## **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      |  |
| Thinking Cap Child Care 2  | 2230028427     |                 | FCC - Type A Home |  |
| Address  |                |                 | County            |  |
| 8304 Wade Park Ave   |                |                 | CUYAHOGA          |  |
|  |                |                 |                   |  |
| Cleveland  |                |                 |                   |  |
| OH 44103   |                |                 |                   |  |
| Building and Fire Approvals apply to Type A Family Child Care Homes only |                |                 |                   |  |
| Building Approval Date   | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |  |
| 01/25/2024   |                | 12              |                   |  |
| Fire Inspection Approval Date  |                |                 |                   |  |
| 01/25/2024   |                |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection S                   | cope             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/31/2024 1:45 PM     |                                | 4:00 PM          | 4:00 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Renee Darling          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 66                     | 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                                       | 6                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 4          | 0         | 4     |
| Total Capacity/Enrollment                                 | 12               | 6          | 0         | 6     |

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





## **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   |
| No Moderate Risk Non-Compliances were observed during this inspection |
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## **Low Risk Non-Compliances**

**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 1 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: 07/06/2024

**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 Members indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number 1 & 6

- 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 Provider

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

Corrective Action Plan Due: 07/06/2024

## 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 number 8 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: 07/06/2024

| 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 | bocumenting statement(s), it applicable  |
| 3101.2-13-02 Change of Location  | Compliant |  |
|  |           |  |
|  | 1         | 1  |
| 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    | Decumenting Statement(s) If applicable   |
|  |           | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Type A Ownership  | Compliant |  |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection  | Compliant | <u> </u>                                 |
| Requirements   | ,         |  |
| <u>'</u>   |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Inspections for  | Compliant |  |
| Type A Homes   |           |  |
|  |           |  |
| Dulo   | Ctatus    | Decumenting Statement (a) If an alice la |
| Rule  F101:2 12 04 Fire Inspections for Type   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Inspections for Type   | Compliant |  |
| A Homes  |           |  |
|  | I         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements   | Compliant |  |
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| 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 Health Training       | Compliant   |   |
|                                    |             |   |
|                                    |             |   |
| Rule                               | Status      | Documenting Statement(s), If applicable       |
| 5101:2-13-11 Outdoor Space         | Compliant   | bootamenting statement(s), it applicable      |
| 3101.2 13 11 Oddaooi Space         | Compilation |   |
|                                    |             |   |
|                                    | •           |   |
| 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   |   |
|                                    |             |   |
|                                    |             |   |
| P. J.                              | Chahara     | December 20 Chatago and a life and inclinated |
| Rule                               | Status      | Documenting Statement(s), If applicable       |
| 5101:2-13-12 Safe Equipment        | Compliant   |   |
|                                    |             |   |
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| Rule                               | Status      | Documenting Statement(s), If applicable       |
| 5101:2-13-12 Safe Environment      | Compliant   |   |
|                                    |             |   |
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| Rule                               | Status      | Documenting Statement(s), If applicable       |
| 5101:2-13-13 Clean environment and | Compliant   |   |
| equipment                          |             |   |
|                                    |             |   |
|                                    | 1           |   |
| Rule                               | Status      | Documenting Statement(s), If applicable       |
| 5101:2-13-13 Handwashing           | Compliant   |   |
|                                    |             |   |
|                                    | 1           |   |
| Rule                               | Status      | Documenting Statement(s) If applicable        |
| Rule                               | Status      | Documenting Statement(s), If applicable       |

| 5101:2-13-13 Smoke Free  | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                                     | Compliant           | booumenting statement(s); if applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips          | Compliant           | bocumenting statement(s), if applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant           | booumenting statement(s); if applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                               | Compliant           | Documenting statement(a), it applicable |
|  |                     |   |
| S101:2-13-14 Vehicle Inspections                               | Compliant           | Documenting Statement(s), If applicable |
|  | C                   | D 1: 5: 1 1/ ) 15 1: 11                 |
| Rule 5101:2-13-14 Vehicle Requirements                         | Status Compliant    | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule<br>5101:2-13-15 Health Conditions                         | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-15 Child Records Retention and Confidentiality  | Status   Compliant  | Documenting Statement(s), If applicable |
|  |                     |   |
| Sule 5101:2-13-16 Medical, Dental, and General Emergency Plan  | Status   Compliant  | Documenting Statement(s), If applicable |
| Rule   | Chabine             | Decumenting Statement/-) If!: -         |
| 5101:2-13-16 Emergency Drills                                  | Status Compliant    | Documenting Statement(s), If applicable |

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| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | Documenting statement(s), if applicable  |
|                                     | Compliant |  |
| Precautions                         |           |  |
| L                                   | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases  | Compliant | bocamenting statement(s), it applicable  |
| 5101.2 15 10 communicable biseases  | Compilant |  |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury        | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency              | Compliant |  |
| Preparedness and Response Plan      |           |  |
| ·                                   |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance             | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision            | Compliant |  |
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|                                     |           |  |
| Pulo                                | Status    | Documenting Statement(s) If a reliable   |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision | Compliant |  |
|                                     |           |  |
| L                                   |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance         | Compliant | bottomenting statement(3), it applicable |
| 5101.2 15 17 Cillia Galdance        | Compilant |  |
|                                     |           |  |
| 1                                   | 1         | 1  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap          | Compliant | g = = = = = = = = = = = = = = = = = = =  |
| Requirements                        | 20 0      |  |
|                                     |           |  |
|                                     | •         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen       | Compliant |  |
| Requirements                        |           |  |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting statement(3), 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 | 0                                       |
| •                                   | Compliant |   |
| and Hygiene                         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant |   |
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|                                     |           |   |
| 2.1                                 | l Ct. I   | D C                                     |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocamenting statement(s), it 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 |   |
|                                     | Compilant |   |
| Preparation                         |           |   |
|                                     | I         |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering              | Compliant |   |
|                                     |           |   |
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| Dulo                                | Ctatus    | Decumenting Statements of any limited   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for  | Compliant |   |
| Swimming                            |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Documenting Statement(s), it applicable |
| 5101:2-13-25 Medication             | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement/s) If applicable  |
| 5101:2-13 Written Policies and         |           | Documenting Statement(s), If applicable |
|  | Compliant |   |
| Procedures                             |           |   |
|  | <u> </u>  |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff          | Compliant | , , , , , , , ,                         |
| Requirements                           |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 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 | bocamenting statement(s), it applicable |
| 3101.2-13-24 OH-Site 1 00i3            | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and       | Compliant |   |
| Procedures                             |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                      | Compliant |   |
|  |           |   |
|  |           |   |
| Bulo                                   | Status    | Documenting Statement/s) If a reliable  |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites            | Compliant |   |
|  |           |   |
|  | 1         |   |
|  |           |   |



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