



## 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 THINKING CAP CHILD CARE LLC	Program Number 000000300808	Program Type FCC - Type A Home	
Address 8206 WADE PARK AVE  CLEVELAND OH 44103		County CUYAHOGA	
<i>Building and Fire Approvals apply to Type A Family Child Care Homes only</i>			
Building Approval Date 10/01/2025	Use Group/Code NA	Occupancy Limit 12	Maximum Under 2 ½ 6
Fire Inspection Approval Date 10/01/2025			

Inspection Information		
Inspection Type Compliance	Inspection Scope Full	Inspection Notice Unannounced
Inspection Date 05/29/2026	Begin Time 10:11 AM	End Time 12:30 PM
Reviewer: Renee Darling		

Summary of Findings				
No. Rules Verified 66	No. Rules with Non-compliances 11	No. Serious Risk 0	No. Moderate Risk 1	No. Low Risk 10

License Capacity and Enrollment at the Time of Inspection				
Age Group	License Capacity	Enrollment		Total
	Totals	Full Time	Part Time	
Infant ( Birth to < 18 m)		0	0	0
Young Toddler		1	0	1
<b>Total Under 2 Years</b>		6	1	0
Older Toddler		3	0	3
Preschool		3	0	3
School Age		0	0	0
<b>Total Capacity/Enrollment</b>	14	6	0	7

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment



**Department of  
Children & Youth**

Phyllis Wilson	Mixed Age Group	4 to 7	Ratio- 4:7 at 10:07am Ratio- 5:7 at 12:30 pm
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### 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 5180:2-12-03 and 5180:2-13-03 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

##### Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-13-11 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 2 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: 07/02/2026

### Low Risk Non-Compliances

**Domain: 00 License & Approvals**

Rule: 5180:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.

Findings: During the inspection, it was determined the information in number 2 below was not up to date in the Ohio Child Care Licensing and Quality System:

1. Mailing Address;
2. Telephone Number;
3. Email Address;
4. Days and Hours of Operation;
5. Services Offered;
6. Name of Program, If applicable.
7. Private pay rates.

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

Corrective Action Plan Due: 07/02/2026

**Domain: 01 Ratio & Supervision**

Rule: 5180:2-13-18 Attendance

Code: The program is required to have a tracking method for children.

Findings: During the inspection, it was determined that the method for tracking the children in the group did not meet the requirements in rule as noted in the number 4 below:

1. There was no method in place.
2. The method did not include each child's name.
3. The method did not include each child's birthdate.
4. The tracking method did not remain with the group at all times.
5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 07/02/2026

**Domain: 04 Indoor/Outdoor Space**

Rule: 5180:2-13-11 Outdoor Space

Code: The program staff is required to protect the children from hazardous conditions in the outdoor play area.

Findings: During the inspection, it was determined that the following hazardous conditions existed in the outdoor play area, as noted in number 15 below:

1. There was broken glass.
  2. There were tall weeds.
  3. There was poison ivy.
  4. There were tree branches.
  5. There was mold visible.
  6. The sandbox was contaminated.
  7. There were thistles with pricklers.
  8. There were bird droppings.
  9. The outdoor area was littered with trash.
  10. The trash can was missing a lid.
  11. The trash was not emptied from the day(s) before.
  12. The trash can was overflowing with trash.
  13. The trash can was infested with insects.
  14. The trash can was visibly dirty.
  15. Other The onsite outdoor equipment needs cleaning in the backyard .
- Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/02/2026

**Domain: 07 Diapering & Infant Care**

Rule: 5180:2-13-20 Crib and Playpen Requirements

Code: The program is required to provide mattresses in good condition and sheets that are not too large or too small for cribs and playpens.

Findings: During the inspection, it was determined that sheets, mattresses and/or mattress covers did not meet the rule requirement as noted in number 2 below:

1. At least one crib or playpen did not have a sheet.
2. At least one sheet was too large.
3. At least one sheet was too small.
4. At least one sheet was torn.
5. The mattress was not at least one and one-half inches thick.
6. The mattress was not firm.
7. There was space between the mattress and the sides and end panels of the crib or playpen which exceeded one and one-half inches.
8. The mattress cover was not waterproof.
9. The mattress cover was torn.
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: 07/02/2026

**Domain: 08 Staff Files**

Rule: 5180:2-13-08 Child Care Staff Requirements

Code: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

Findings: In review of the staff records, it was determined that child care staff member or substitute child care staff member did not meet the requirements for completing the online orientation training as noted in number 1 below:

1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
2. No documentation of completing the training after December 31, 2016.
3. Completion of the training was not verified in the OPR.
4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 07/02/2026

**Domain: 08 Staff Files**

Rule: 5180:2-13-10 Health Training

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

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in numbers 12, 15 below:

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

8. CPR - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
9. CPR - audiovisual or electronic media training taken by staff did not include an in-person component of the training
10. Communicable Disease - expired training
11. Communicable Disease - had not taken CD training
12. Communicable Disease - did not have verification of the completion of the CD training
13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
14. Child Abuse - expired training
15. Child Abuse - had not taken Child Abuse training
16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 07/02/2026

**Domain: 08 Staff Files**

Rule: 5180:2-13-08 Employee Requirements

Code: The program is required to obtain completed medical statements for all program staff.

Findings: In review of the staff records, it was determined that the medical statements for those individuals listed on the Employee Record Chart did not include the required information listed below in number 1

1. A medical statement was not on file;
2. The medical statement(s) on file were not dated within 12 months of the individual's first day of employment;
3. Date of examination was missing;
4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
5. A statement was missing that verifies the individual is:
  - a. Physically fit for employment in a program caring for children;
  - b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
  - c. Immunized against Measles, Mumps, and Rubella (MMR);

Submit the program's corrective action plan, which includes a copy of the completed medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/02/2026

**Domain: 08 Staff Files**

Rule: 5180:2-13-07 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 11 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: The CCSM's and Provider hours does not cover 24 hours of care during the evening or weekend. submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/09/2026

#### Domain: 08 Staff Files

Rule: 5180:2-13-07 Provider Responsibilities

Code: The provider is required to reside at the licensed location, not have additional activities or employment during the program's operating hours, be on-site at the program for at least 75 percent of the program's operating hours, and have hours of availability posted in a noticeable place.

Findings: During the inspection, it was determined that the provider was not meeting the following requirements as noted in number 3 below :

1. The provider no longer resides at the licensed location.
2. The licensed provider has additional activities/employment during operating hours, in that [ ].
3. The provider was not on-site for 75 percent of the program's operating hours as required by this rule.

4. The provider did not have hours of availability to meet with parents a noticeable location.

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

Corrective Action Plan Due: 07/09/2026

**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 2 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: 07/02/2026

**Rules In-Compliance/Not Verified**

Rule	Status	Documenting Statement(s), If applicable
5180:2-13-02 Voluntary Temporary Closure	Compliant	
5180:2-13-02 License Visible	Compliant	
5180:2-13-02 Change of Location	Compliant	
5180:2-13-02 Provider Medical	Compliant	
5180:2-13-02 Type A Ownership	Compliant	
5180:2-13-03 Inspection Requirements	Compliant	
5180:2-13-04 Building Inspections for Type A Homes	Compliant	
5180:2-13-04 Fire Inspections for Type A Homes	Compliant	
5180:2-13 Written Policies and Procedures	Compliant	
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
5180:2-13-11 Outdoor Equipment	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 Handwashing	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	
5180:2-13-14 Ratio and Supervision for Field and Routine Trips	Compliant	
5180:2-13-13 Smoke Free	Compliant	
5180:2-13-14 Vehicle Inspections	Compliant	
5180:2-13-14 Vehicle Requirements	Compliant	
5180:2-13-15 Health Conditions	Compliant	
5180:2-13-15 Child Records Retention and Confidentiality	Compliant	
5180:2-13-16 Medical, Dental, and General Emergency Plan	Compliant	
5180:2-13-16 Emergency Drills	Compliant	
5180:2-13-16 First Aid Kit/Standard Precautions	Compliant	
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	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-18 Group Size and Ratios	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-19 Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-19 School Age Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-20 Sleep and Nap Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-21 Evening and Overnight Care	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5180:2-13-21 Sanitary Environment and Hygiene	Compliant	
5180:2-13-22 Meals and Snacks	Compliant	
5180:2-13-23 Infant Daily Care	Compliant	
5180:2-13-22 Fluid Milk	Compliant	
5180:2-13-22 Food Handling	Compliant	
5180:2-13-23 Infant Bottle and Food Preparation	Compliant	
5180:2-13-23 Diapering	Compliant	
5180:2-13-25 Medication Requirements	Compliant	
5180:2-13-11 Indoor Space	Compliant	
5180:2-13-24 On-site Pools	Compliant	
Rule	Status	Documenting Statement(s), If applicable

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