

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 |
| Brown's Children's Paradise Family Child- | 2170016341 | FCC - Type B Home |
| Care Services | | |
| Address | | County |
| 1121 East 68th Street | | CUYAHOGA |
| | | |
| Cleveland | | |
| OH 44103 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection S | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 02/03/2025 | 10:17 AM | | 12:29 PM | |
| Reviewer: | | | | |
| Patricia Hill | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 69 | 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 | | 1 | 0 | 1 |
| Total Under 2 Years | 3 | 2 | 0 | 2 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 0 | 0 | 2 |

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

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 numbers 15 and 16 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 prickers.
- 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. The indoor/outdoor carpet in the play area was buckled and could be a tripping hazard.
- 16. There was standing water on the carpet in the play area.

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

Corrective Action Plan Due: 03/06/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5180:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible | Compliant | |
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| | Towns or | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS | Compliant | |



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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection | Compliant | |
| Requirements | Compilant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5180:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
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| n l | C. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and | Compliant | |
| Combustible Materials in a Type B | | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(3), if applicable |
| 5180:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
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| Dula | Chatus | Decumenting Statement (s) If and I also |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and | Compliant | 10 No. 10 |
| Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | Service Control of the Control of th | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-13-08 Employee Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower | Compliant | |
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| Rule 5180:2-13-09 Background Checks | Status | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training | Compliant | |
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| 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 Indoor Space | Compliant | <u> </u> |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone | Compliant | |
| D. I. | C | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment | Compliant | |



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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets | Compliant | |
| 3100.2 13 12 1 0.3 | Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and | Compliant | |
| equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free | Compliant | Desamenting statement(s), it approachs |
| 5180.2-13-13 SHIOKE FIEE | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Medical and | Compliant | |
| Enrollment Records | 1 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 34475-346-3465 | | bocumenting statement(s), it applicable |
| 5180:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision | Compliant | and the state of t |
| | Compliant | |
| for Field and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections | Compliant | |
| 5100.2 15 14 Vehicle hispections | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-13-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard | Compliant | 3 (7) |
| 100 | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency | Compliant | |
| Preparedness and Response Plan | Const the Ballotte Ballotte Ballotte | |
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| 5180:2-13-18 Attendance Compliant | le |
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| 5180:2-13-19 Supervision Compliant | |
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| 5180:2-13-19 School Age Supervision Compliant | |
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| Rule Status Documenting Statement(s), If applicab | la l |
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| 5180:2-13-21 Evening and Overnight Compliant | |
| Care | |
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| Rule Status Documenting Statement(s), If applicab | le |
| 5180:2-13-20 Sleep and Nap Compliant | |
| Requirements | |
| requirements | |
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| Rule Status Documenting Statement(s), If applicab | ie |
| 5180:2-13-19 Child Guidance Compliant | |
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| Rule Status Documenting Statement(s), If applicab | le |
| 5180:2-13-20 Crib and Playpen Compliant | profit. |
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| Requirements | |
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| Rule Status Documenting Statement(s), If applicab | |



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| 5180:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling | Compliant | |
| Control State Control | Charles Triesbooks . # Catholine and control to | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Daily Care | Compliant | Decamenting Statement(s), in approach |
| 3100.2 13 23 illiant bany care | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food | Compliant | bocumenting statement(s), if applicable |
| 20000 | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5180:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5180:2-14-06 Health Conditions | Compliant | |
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