

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 | Program Number | Program Type |
| MCALPINE, KAREN | 00000923166389 | FCC - Type B Home |
| Address | | County |
| 22145 LIBBY ROAD APT 105F | | CUYAHOGA |
| | | |
| BEDFORD HEIGHTS | | |
| OH 44146 | | |

| | Inspection Information | | | | |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | соре | Inspection Notice | | |
| Compliance | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 01/24/2023 | 1:15 PM | | 2:45 PM | | |
| Reviewer: | | | | | |
| Peggy Henderson | | | | | |
| 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) | | 3 | 0 | 3 |
| Young Toddler | | 1 | 0 | 1 |
| Total Under 2 Years | 3 | 4 | 0 | 4 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 5 | 0 | 5 |
| Total Capacity/Enrollment | 6 | 5 | 0 | 9 |

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

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

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), it applicable |
| 5101.2-13-02 LICENSE VISIBLE | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | compliant | |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
| | | |
| | | |
| Dula | Chatura | Desumenting Statement(s) If anylights |
| 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 | |
| Requirements | | |
| nequirements | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-13-04 Fire Safety for Type B Homes | Compliant | |
|--|---------------------|---|
| Rule | Chabura | Desumenting (teterment/s) If emplicable |
| 5101:2-13-04 Flammable and | Status Compliant | Documenting Statement(s), If applicable |
| Combustible Materials in a Type B | Compliant | |
| Home | | |
| nome | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | eep.ia.it | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | |
| | | |
| L | <u> </u> | |
| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | Documenting Statement(s), If applicable |
| Parent | Compliant | |
| rarent | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
| | | |
| | | |
| D. J. | Chalters | |
| Rule 5101:2-13-08 Child Care Staff | Status | Documenting Statement(s), If applicable |
| | Compliant | |
| Requirements | | |
| | .1 | |
| 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 | |
| | | |
| ι | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | |
| | | |
| | | |
| | | |
| Rule | | Documenting Statement(s), If applicable |



| 5101:2-13-10 Professional Development | Compliant | |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 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 | |
| Rule | Status | |
| 5101:2-13-13 Clean environment and equipment | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| 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 | |
| Dula | Chabua | |
| Rule 5101:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| | Cutuo | |



| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant | |
|---|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | bocumenting statement(3), in applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| | | 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 | bootinenting statement(s), in applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| naie | Status | bocumenting statement(s), if applicable |



| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | Documenting statement(s), if applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
| | | |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
| 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 Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Nuie | Status | Documenting statement(s), if applicable |



| Rule 5101:2-13-21 Sanitary Environment | Status | |
|--|---------------------|---|
| | | Locumenting Statement(s) It applicable |
| and Hygiene | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
| | | |
| Rule 5101:2-13-22 Food Handling | Status Compliant | Documenting Statement(s), If 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 Preparation | Compliant | |
| | | |
| Rule 5101:2-13-23 Diapering | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Requirements | Compliant | |
| | | |
| Rule 5101:2-13-07 Provider Responsibilities | Status Compliant | Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
|---|------------|---|
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| | Compilatio | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and Procedures | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| 5101.2-15-11 mubbl 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| 5101.2 13 24 Swittining Sites | compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
| | | |