

## 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      |  |
| NEELY, BRENDA M    | 00000940420650 | FCC - Type B Home |  |
| Address            |                | County            |  |
| 488 CLEVELAND ROAD |                | CUYAHOGA          |  |
|                    |                |                   |  |
| CLEVELAND          |                |                   |  |
| OH 44108           |                |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 09/01/2023             | 1:00 PM                        |                  | 2:55 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                     | 1                              | 0                | 0                 | 1            |

| 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   |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 2                | 3          | 0         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 1          | 0         | 1     |
| Total Capacity/Enrollment                                 | 6                | 1          | 0         | 4     |

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



## **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

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

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



| training(s) listed in number(s) 1,4 below:  |
|---|
|   |
| 1 Eirst Aid ovnirod training  |
| <ol> <li>First Aid - expired training</li> <li>First Aid - did not have verification of the completion of First Aid training</li> </ol> |
| 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<br>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 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 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 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: 10/05/2023  |
|   |
|   |

## Rules In-Compliance/Not Verified

| Rule                         | Status    | Documenting Statement(s), If applicable |
|------------------------------|-----------|---|
| 5101:2-13-02 License Visible | Compliant |   |
|                              | •         |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |



| Rule                                     | Status              | Documenting Statement(s), If applicable  |
|--|---------------------|--|
| 5101:2-13-02 Change of Location          | Compliant           |  |
|  |                     |  |
|  |                     |  |
| Dulo                                     | Status              | Decumenting Statement(a) If any list his |
| Rule                                     |                     | 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           |  |
|  |                     |  |
|  |                     | <u> </u>                                 |
| Rule                                     | Statuc              | Documenting Statement(c) If applicable   |
| 5101:2-13-03 Inspection                  | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Requirements                             |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements       | Compliant           |  |
| for Type B Homes                         |                     |  |
|  |                     | 1  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B      | Compliant           | Documenting statement(s), it applicable  |
| Homes                                    |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and               | Compliant           |  |
| Combustible Materials in a Type B        |                     |  |
| Home                                     |                     | I  |
| Pulo                                     | Statuc              | Documenting Statement(a) If a selicable  |
| Rule<br>5101:2-13-04 Heaters in a Type B | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Home                                     |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records               | Compliant           |  |
|  |                     |  |
|  |                     | <u> </u>                                 |
| Rule                                     | Status              | Documenting Statement(c) If applicable   |
| 5101:2-13-07 Type B Provider - Foster    | Compliant           | Documenting Statement(s), If applicable  |
| Parent                                   |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
|  |                     |  |



| 5101:2-13-08 Employee Requirements | Compliant           |   |
|------------------------------------|---------------------|---|
| 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           |   |
|                                    |                     |   |
|                                    |                     |   |
| 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 Professional          | Compliant           |   |
| Development                        | compliant           |   |
|                                    |                     |   |
| Dula                               | Status              | Decumenting Statement(s) If emplicable  |
| Rule<br>5101:2-13-11 Outdoor Space | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                    | compliant           |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment     | Compliant           |   |
|                                    | compliant           |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone             | Compliant           | becamenting statement(s), if applicable |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment        | Compliant           | becamenting statement(s), it applicable |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment      | Compliant           | becamenting statement(s), if applicable |
|                                    |                     |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| Nuie                               | Status              | Bocumenting statement(s), if applicable |



| 5101:2-13-13 Clean environment and equipment                   | Compliant           |   |
|--|---------------------|---|
| 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           | becamenting statement(s), in applicable |
| 5101.2-13-13 TOOLIDI USININg                                   | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field                            | Compliant           |   |
| and Routine Trips  |                     |   |
| Rule   | Statuc              | Decumenting Statement(c) If applicable  |
|  | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant           |   |
| Rule   | Status              | Decumenting Statement(c) 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           |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements                              | Compliant           |   |
| 5101.2-13-14 Venicle Requirements                              | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and                                 | Compliant           |   |
| Enrollment Records   | compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                                 | Compliant           |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      | compliant |   |
| Precautions                          |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           | · · · · · · · · · · · · · · · · · · ·   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan           | Compliant |   |
|                                      | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Dula                                 | Chatura   |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision             | Compliant |   |
| •                                    |           |   |
|                                      |           |   |
|                                      |           | 1                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | Documenting statement(s), it 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                        |           |   |
|                                     |           |   |
|                                     | 1 -       |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s) If applicable  |
|                                     |           | Documenting Statement(s), 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 | becamenting statement(s), it applicable |
| and Hygiene                         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant |   |
|                                     |           |   |
| L                                   |           |   |
| Dulo                                | Status    | Desumenting Statement(s) If applicable  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant |   |
| Preparation                         |           |   |
|                                     |           |   |



| Rule                                   | Status              | Documenting Statement(s), If applicable    |
|--|---------------------|--|
| 5101:2-13-23 Diapering                 | Compliant           |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-24 Parent Permission for     | Compliant           |  |
| Swimming                               |                     |  |
|  |                     |  |
| Dula                                   | Chabura             | Desum anting Statem ant/s) If any line bla |
| Rule                                   | Status              | Documenting Statement(s), If 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         | 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           |  |
|  |                     |  |
| [                                      |                     |  |
| Pula                                   | Status              | Decumenting Statement(s) If applicable     |
| Rule                                   | Status<br>Compliant | Documenting Statement(s), If applicable    |
| 5101:2-13-17 Programming               | Compliant           |  |
|  |                     |  |
| L                                      | 1                   | 1  |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-24 On-site Pools             | Compliant           |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |



Department of Education Department of Job and Family Services

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