

## 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<br>New Beginnings Home Learning Academy                            | Program Number<br>2220026967 | Program Type<br>FCC - Type A Home |                   |
| Address<br>5082 thomas street<br><br>maple heights<br>OH 44137                  |                              | County<br>CUYAHOGA                |                   |
| <i>Building and Fire Approvals apply to Type A Family Child Care Homes only</i> |                              |                                   |                   |
| Building Approval Date<br>10/11/2022                                            | Use Group/Code               | Occupancy Limit<br>12             | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>06/05/2024                                     |                              |                                   |                   |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>03/27/2025 | Begin Time<br>11:18 AM   | End Time<br>3:43 PM              |
| Reviewer:<br>Terrie Cochran   |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>66 | No. Rules with Non-compliances<br>5 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>6 |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|-----------------------------------------------------------|------------------|------------|-----------|-------|
| Age Group                                                 | License Capacity | Enrollment |           |       |
|                                                           | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler                                             |                  | 1          | 0         | 1     |
| <b>Total Under 2 Years</b>                                | 6                | 1          | 0         | 1     |
| Older Toddler                                             |                  | 2          | 0         | 2     |
| Preschool                                                 |                  | 9          | 0         | 9     |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 12               | 11         | 0         | 12    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| Nia Bealer                                   | 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: 00 License & Approvals**

Rule: 5180:2-13-03 Inspection Requirements

Code: The program is required to respond to all non-compliances by the date noted in the inspection report.

Findings: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 10\09\2024. The rule requires the program complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/27/2025

**Domain: 02 Safe & Sanitary Environment**

Rule: 5180:2-13-13 Handwashing

Code: The program staff and residents are required to wash their hands at the appropriate times as outlined in rule.

Findings: During the inspection, it was determined the handwashing requirements were not being followed by the program staff, and children before lunch time. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/27/2025

**Domain: 03 Postings & Equipment**

Rule: 5180:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined the following information was not posted for item numbers 1 and 3 below:

1. Fire alert plan, including a diagram indicating evacuation routes.
2. Weather alert plan was missing details for [ ]
3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 04/27/2025

**Domain: 05 Health & Safety**

Rule: 5180:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit were missing the item in number 8 below:

1. One roll of first-aid tape;
2. Individually wrapped sterile gauze; squares in assorted sizes;
3. Sterile adhesive bandages in assorted sizes;
4. Tweezers;
5. Gauze rolled bandage;
6. Triangular bandage;
7. Rounded end scissors;
8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
9. A working digital thermometer;
10. Disposable non-latex gloves;
11. A working flashlight;
12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
15. Soap or waterless sanitizer (field trip or transporting away from the program only);
16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 04/27/2025

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

Rule: 5180:2-13-15 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 8,10,11,13,14, 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: 04/27/2025

**Domain: 09 Children's Files**

Rule: 5180:2-13-15 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 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.

Corrective Action Plan Due: 04/27/2025

### Rules In-Compliance/Not Verified

| Rule                                               | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-02 Voluntary Temporary Closure           | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible                       | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location                    | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS                  | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical                      | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Type A Ownership                      | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Inspections for Type A Homes | Compliant |                                         |

| Rule                                           | Status    | Documenting Statement(s), If applicable |
|------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-04 Fire Inspections for Type A Homes | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities         | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records                     | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and Procedures      | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements             | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff Requirements     | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower                    | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks                 | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional Development          | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training                   | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment                 | Compliant |                                         |

|                                                                |           |                                         |
|----------------------------------------------------------------|-----------|-----------------------------------------|
|                                                                |           |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Space                                     | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone                                         | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment                                    | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment                                  | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets                                              | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and equipment                   | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing                                     | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements                               | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field and Routine Trips          | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |                                         |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Smoke Free | Compliant |                                         |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Vehicle Inspections | Compliant |                                         |

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Vehicle Requirements | Compliant |                                         |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Health Conditions | Compliant |                                         |

| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant |                                         |

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Emergency Drills | Compliant |                                         |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Communicable Diseases | Compliant |                                         |

| Rule                         | Status    | Documenting Statement(s), If applicable |
|------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Incident/Injury | Compliant |                                         |

| Rule                                                  | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Emergency Preparedness and Response Plan | Compliant |                                         |

| Rule                     | Status    | Documenting Statement(s), If applicable |
|--------------------------|-----------|-----------------------------------------|
| 5180:2-13-17 Programming | Compliant |                                         |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|-----------------------------------------|
|------|--------|-----------------------------------------|

|                                               |               |                                                |
|-----------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-17 Materials and Equipment          | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Group Size and Ratios            | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Attendance                       | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Supervision                      | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 School Age Supervision           | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Child Guidance                   | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Sleep and Nap Requirements       | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Crib and Playpen Requirements    | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Evening and Overnight Care       | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Meals and Snacks                 | Compliant     |                                                |

|                                                 |               |                                                |
|-------------------------------------------------|---------------|------------------------------------------------|
|                                                 |               |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Daily Care                  | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Fluid Milk                         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Food Handling                      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Diapering                          | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-25 Medication Requirements            | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Indoor Space                       | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 On-site Pools                      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 Swimming Sites                     | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 Parent Permission for Swimming     | Compliant     |                                                |



**Department of  
Children & Youth**

| Rule                                        | Status    | Documenting Statement(s), If applicable |
|---------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-08 Review Policies and Procedures | Compliant |                                         |