

## 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://ifs.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<br>Dreamstreet Daycare                    | Program Number<br>2240030583 | Program Type<br>FCC - Type B Home |
| Address<br>5522 Dorset rd<br><br>Lyndhurst<br>OH 44124 | County<br>CUYAHOGA           |                                   |

| Inspection Information                            |                                     |                          |                        |                                |
|---------------------------------------------------|-------------------------------------|--------------------------|------------------------|--------------------------------|
| Inspection Type<br>Amendment - change of location |                                     | Inspection Scope<br>Full |                        | Inspection Notice<br>Announced |
| Inspection Date<br>10/24/2025                     |                                     | Begin Time<br>10:10 AM   |                        | End Time<br>12:00 PM           |
| Reviewer:<br>Tonesha Jones                        |                                     |                          |                        |                                |
| Summary of Findings                               |                                     |                          |                        |                                |
| No. Rules Verified<br>68                          | No. Rules with Non-compliances<br>1 | No. Serious Risk<br>0    | No. Moderate Risk<br>0 | No. Low Risk<br>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)                                 |                  | 0          | 0         | 0     |
| Young Toddler                                             |                  | 0          | 0         | 0     |
| <b>Total Under 2 Years</b>                                | 3                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| Dreamstreet Daycare                          |                 | 1 to 0         |         |

### 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: 00 License & Approvals**

Rule: 5180:2-13-03 Inspection Requirements

Code: The program is required to respond to all non-compliances by the date noted in the inspection report.

Findings: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 4/23/25. The rule requires the program complete and submit a

corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/26/2025

### Rules In-Compliance/Not Verified

| Rule                                                | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-02 Voluntary Temporary Closure            | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible                        | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location                     | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS                   | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical                       | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements for Type B Homes | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B Homes           | Compliant |                                         |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|----------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-07 Provider Responsibilities | Compliant |                                         |

| Rule                                                              | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant |                                         |

| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-04 Heaters in a Type B Home | Compliant |                                         |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5180:2-13-07 Staff Records | Compliant |                                         |

| Rule                                      | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13 Written Policies and Procedures | Compliant |                                         |

| Rule                                         | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-07 Type B Provider - Foster Parent | Compliant |                                         |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-08 Employee Requirements | Compliant |                                         |

| 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 |                                         |

| Rule                           | 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 |                                         |
| 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 |                                         |
| 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 Outdoor Space                           | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone                               | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment                          | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment                        | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets                                    | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |

|                                                                |               |                                                |
|----------------------------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-13 Clean environment and equipment                   | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Smoke Free                                        | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Vehicle Requirements                              | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Requirements for Field and Routine Trips          | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Handwashing                                       | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Driver Requirements                               | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Toothbrushing                                     | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Vehicle Inspections                               | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Child Medical and Enrollment Records              | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Health Conditions                                 | Compliant     |                                                |

| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills                            | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard Precautions          | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases                       | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury                             | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Preparedness and Response Plan    | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming                                 | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and Equipment                     | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios                       | Compliant |                                         |

| Rule                                          | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-18 Attendance                       | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision                      | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision           | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance                   | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap Requirements       | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen Requirements    | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight Care       | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks                 | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk                       | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling                    | Compliant |                                         |

|                                                 |               |                                                |
|-------------------------------------------------|---------------|------------------------------------------------|
|                                                 |               |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Daily Care                  | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Diapering                          | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 On-site Pools                      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 Swimming Sites                     | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 Parent Permission for Swimming     | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-25 Medication Requirements            | Compliant     |                                                |