the inspection, it was determined that written parental permission was not secured for field trips and/or routine trips off the premises or out of the areas approved for child care, as required. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/12/2023

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

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number(s) 1.

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.
- 6. Other [ ].

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

Corrective Action Plan Due: 05/12/2023

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

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in

the Ohio Professional Registry.



Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 8 below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not created or updated the program's organizational dashboard in the OPR.
- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.
- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.
- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

11.Other: []

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

Corrective Action Plan Due: 05/12/2023

#### **Domain: 09 Children's Files**

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1 below

:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care

- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other [ ]

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

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Corrective Action Plan Due: 05/12/2023

### **Domain: 10 Written Policies & Procedures**

Rule: 5101:2-13 Written Policies and Procedures

Code: The program's written policies and procedures are to be given to all parents and employees and be available at the program.

Findings: During the inspection, it was determined the written policies and procedures were not [given to parents/all employees/available at the program] as required. A copy must be made available onsite for review. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 05/12/2023

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

| Rule               |             | Status    | Documenting Statement(s), If applicable |
|--------------------|-------------|-----------|---|
| 5101:2-13-02 Licer | nse Visible | Compliant |   |
|                    |             |           |   |

| Rule Status | Documenting | g 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 | Documenting statement(s), if applicable             |
| 3101.2-13-02 IIIOIIIIatioii III OCLQ3                                   | Compilant |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-02 Provider Medical   | Compliant | (V) - 1 P P - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 |
|   | La        |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-03 Inspection<br>Requirements                                 | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-04 Building Requirements for Type B Homes                     | Compliant | Bootineming ottatement(o)) in applicable            |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-04 Fire Safety for Type B<br>Homes                            | Compliant | bocumenting statement(s), if applicable             |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-04 Flammable and<br>Combustible Materials in a Type B<br>Home | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-04 Heaters in a Type B  | Compliant | Documenting statement(s), it applicable             |
| Home  | Compilant |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-05 Denial, Revocation, and Suspension                         | Compliant | U = 1(1) = 1   1   1   1   1   1   1   1   1   1    |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |

| 5101:2-13-07 Type B Provider - Foster<br>Parent | Compliant        |   |
|---|------------------|---|
| Rule  | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Employee Requirements              | Compliant        | Documenting statement(s), if applicable     |
| Rule  | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Child Care Staff Requirements      | Compliant        | bocumenting statement(s), if applicable     |
| Bula  | Chatus           | Decumenting Statement/s\ If applicable      |
| Sule 5101:2-13-08 Whistle Blower                | Compliant        | Documenting Statement(s), If applicable     |
| Rule  | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-09 Background Checks                  | Compliant        | Documenting statement(s), if applicable     |
|   | I a              |   |
| S101:2-13-10 Health Training                    | Compliant        | Documenting Statement(s), If applicable     |
| Dula  | Chahua           | Decumenting Chatemant (a) If annice his     |
| Rule 5101:2-13-11 Outdoor Space                 | Compliant        | Documenting Statement(s), If applicable     |
|   |                  |   |
| Rule  | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Outdoor Equipment                  | Compliant        |   |
|   | I a              |   |
| Rule 5101:2-13-12 Safe Equipment                | Status Compliant | Documenting Statement(s), If applicable     |
| 3101.2-13-12 Sale Equipment                     | Соттриати        |   |
| Rule  | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-13 Clean environment and equipment    | Compliant        | (v), approact                               |
| Pulo  | Chabina          | Decumenting Statement (1) If and the little |
| Rule 5101:2-13-13 Handwashing                   | Status Compliant | Documenting Statement(s), If applicable     |
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| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free              | Compliant   |   |
|                                      | '           |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Ctatus      | Decumenting Statement/s) If applicable  |
|                                      | 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   | Compliant   |   |
| for Field and Routine Trips          |             |   |
| Tot their and housing trips          |             |   |
|                                      | 1           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
|                                      |             | 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   |   |
| 3101.2 13 14 Venicle Requirements    | Compilation |   |
|                                      |             |   |
|                                      |             |   |
| 2.1                                  |             |   |
| 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   |   |
| and Confidentiality                  |             |   |
| and confidentiality                  |             |   |
|                                      | 1           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
|                                      |             | Documenting statement(s), if applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant   |   |
| General Emergency Plan               |             |   |
|                                      |             |   |
|                                      |             |   |
| 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 Incident/Injury        | Compliant | <u> </u>                                |
|                                     | ·         |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | Lau       |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant | bocamenting statement(s), it applicable |
| Requirements                        | Compilant |   |
| nequirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     | Lau       |   |
| 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 | bocumenting statement(s), if applicable |
| and Hygiene                         | Compilant |   |
| and Hygiene                         |           |   |
| <u> </u>                            | 1         |   |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-22 Meals and Snacks          | Compliant |   |
|  |           |   |
|  |           |   |
|  | 1         |   |
| 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 | bocumenting statement(s), if applicable |
| 3101.2-13-22 FOOd Halldling            | Compilant |   |
|  |           |   |
|  | ı         |   |
| 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 | Documenting Statement(s), if applicable |
| 3101.2-13-23 Diapering                 | Compilant |   |
|  |           |   |
|  | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant |   |
| Swimming                               |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant |   |
| Requirements                           |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | bocumenting statement(s), if applicable |
| 5101.2 13 07 Floride Nespolisibilities | Compilant |   |
|  |           |   |
|  | •         |   |
| 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      |           |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space    | Compliant |   |
|                              |           |   |
|                              |           |   |
| D 1                          |           | S (1)                                   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming     | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 110.10                       |           | bocumenting 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 | (i) i i i i i i i i i i i i i i i i i i |
| Equipment                    |           |   |
|                              |           |   |
|                              |           |   |
|                              |           |   |