## **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      |
| CAHL, SUSAN     | 00000909832454 | FCC - Type B Home |
| Address         |                | County            |
| 466 W. 10TH ST. |                | LORAIN            |
|                 |                |                   |
| ELYRIA          |                |                   |
| OH 44035        |                |                   |

| Inspection Information |   |          |                   |              |  |
|------------------------|---|----------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                                   | cope     | Inspection Notice |              |  |
| Compliance             | Full  |          | Unannounced       |              |  |
| Inspection Date        | Begin Time                                      |          | End Time          | End Time     |  |
| 02/15/2022             | 11:30 AM  | 11:30 AM |                   | 1:30 PM      |  |
| Reviewer:              |   |          |                   |              |  |
| Jennifer Verda         |   |          |                   |              |  |
| Summary of Findings    |   |          |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances No. Serious Risk |          | No. Moderate Risk | No. Low Risk |  |
| 68                     | 0   | 0        | 0                 | 0            |  |

| 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   |                  | 1          | 0         | 1     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 9          | 0         | 9     |
| Total Capacity/Enrollment                                 | 6                | 12         | 0         | 13    |

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



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

## Rules In-Compliance/Not Verified

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| 5101:2-13-02 License Visible        | Compliant | bocumenting statement(s), ii applicable  |
| STOTIZ TO BE ENCHOSE VISIBLE        | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Voluntary Temporary    | Compliant |  |
| Closure                             |           |  |
|                                     |           |  |
| 2.1                                 |           | 2 " () " () " () "                       |
| 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 | , , , , , , , , , , , , , , , , , , ,    |
|                                     | '         |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection             | Compliant | Bocamenting statement(5), it applicable  |
| Requirements                        | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements  | Compliant |  |
| for Type B Homes                    |           |  |
|                                     |           |  |
| Dula                                | Chahua    | Decima outing Chat-weekled of socilies I |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B | Compliant |  |
| Homes                               |           |  |
|                                     | 1         | l  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
|                                     |           | 0 2 3 4777 117 117                       |

| Degining:   | T                   | 1   |
|---|---------------------|---|
| 5101:2-13-04 Flammable and  | Compliant           |   |
| Combustible Materials in a Type B   |                     |   |
| Home  |                     |   |
| Dula  | Chahira             | Decree outing Chatemant/s) If a mulicable       |
| Rule 5101:2-13-04 Heaters in a Type B   | Status<br>Compliant | Documenting Statement(s), If applicable         |
| Home  | Compilant           |   |
| Tiome   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-05 Denial, Revocation, and  | Compliant           |   |
| Suspension  |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-07 Staff Records  | Compliant           | Documenting statement(s), if applicable         |
| 3101.2-13-07 Staff Records  | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-07 Type B Provider - Foster   | Compliant           |   |
| Parent  |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-08 Employee Requirements  | Compliant           | bocamenting statement(s), it applicable         |
| Ololis is a second with the |                     |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-08 Child Care Staff   | Compliant           |   |
| Requirements  |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-08 Whistle Blower   | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Dula  | Chahua              | Decomposition Chalence and (1) If any live live |
| Rule  F101:2 12 00 Packground Chacks  | 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           |   |
|   |                     |   |
|   |                     |   |
| Dulo  | Chahus              | Decumenting Statement/s) If a militable         |
| Rule  | Status              | Documenting Statement(s), If applicable         |

| 5101:2-13-10 Professional<br>Development | Compliant |   |
|--|-----------|---|
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space               | Compliant | bocumenting statement(s), it applicable |
| 3101.2-13-11 Outdoor Space               | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment           | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                   | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment              | Compliant |   |
|  | ·         |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment            | Compliant | bocumenting statement(s), if applicable |
| 5101.2 15 12 Said Environment            | Compilant |   |
|  |           |   |
|  | 1.        |   |
| 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 |   |
|  |           |   |
|  |           |   |
| 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 |   |
|  |           |   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field      | Compliant | 0-1312                                  |
| and Routine Trips                        | '         |   |
| and nodeline rrips                       |           |   |

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|--------------------------------------|-----------|---|
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant |   |
| for Field and Routine Trips          |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and       | Compliant |   |
| Enrollment Records                   |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
|                                      | 1 -       |   |
| Rule                                 | Status    | 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 Emergency Drills        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 Communicable Diseases  | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     | 1                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant           |   |
|                                     |                     |   |
|                                     | L                   | 1                                       |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant           | -                                       |
|                                     |                     |   |
|                                     |                     |   |
| Della                               | Chahara             | Danier Chair (1) If III                 |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant           |   |
|                                     |                     |   |
|                                     | ı                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Chatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-19 School Age Supervision | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-13 School Age Supervision | Compilant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant           |   |
|                                     |                     |   |
| <del>L</del>                        | l                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant           |   |
| Requirements                        |                     |   |
|                                     | ı                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant           |   |
| Care                                |                     |   |
|                                     |                     |   |
| Dula                                | Chahus              | Decrementing Chairmant/ A 16            |
| Rule                                | Status              | Documenting Statement(s), If applicable |

| 5101:2-13-21 Sanitary Environment and Hygiene      | Compliant           |   |
|--|---------------------|---|
|  | S. J.               |   |
| Sule 5101:2-13-22 Meals and Snacks                 | Status Compliant    | Documenting Statement(s), If applicable   |
|  |                     |   |
| 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           | bocamenting statement(s), it applicable   |
|  |                     |   |
| 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<br>Preparation | Compliant           | 5 (" 11                                   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Diapering                             | Compliant           |   |
| D. J.  | Chatana             |   |
| Rule 5101:2-13-24 Parent Permission for Swimming   | Status Compliant    | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication<br>Requirements            | Compliant           | bocamenting statement(s), it applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Provider Responsibilities             | Compliant           | 223. Terraing State Trends, in applicable |
| Pulo   | Chatric             | Decumenting Statement(a) If a militable   |
| Rule 5101:2-13-18 Group Size and Ratios            | Status<br>Compliant | Documenting Statement(s), If applicable   |
| 3101.2 13 10 Gloup Size and Natios                 | Compilant           |   |

| eginning!                      |                     |   |
|--------------------------------|---------------------|---|
|                                |                     |   |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant           | ( //                                    |
| Procedures                     |                     |   |
|                                |                     |   |
|                                |                     |   |
| 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           |   |
|                                |                     |   |
|                                |                     |   |
| Rule                           | Ctatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-17 Programming       | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-17 Flogramming       | Compliant           |   |
|                                |                     |   |
|                                | ·                   | •                                       |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools     | Compliant           |   |
|                                |                     |   |
|                                |                     |   |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets              | Compliant           | G (" 11                                 |
|                                | ·                   |   |
|                                |                     |   |
|                                | 1                   |   |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites    | Compliant           |   |
|                                |                     |   |
|                                |                     | <u> </u>                                |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and     | Compliant           |   |
|                                | i                   |   |
| Equipment                      |                     |   |