



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 It Starts With A Village | Program Number 2170016240 | Program Type FCC - Type A Home | |
| Address 5158 Miller Ave Maple Heighs OH 44137 | | County CUYAHOGA | |
| <i>Building and Fire Approvals apply to Type A Family Child Care Homes only</i> | | | |
| Building Approval Date 09/18/2017 | Use Group/Code NA | Occupancy Limit 12 | Maximum Under 2 ½ 6 |
| Fire Inspection Approval Date 03/03/2021 | | | |

| Inspection Information | | | | |
|-------------------------------|-------------------------------------|-----------------------|----------------------------------|-------------------|
| Inspection Type Compliance | Inspection Scope Full | | Inspection Notice Unannounced | |
| Inspection Date 05/04/2021 | Begin Time 11:20 AM | End Time 1:14 PM | | |
| Reviewer: Susan Whatley | | | | |
| Summary of Findings | | | | |
| No. Rules Verified 80 | No. Rules with Non-compliances 3 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 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) | | 1 | 0 | 1 |
| Young Toddler | | 1 | 0 | 1 |
| Total Under 2 Years | 12 | 2 | 0 | 2 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 10 | 0 | 10 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 12 | 10 | 0 | 12 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------------------------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Jacqueling Nicholson | 11 years + | 2 to 10 | 10 children in attendance |



| | | | |
|--|--|--|--|
| | | | including the provider's two minor children. One child left during the inspection taking the ratio to 9 children in attendance |
|--|--|--|--|



Summary of Non-Compliances

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

Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

[Empty shaded box for serious risk non-compliances]

[Empty box for serious risk non-compliances]

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

[Empty shaded box for moderate risk non-compliances]

[Empty box for moderate risk non-compliances]

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Requirements

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 obtain the required liability insurance/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: 06/04/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information'

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(s)14 below.

1. No enrollment form was completed for at least one child
2. The current JFS 01234 was not completed for at least one child
3. Complete parent information
4. Complete emergency contact information
5. Complete physician information
6. Information regarding the parent list
7. Health information
8. Additional information for all boxes checked "yes"
9. Emergency transportation information
10. Parent/guardian's signature
11. Diapering Statement
12. Acknowledgement of Policies and Procedures
13. Enrollment form for at least one child was not updated by either the parent or the administrator
14. Enrollment form for at least one child was not signed by the administrator
15. Other []

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

Corrective Action Plan Due: 06/04/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child's Medical

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)2,5 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. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
 6. 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
 7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
 8. 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
 9. 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
 10. Other []
- Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/04/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-14 Driver Requirements | Compliant | |
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
| 5101:2-13-02 License Posted | Compliant | |
| 5101:2-13-23 Infant Daily Care | 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 Ratio and Group Size | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and Lotions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspection for Type A Homes | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | 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 |
| 5101:2-13-10 Health Training | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Standard Precautions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 JFS 00598 'Owner's Authorized Representative/Partnership Form for Child Care' | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-08 Review Policies and Procedures | Compliant | |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
| 5101:2-13-22 Fluid Milk | Compliant | |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| 5101:2-13-11 Fall Zone | Compliant | |
| 5101:2-13-08 Staff Records | Compliant | |
| 5101:2-13-16 Incident/Injury | Compliant | |
| 5101:2-13-04 Building Inspections for Type A Homes | Compliant | |
| 5101:2-13-23 Diapering | Compliant | |
| 5101:2-13-12 Pets | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-24 Swimming Sites | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-25 Medication Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



| | | |
|---|---------------|--|
| 5101:2-13-02 Information in Provider Portal | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-11 Outdoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Transitional Pandemic Requirements | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-14 Vehicle Inspections | Compliant | |