

# 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      |
| BURDEN, ANNIE D | 000000995118433 | FCC - Type B Home |
| Address         |                 | County            |
| 330 Hoskins Way |                 | FRANKLIN          |
|                 |                 |                   |
| Columbus        |                 |                   |
| OH 43213        |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | соре               | Inspection Notice |              |
| Compliance         | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 10/15/2021         | 12:00 PM                       |                    | 1:14 PM           |              |
| Reviewer:          |                                |                    |                   |              |
| Cristina Boyer     |                                |                    |                   |              |
|                    | Sui                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 78                 | 3                              | 0                  | 0                 | 3            |

| Lic                       | ense Capacity and | d Enrollment a | at the Time of I | nspection |
|---------------------------|-------------------|----------------|------------------|-----------|
| Age Group                 | License Capacity  | Enrollment     |                  |           |
|                           | Totals            | Full Time      | Part Time        | Total     |
| Infant ( Birth to < 18 m) |                   | 1              | 0                | 1         |
| Young Toddler             |                   | 0              | 0                | 0         |
| Total Under 2 Years       | 3                 | 1              | 0                | 1         |
| Older Toddler             |                   | 1              | 0                | 1         |
| Preschool                 |                   | 1              | 0                | 1         |
| School Age                |                   | 0              | 0                | 0         |
| Total Capacity/Enrollment | 6                 | 2              | 0                | 3         |

| S            | taff-Child Ratios at the Time of Ins | pection        |         |
|--------------|--------------------------------------|----------------|---------|
| Group        | Age Group/Range                      | Ratio Observed | Comment |
| Annie Burden | Mixed Age Group                      | 1 to 3         |         |



#### **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

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that outlets did not have childproof receptacle covers in the program's restroom and kitchen 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: 11/14/2021

## Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Requirements Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined a fire and weather alert plan did not indicate primary and secondary escape routes, as required by rule. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/14/2021

## Domain: 07 Diapering & Infant Care

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program staff is required to have all bottles labeled.

Findings: During the inspection, it was determined that bottles containing milk for a particular infant were not labeled with the child's name and date of preparation. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/14/2021

# Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-14 Driver Requirements   | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant |   |
| Care                               |           |   |
|                                    |           | ·                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |



| 5101:2-13-02 License Posted            | Compliant           |   |
|--|---------------------|---|
|  |                     |   |
|  |                     |   |
| Pula                                   | Status              | Decumenting Statement(s) If applicable  |
| Rule<br>5101:2-13-23 Infant Daily Care | Compliant           | Documenting Statement(s), If applicable |
| 5101.2-15-25 Infant Daily Care         | Compliant           |   |
|  |                     |   |
|  |                     | i                                       |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training B         | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 JFS 01234 'Child          | Compliant           |   |
| Enrollment and Health Information'     |                     |   |
|  |                     |   |
|  |                     |   |
| 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 Ratio and Group Size      | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size      | Compliant           |   |
| 5101.2 15 16 Natio and Group 5120      | compliant           |   |
|  |                     |   |
|  | -                   |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements     | Compliant           |   |
|  |                     |   |
|  |                     | I                                       |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s) If englished   |
| 5101:2-13-08 Child Care Staff          | Status<br>Compliant | Documenting Statement(s), If applicable |
| Requirements                           | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and             | Compliant           |   |
| Combustible Materials in Type B Home   |                     |   |



| Rule  | Status              | Documenting Statement(s), If applicable |
|---|---------------------|---|
| 5101:2-13-25 Topical Products and Lotions                 | Compliant           |   |
| Dulo  | Ctatus              | Decumenting Statement(s) If englishing  |
| Rule  | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                                  | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming                                  | Compliant           |   |
|   |                     |   |
| 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 Safe Equipment                               | Compliant           |   |
| 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 |
| 5101:2-13-24 Parent Permission for                        | Compliant           |   |
| Swimming  | compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping                            | Compliant           |   |
| Requirements for a Licensed Family<br>Child Care Provider | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free                                   | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements                        | Compliant           |   |
|   |                     |   |
|   | 1                   |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-16 Standard Precautions           | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections            | Compliant | Documenting statement(s), it applicable |
| 5101.2-13-14 Venicle Inspections            | Compliant |   |
|   |           |   |
|   |           | i                                       |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and            | Compliant |   |
| Procedures                                  |           |   |
|   |           |   |
| Dula  | Chathar   |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary<br>Closure | Compliant |   |
|   |           |   |
|   | -         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                     | Compliant |   |
|   |           |   |
|   |           |   |
|   | -         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen               | Compliant |   |
| Requirements                                |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements           | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                      | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records                  | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury                | Compliant |   |
|   |           |   |
| L   | 1         | I                                       |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                      | Compliant |   |
| U   | · ·       | ·                                       |



| 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 |
| 5101:2-13-22 Food Handling               | Compliant           |   |
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| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment           | Compliant           |   |
|  |                     |   |
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| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance              | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit               | Compliant           |   |
|  |                     |   |
|  | -                   |   |
| Rule                                     | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B<br>Home | Compliant           |   |
|  |                     |   |
| 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 |
| 5101:2-13-16 Medical, Dental, and        | Compliant           |   |
| General Emergency Requirements           |                     |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage          | Compliant           |   |
|  |                     |   |



| Dula   | Status              | Depumenting Statement(s) If any list has |
|--|---------------------|--|
| Rule   | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision  | 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  |
| 5101:2-13-13 Toothbrushing   | Compliant           |  |
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| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Materials and   | Compliant           |  |
|  |                     |  |
| Equipment  |                     |  |
|  |                     |  |
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| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision   | Compliant           |  |
|  |                     |  |
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|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean Environment and   | Compliant           |  |
| Equipment  |                     |  |
| -1-1   |                     |  |
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| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases   | Compliant           |  |
|  | compliant           |  |
|  |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s) If applicable   |
|  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment  | Compliant           |  |
| and Hygiene  |                     |  |
|  |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication  | Compliant           |  |
| Requirements   |                     |  |
| -  |                     |  |
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| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Information in Provider   | Compliant           |  |
| Portal   |                     |  |
|  |                     |  |
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| Rule   | Status              | Decumenting Statement(s) If any light    |
| NUL CONTRACTOR OF CONTRACTOR O | Status              | Documenting Statement(s), If applicable  |



| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant           |  |
|---|---------------------|--|
|   | -                   |  |
| Rule<br>5101:2-13-08 Whistle Blower                   | Status              | Documenting Statement(s), If applicable  |
| 5101.2-15-08 Whistle blower                           | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Serious Incident                         | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional                             | Compliant           |  |
| Development   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Use of Crib and Playpen                  | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child's Medical                          | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks                         | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Substitute                               | Compliant           | Documenting statement(s), if applicable  |
| Requirements  |                     |  |
| Dula  | Chatura             | Desumenting (Astomorph(s) If smalles his |
| Rule<br>5101:2-13-08 Substitute                       | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Requirements  | Compliant           |  |
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| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Health Conditions                        | Compliant           |  |
|   | I                   | ۱  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Information in OCLQS                     | Compliant           |  |



| Rule  | Status  | Documenting Statement(s), If applicable   |
|---|---|---|
| 5101:2-13-11 Outdoor Space  | Compliant   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-02 Provider Medical   | Compliant   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks  | Compliant   |   |
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| Rule  | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks  | Compliant   |   |
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| Rule  | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks  | Compliant   |   |
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| Rule  | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks  | Compliant   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable   |
|   |   | Documenting Statement(s), If applicable   |
| Rule<br>5101:2-13-18 Attendance   | Status<br>Compliant   | Documenting Statement(s), If applicable   |
|   |   | Documenting Statement(s), If applicable   |
|   |   | Documenting Statement(s), If applicable   |
|   |   |   |
| 5101:2-13-18 Attendance<br>Rule   | Compliant   | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance   | Compliant   |   |
| 5101:2-13-18 Attendance<br>Rule   | Compliant   |   |
| 5101:2-13-18 Attendance<br>Rule   | Compliant   |   |
| 5101:2-13-18 Attendance<br>Rule   | Compliant   | Documenting Statement(s), If applicable   |
| 5101:2-13-18 Attendance Rule 5101:2-13-02 Change of Location Rule   | Compliant<br>Status<br>Compliant<br>Status  |   |
| 5101:2-13-18 Attendance           Rule           5101:2-13-02 Change of Location  | Compliant<br>Status<br>Compliant  | Documenting Statement(s), If applicable   |
| 5101:2-13-18 Attendance Rule 5101:2-13-02 Change of Location Rule   | Compliant<br>Status<br>Compliant<br>Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-18 Attendance Rule 5101:2-13-02 Change of Location Rule   | Compliant<br>Status<br>Compliant<br>Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-18 Attendance Rule 5101:2-13-02 Change of Location Rule   | Compliant<br>Status<br>Compliant<br>Status  | Documenting Statement(s), If applicable Documenting Statement(s), If applicable         |
| 5101:2-13-18 Attendance          Rule         5101:2-13-02 Change of Location         Rule         5101:2-13-07 Provider Requirements         Rule                                | Compliant Status Compliant Status Compliant Status Compliant Status Status Status | Documenting Statement(s), If applicable   |
| 5101:2-13-18 Attendance         Rule         5101:2-13-02 Change of Location         Rule         5101:2-13-07 Provider Requirements         Rule         5101:2-13-03 Inspection | Compliant Status Compliant Status Compliant Status Compliant                      | Documenting Statement(s), If applicable Documenting Statement(s), If applicable         |
| 5101:2-13-18 Attendance         Rule         5101:2-13-02 Change of Location         Rule         5101:2-13-07 Provider Requirements         Rule                                 | Compliant Status Compliant Status Compliant Status Compliant Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable         |

