



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://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 GORDON, FELICIA F | Program Number 000000913373057 | Program Type FCC - Type B Home |
| Address 686 CEDAR RIDGE PL MANSFIELD OH 44903 | | County RICHLAND |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Compliance | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 08/13/2024 | Begin Time 9:35 AM | End Time 11:00 AM |
| Reviewer: Tracy Trammell | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 68 | No. Rules with Non-compliances 8 | No. Serious Risk 0 | No. Moderate Risk 1 | No. Low Risk 8 |

| 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 | | 1 | 0 | 1 |
| Total Under 2 Years | 3 | 2 | 0 | 2 |
| Older Toddler | | 2 | 0 | 2 |
| Preschool | | 2 | 0 | 2 |
| School Age | | 1 | 0 | 1 |
| Total Capacity/Enrollment | 6 | 5 | 0 | 7 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| MIXED AGE GROUP | | 1 to 2 | |



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

[Empty box for serious risk non-compliances]

[Empty box for serious risk non-compliances]

Moderate Risk Non-Compliances

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Fall Zone

Code: The program is required to have an adequate fall surface on the outdoor playground.

Findings: During the inspection, it was determined that the playground did not have adequate fall surface under and around equipment as noted in the following number(s) 1 below:

- 1. No fall surface
- 2. Adequate fall surface to soften the impact of a fall
- 3. Other []

Any equipment designed for climbing, swinging, bouncing, or sliding needs a fall zone of protective material resilient under and around the equipment in order to protect children in the event of a fall. Submit the program’s corrective action plan, which includes written verification of the discontinued use of this equipment until corrections are made along with a description of the resilient material added, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/12/2024



Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Clean environment and equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number(s) 4 below, were in the restroom:

1. There was no liquid soap.
2. There was no toilet tissue.
3. There were no individually assigned towels or disposable towels.
4. The toilet cleaning brush was accessible to the children.
5. The plunger was accessible to the children.
6. The toilet was not flushed.
7. The trash was not emptied from the day before.
8. There was a strong urine odor.
9. Other [].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/12/2024

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Preparedness and Response Plan

Code: The program is required to have a completed emergency preparedness and response plan.

Findings: During the inspection, it was determined the program's written emergency preparedness and response plan did not meet the requirement or was missing the information in number(s) 4 AND 7 below:

Procedures:

1. The written emergency and preparedness and response plan had not been completed
2. The plan was not provided to all child care staff and employees
3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism including a designated safe site where staff and children can safely remain when evacuated
5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats including a designated safe site where staff and children can safely remain when evacuated
6. Outbreaks, epidemics or other infectious disease emergencies
7. Loss of power, water, or heat
8. Other threatening situations that may pose a health or safety hazard to the children in the program



Details:

9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
10. Assisting infants, toddlers and children with special needs and/or health conditions
11. Emergency contact information for parents and the program
12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
13. Procedures for communicating with parents during loss of communications, no phone or internet service available
14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
16. Making the plan available to all child care staff members and employees
17. Training of staff or reassignment of staff duties as appropriate
18. Updating the plan on a yearly basis
19. Contact with local emergency management officials
20. The plan was unable to be implemented in that, [].

Submit the program's corrective action plan, which includes the missing information, if applicable, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/12/2024

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number(s) 3 below:

1. Monthly fire drills
2. Monthly weather emergency drills (March through September)
3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 09/12/2024

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.



Findings: During the inspection, it was determined that the program did not have a first aid kit onsite as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number(s) 1,7,8, AND13 below:

1. One roll of first-aid tape;
2. Individually wrapped sterile gauze; squares in assorted sizes;
3. Sterile adhesive bandages in assorted sizes;
4. Tweezers;
5. Gauze rolled bandage;
6. Triangular bandage;
7. Rounded end scissors;
8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
9. A working digital thermometer;
10. Disposable non-latex gloves;
11. A working flashlight;
12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
15. Soap or waterless sanitizer (field trip or transporting away from the program only);
16. Bottled water (field trip or transporting away from the program only).

Correct the violation and submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/12/2024

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in number(s) 10 AND 14 below:

1. First Aid - expired training
2. First Aid - did not have verification of completion of First Aid training
3. First Aid - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
4. CPR - expired training
5. CPR - had not taken CPR training



6. CPR - did not have verification of the completion of CPR training
7. CPR - training taken did not include all age groups the program serves and developmental levels of all children in care
8. CPR - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
9. CPR - audiovisual or electronic media training taken by staff did not include an in-person component of the training
10. Communicable Disease - expired training
11. Communicable Disease - had not taken CD training
12. Communicable Disease - did not have verification of the completion of the CD training
13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
14. Child Abuse - expired training
15. Child Abuse - had not taken Child Abuse training
16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/12/2024

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not obtain or maintain the required liability insurance. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/12/2024

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 5 AND 6 below:



1. No enrollment form was completed for at least one child
2. The current JFS 01234 was not completed for at least one child
3. Complete child information
4. Complete parent information
5. Complete emergency contact information
6. Complete physician information
7. Information regarding the parent list
8. Health information
9. Additional information for all boxes checked "yes"
10. Emergency transportation information
11. Parent/guardian's signature
12. Diapering Statement
13. Acknowledgement of Policies and Procedures
14. Enrollment form for at least one child was not updated by either the parent or the administrator
15. Enrollment form for at least one child was not signed by the administrator
16. Other []

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

Corrective Action Plan Due: 09/12/2024

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file for each child.

Findings: In review of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant (PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule



10. Medical(s) were missing a statement from the child’s parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
11. Other []

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

Corrective Action Plan Due: 09/12/2024

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-02 License Visible | Compliant | |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
| 5101:2-13-02 Change of Location | Compliant | |
| 5101:2-13-02 Information in OCLQS | Compliant | |
| 5101:2-13-02 Provider Medical | Compliant | |
| 5101:2-13-03 Inspection Requirements | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-04 Building Requirements for Type B Homes | Compliant | |
| 5101:2-13-04 Fire Safety for Type B Homes | Compliant | |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant | |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
| 5101:2-13-07 Staff Records | Compliant | |
| 5101:2-13-07 Type B Provider - Foster Parent | Compliant | |
| 5101:2-13-08 Employee Requirements | Compliant | |
| 5101:2-13-08 Whistle Blower | Compliant | |
| 5101:2-13-09 Background Checks | Compliant | |
| 5101:2-13-10 Professional Development | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-11 Outdoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
| 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 | |
| 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 and Confidentiality | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| 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 |
| 5101:2-13-18 Attendance | Compliant | |
| 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 | |
| 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 Requirements | Compliant | |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| 5101:2-13-22 Fluid Milk | Compliant | |
| 5101:2-13-22 Food Handling | Compliant | |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | |
| 5101:2-13-23 Diapering | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
| 5101:2-13-25 Medication Requirements | Compliant | |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| 5101:2-13 Written Policies and Procedures | Compliant | |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant | |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
| 5101:2-13-11 Indoor Space | Compliant | |
| 5101:2-13-17 Programming | Compliant | |
| 5101:2-13-24 On-site Pools | Compliant | |
| 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 Equipment | Compliant | |