

# 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      |
| Started2Finish Child Enrichment | 2180017756     | FCC - Type B Home |
| Address                         |                | County            |
| 21911 crystal Ave               |                | CUYAHOGA          |
|                                 |                |                   |
| Euclid                          |                |                   |
| OH 44123                        |                |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | соре             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 10/12/2023          | 12:30 PM                       |                  | 3:30 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                  | 3                              | 0                | 2                 | 1            |  |

| Lic                       | 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       | 3   | 3          | 0         | 3     |  |
| Older Toddler             |   | 1          | 0         | 1     |  |
| Preschool                 |   | 1          | 0         | 1     |  |
| School Age                |   | 3          | 0         | 3     |  |
| Total Capacity/Enrollment | 6   | 5          | 0         | 8     |  |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Timia Mitchell                               | Mixed Age Group | 1 to 5 |  |



#### **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**

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Carbon Monoxide Detectors - Type B Only Code: The program is required to meet all requirements for carbon monoxide detectors.

Findings: During the inspection, it was determined that the Type B Home did not have a working carbon monoxide detector [in the building/on each floor where care is provided] or carbon monoxide detector(s) were not [placed/installed/tested/maintained] in accordance with manufacturer's recommendations. A working carbon monoxide detector must be placed, installed, tested, and maintained in accordance with manufacturer's recommendations. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 11/11/2023

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to protect children from any items and conditions which threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined the program did not protect children from an unsafe item or condition or equipment due to the following number(s) [] below: 1. Pull cord(s) on the window blind(s).



2. Extension cord(s); electrical cord(s) attached to an object that could result in a severe injury if pulled. 3. Stacked tables. 4. Folding tables. 5. Matches and/or a lighter. 6. Power tool(s). 7. Live wires. 8. Stove(s) that are either on or able to be turned on by a child. 9. Asbestos. 10. Traffic. 11. A body of water. 12. A well. 13. Environmental hazard(s) confirmed by local authorities having jurisdiction over the hazard. 14. A crockpot used to heat bottles. 15. Immediate access to a knife. 16. Large or heavy pieces of shelving units are not securely anchored to the wall. 17. Other fan accessible. Any hazardous equipment must be removed, replaced, or repaired and any hazardous condition must be corrected and must be made inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that the item or condition has been removed and a statement that training was provided, to the Department to verify compliance with the requirements of this rule. Corrective Action Plan Due: 11/11/2023

## Low Risk Non-Compliances

### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Handwashing

Code: The program staff and residents are required to wash their hands at the appropriate times as outlined in rule.

Findings: During the inspection, it was determined the handwashing requirements were not being followed by the provider, program staff, residents, or a child in that children's hands not washed before or after their meal. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/11/2023



## **Rules In-Compliance/Not Verified**

| Dul.                                | Chathar   |   |
|-------------------------------------|-----------|---|
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary    | Compliant |   |
| Closure                             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location     | Compliant |   |
| 5101.2-13-02 Change of Location     | Compliant |   |
|                                     |           |   |
| <u>I</u>                            | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS   | Compliant |   |
| 5101.2-13-02 mormation in Octos     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical       | Compliant |   |
|                                     | compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection             | Compliant |   |
| Requirements                        |           |   |
| ······                              |           |   |
|                                     |           |   |
| 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 | Compliant |   |
| Homes                               |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and          | Compliant |   |
| Combustible Materials in a Type B   |           |   |
| Home                                |           |   |



| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5101:2-13-04 Heaters in a Type B      | Compliant |   |
| Home                                  |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 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 |   |
|                                       |           |   |
|                                       |           |   |
| Pulo                                  | Status    | Decumenting Statement(s) If applies his |
| Rule<br>5101:2-13-08 Child Care Staff | Status    | Documenting Statement(s), If applicable |
|                                       | Compliant |   |
| Requirements                          |           |   |
|                                       | I         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant |   |
| STOT.2-15-08 Whistle blower           | Compliant |   |
|                                       |           |   |
|                                       | 1         |   |
| 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 Health Training          | Compliant |   |
| -                                     |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional             | Compliant |   |
| Development                           |           |   |
|                                       |           |   |
|                                       |           |   |
| 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 |   |
|                                     |           |   |
| <u> </u>                            | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant |   |
| equipment                           |           |   |
|                                     |           | I                                       |
| 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 |   |
|                                     |           |   |
|                                     | <u> </u>  |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant |   |
| and Routine Trips                   |           |   |
|                                     |           | <u> </u>                                |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision  | Compliant | Documenting statement(s), it applicable |
| for Field and Routine Trips         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements    | Compliant |   |
|                                     |           |   |
|                                     | 1         | ۱۱                                      |
| 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           |   |
|--------------------------------------|---------------------|---|
| 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 | 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           |   |
| Precautions                          |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury         | Compliant           |   |
|                                      |                     |   |
| Dula                                 | Chature             |   |
| Rule<br>5101:2-13-16 Disaster Plan   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 2101.5-12-10 DISUSICI LIUII          | Compilant           |   |
|                                      |                     |   |
| Pula                                 | Status              | Documenting Statement(s) If a selicity  |
| Rule<br>5101:2-13-18 Attendance      | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                      |                     |   |



| Rule                                | Status              | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-13-19 Supervision            | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(c) If applicable  |
| 5101:2-13-19 School Age Supervision | Compliant           | Documenting Statement(s), If applicable |
| 5101.2 15 15 Senoor Age Supervision | compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule<br>5101:2-13-19 Child Guidance | 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       | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
| Rule                                | Status              | 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           |   |
| and Hygiene                         |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Dula                                | Ctatura             |   |
| Rule<br>5101:2-13-22 Fluid Milk     | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| 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           |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |
| 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                               |                     |  |
|  |                     |  |
|  |                     |  |
| 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              | Desumenting Statement(s) If emplicable   |
|  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant           |  |
|  |                     |  |
|  | l                   |  |
| Dula                                   | Status              | Desumenting Statement(s) If any list his |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and         | Compliant           |  |
| Procedures                             |                     |  |
|  | l                   |  |
| Bula                                   | Status              | Decumenting Statement(s) If any list he  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space              | Compliant           |  |
|  |                     |  |
|  | 1                   |  |
|  |                     |  |
| Dula                                   | Ctature             | Decumenting (tatement(a) If a well-all-  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| Rule<br>5101:2-13-17 Programming       | Status<br>Compliant | Documenting Statement(s), If applicable  |
|  |                     | Documenting Statement(s), If applicable  |



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