

## 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      |
| LAWRENCE, KARA | 00000976286645  | FCC - Type B Home |
| Address        |                 | County            |
| 1020 KAREN DR. |                 | SUMMIT            |
|                |                 |                   |
| AKRON          |                 |                   |
| OH 44313       |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection Se                  | соре               | Inspection Notice |              |
| Compliance         | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 01/27/2022         | 10:21 AM                       |                    | 11:31 AM          |              |
| Reviewer:          |                                |                    |                   |              |
| Tazena Long        |                                |                    |                   |              |
|                    | Su                             | mmary 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 |                  |            | nspection |       |
|---|------------------|------------|-----------|-------|
| 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   |                  | 2          | 0         | 2     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 6          | 0         | 6     |
| Total Capacity/Enrollment                                 | 6                | 8          | 0         | 12    |

| S             | taff-Child Ratios at the Time of Ins | pection        |         |
|---------------|--------------------------------------|----------------|---------|
| Group         | Age Group/Range                      | Ratio Observed | Comment |
| Kara Lawrence | Mixed Age Group                      | 1 to 12        |         |



## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

## 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | 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 |   |
|                                     | compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection             | Compliant |   |
| Requirements                        | compliant |   |
| Requirements                        |           |   |
| L                                   | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant |   |
| for Type B Homes                    |           |   |
| ior type binomes                    |           |   |
| L                                   |           | I                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting statement(s), if applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant |   |
| Homes                               |           |   |
|                                     |           |   |
| Pulo                                | Status    | Decumenting Statement(a) If applicable  |
| Rule                                | Status    | Documenting Statement(s), If applicable |



|  | liant                                   |
|--|---|
| Combustible Materials in a Type B          |   |
| Home                                       |   |
| Rule Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Comp      |   |
| Home                                       | hant                                    |
|  |   |
|  |   |
| Rule Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and Comp  | liant                                   |
| Suspension                                 |   |
|  |   |
| Rule Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records Comp            | liant                                   |
|  |   |
|  |   |
| Rule Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster Comp |   |
| Parent                                     |   |
|  |   |
|  |   |
| Rule   Status                              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements Comp    | liant                                   |
|  |   |
|  |   |
| Rule Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Comp         | liant                                   |
| Requirements                               |   |
|  |   |
| Rule Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower Comp           |   |
|  |   |
|  |   |
| Rule Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks Comp        |   |
|  |   |
|  |   |
|  |   |
| Rule Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training Comp          | liant                                   |
|  |   |
|  |   |
|  |   |



| 5101:2-13-10 Professional           | Compliant |  |
|-------------------------------------|-----------|--|
| Development                         |           |  |
| Development                         |           |  |
|                                     | 1         |  |
| 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 |  |
|                                     |           |  |
|                                     |           |  |
| Dula                                | Chatura   | Decumenting Statement(s) If emplicable   |
| Rule<br>5101:2-13-11 Fall Zone      | Status    | Documenting Statement(s), If applicable  |
| 5101.2-13-11 Fail 2011e             | Compliant |  |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment         | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Environment       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Dula                                | Chathar   | Descusses the state of state of state of the |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and  | Compliant |  |
| equipment                           |           |  |
|                                     |           |  |
| 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                                | Chatura   |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing          | Compliant |  |
|                                     |           |  |
|                                     | 1         | I  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field | Compliant | boomenting statement(s), it applicable   |
| and Routine Trips                   |           |  |
|                                     | 1         |  |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-14 Ratio and Supervision   | Compliant |   |
| for Field and Routine Trips          |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | 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 |   |
|                                      |           |   |
|                                      | I         | I                                       |
| 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               |           |   |
|                                      | l         | I                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
| с .                                  |           |   |
|                                      |           |   |
|                                      |           |   |
| 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    | 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     | 1         | J                                       |
| 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 |   |
|                                     |           |   |
|                                     | I         | 1                                       |
| 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         | J                                       |
| 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                                |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           |   |



Department of Education Department of Job and Family Services

| E101.2.12.21 Conitory Environment      | Compliant |  |
|--|-----------|--|
| 5101:2-13-21 Sanitary Environment      | Compliant |  |
| and Hygiene                            |           |  |
|  | 1         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks          | Compliant |  |
|  | compliant |  |
|  |           |  |
|  | 1         |  |
| 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 |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Bottle and Food    | Compliant |  |
| Preparation                            |           |  |
|  |           |  |
| Dula                                   | Chathar   | Description (testamont(a)) if any lister |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering                 | Compliant |  |
|  |           |  |
|  | I         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant |  |
| Swimming                               |           |  |
| Switting                               |           |  |
|  | 1         | I  |
| 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 |  |
|  |           |  |



| 5101:2-13 Written Policies and         Procedures         Rule         5101:2-13-12 Carbon Monoxide         Detectors - Type B Only         Rule         5101:2-13-11 Indoor Space         Rule         Rule | Status<br>Compliant<br>Status<br>Compliant<br>Status<br>Compliant<br>Status<br>Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
|--|--|---|
| Procedures          Rule         5101:2-13-12 Carbon Monoxide         Detectors - Type B Only         Rule         5101:2-13-11 Indoor Space         Rule         Rule                                       | Status<br>Compliant<br>Status<br>Compliant<br>Status                                     | Documenting Statement(s), If applicable   |
| Rule Signal Rule Rule Rule Rule Rule Rule Rule Rule  | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Carbon Monoxide<br>Detectors - Type B Only<br>Rule<br>5101:2-13-11 Indoor Space<br>Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Carbon Monoxide         Detectors - Type B Only         Rule         5101:2-13-11 Indoor Space         Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Carbon Monoxide         Detectors - Type B Only         Rule         5101:2-13-11 Indoor Space         Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement(s), If applicable   |
| Detectors - Type B Only         Rule         5101:2-13-11 Indoor Space         Rule  | Status<br>Compliant<br>Status  |   |
| Rule<br>5101:2-13-11 Indoor Space  | Compliant<br>Status  |   |
| 5101:2-13-11 Indoor Space Rule   | Compliant<br>Status  |   |
| 5101:2-13-11 Indoor Space Rule   | Compliant<br>Status  |   |
| 5101:2-13-11 Indoor Space Rule   | Compliant<br>Status  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
|  |  | Documenting Statement(s), If applicable   |
|  |  | Documenting Statement(s), If applicable   |
|  |  | Documenting Statement(s), If applicable   |
| 5101.2-13-17 Programming   |  |   |
|  | Compliant  |   |
| 5 5  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-24 On-site Pools   | Compliant  |   |
|  |  |   |
|  |  |   |
| Dula   | Status   | Decumenting Statement(s) If emplicable  |
|  | Status   | Documenting Statement(s), If applicable   |
| 5101.2-13-12 Pels  | Compliant  |   |
|  |  |   |
|  |  | 1   |
| 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  |  |   |
|  |  |   |
|  |  |   |