



Family Child Care Complaint Inspection Summary Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <http://jfs.ohio.gov/CDC/childcare.stm>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

Program Details		
Program Name BROWN BEAR CHILDCARE	Program Number 000000307349	Program Type FCC - Type A Home
Address 5674 GARFIELD AVE MAPLE HTS OH 44137		County CUYAHOGA

Inspection Information			
Inspection Type Complaint		Inspection Scope Partial	Inspection Notice Unannounced
Reviewer(s) Anju Abdullah	Inspection Day 09/05/2023	Begin Time 9:43 AM	End Time 11:09 AM

Summary of Findings				
No. Rules Verified 6	No. Rules with Non-compliances 4	No. Serious Risk 1	No. Moderate Risk 1	No. Low Risk 3

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Ladawn Mallory	Mixed Age Group	1 to 4	Another child came to the program during the inspection and the CCSM came to the program during the inspection



Complaint Allegations

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.

No Allegations were substantiated during this inspection.

Summary of Additional Non-Compliances

Serious Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-19 Supervision

Code: The program staff is required to notify the local public children's service agency of any suspicion that a child had been abused or neglected.

Findings: During the inspection, it was determined that child care staff failed to immediately notify their local Public Children's Services Agency of suspicions that a child in care had been abused or neglected. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/25/2023

Moderate Risk Non-Compliances

Domain: 01 Ratio & Supervision



Rule: 5101:2-13-19 Supervision

Code: The program is required to supervise children.

Findings: During the inspection, it was determined that children were left unattended and not supervised, in that an infant was left alone in the house and not/within sight or hearing. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/09/2023

Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 1 below:

1. No attendance record was being maintained.
2. The attendance record was not being consistently completed.
3. The record did not include the name of at least one child.
4. The record did not include the birth date of at least one child.
5. The record did not include the assigned group.
6. The record did not include the child's weekly schedule.
7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
8. The original attendance record was not kept at the program for a period of one year.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/09/2023

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Outdoor Space

Code: The program is required to have an outdoor play space free from immediate risk.

Findings: During the inspection, it was determined that an outdoor play area was used which was not protected from traffic and other hazards by a fence in good repair, or other barrier. Although the fence or natural barrier was not meeting the rule requirements, it was determined to not present an immediate risk for a child to be able to leave the playground. The fence or gate was not in good repair and/or being used inappropriately as noted in number(s) 12 below:

1. The fencing had missing slat boards.
2. The fencing was broken.



3. The fencing was loose.
4. The fencing was rotting.
5. The gate was broken and did not close.
6. The gate was locked.
7. The latch on the gate was broken.
8. The latch was easily opened by children on the playground.
9. The latch was not engaged to prevent children from opening the gate.
10. The gate had no latch.
11. There were bolts with more than two threads exposed along a fence line or gate on a playground.
12. Other: The gate was left open while children were playing outside in the yard.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/09/2023

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Incident/Injury

Code: The program is required to report serious incidents to the department.

Findings: During the inspection, it was determined that a Serious Incident was not reported in the Ohio Child Licensing and Quality System (OCLQS), as required, by the provider for an incident(s) as listed in number(s) 3 below:

1. An incident, injury or illness that required professional medical consultation or treatment.
2. An unusual or unexpected incident which jeopardizes the safety of a child, resident, child care staff member or employee of the program.
3. An incident defined as a serious risk non-compliance in appendix A to rule 5101:2-12-03 of the Administrative Code.
4. The program did not submit the report in OCLQS by the next business day as required by rule.

Submit the program's corrective action plan, which includes a statement that the program administrator or designee has completed the Serious Incident Report in OCLQS, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/09/2023