

## 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>COLEMAN, STACEY                     | Program Number<br>000000925191900 | Program Type<br>FCC - Type B Home |
| Address<br>54 LABELLE<br><br>YOUNGSTOWN<br>OH 44507 | County<br>MAHONING                |                                   |

| Inspection Information        |                                     |                          |                        |                                |
|-------------------------------|-------------------------------------|--------------------------|------------------------|--------------------------------|
| Inspection Type<br>Compliance |                                     | Inspection Scope<br>Full |                        | Inspection Notice<br>Announced |
| Inspection Date<br>02/05/2025 |                                     | Begin Time<br>1:15 PM    |                        | End Time<br>2:30 PM            |
| Reviewer:<br>Amber Rios       |                                     |                          |                        |                                |
| Summary of Findings           |                                     |                          |                        |                                |
| No. Rules Verified<br>69      | 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)                                 | 3                | 2          | 0         | 2     |
| Young Toddler                                             |                  | 1          | 0         | 1     |
| <b>Total Under 2 Years</b>                                |                  | 3          | 0         | 3     |
| Older Toddler                                             | 3                | 1          | 0         | 1     |
| Preschool                                                 |                  | 1          | 0         | 1     |
| School Age                                                |                  | 1          | 0         | 1     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 3          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| Stacey Coleman                               | 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**

#### Moderate Risk Non-Compliances

**No Moderate Risk Non-Compliances were observed during this inspection**

#### Low Risk Non-Compliances

**Domain: 02 Safe & Sanitary Environment**

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well being as noted in the following number 1 below:

1. Surge protectors/outlets did not have childproof receptacle covers.
2. Open pull cords that are not closed loop.
3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
5. Stacked chairs.
6. Telephone cords.
7. Employee(s) purse(s).
8. Diaper bags.
9. Television not securely anchored.
10. Small or lightweight pieces of shelving units are not securely anchored to the wall.
11. Staff member stepped over a barrier/gate while holding a child.
12. Chipping or peeling paint.
13. An area rug did not have a nonskid backing.
14. An area rug presented a tripping hazard.
15. A floor surface was unsafe in that [ ].
16. No platform was provided for the sink or toilet.
17. The platform provided for the sink or toilet was not sturdy.
18. The platform provided for the sink or toilet posed a safety hazard in that [ ].
19. Emergency exits were blocked by the following furniture in that [ ].
20. A mercury thermometer was being used to take a child's temperature.
21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
22. Other [ ].

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

Corrective Action Plan Due: 03/08/2025

### 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     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-02 Change of Location                                   | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-02 Information in OCLQS                                 | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-02 Provider Medical                                     | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-03 Inspection Requirements                              | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Building Requirements for Type B Homes               | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Fire Safety for Type B Homes                         | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Heaters in a Type B Home                             | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Staff Records                                        | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Provider Responsibilities                            | Compliant     |                                                |

|                                              |               |                                                |
|----------------------------------------------|---------------|------------------------------------------------|
|                                              |               |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13 Written Policies and Procedures    | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Type B Provider - Foster Parent | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Employee Requirements           | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Child Care Staff Requirements   | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Whistle Blower                  | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-09 Background Checks               | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-10 Health Training                 | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-10 Professional Development        | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Indoor Space                    | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Outdoor 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 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 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 |                                         |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Smoke Free | Compliant |                                         |

| Rule                                              | Status    | Documenting Statement(s), If applicable |
|---------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Child Medical and Enrollment Records | Compliant |                                         |

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

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

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|-----------------------------------------|
|------|--------|-----------------------------------------|

|                                                                |               |                                                |
|----------------------------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-14 Requirements for Field and Routine Trips          | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 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 Driver Requirements                               | 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> |
| 5180:2-13-14 Vehicle Requirements                              | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Health Conditions                                 | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Child Records Retention and Confidentiality       | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan       | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Emergency Drills                                  | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 First Aid Kit/Standard Precautions                | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Communicable Diseases                             | Compliant     |                                                |

|                                                       |               |                                                |
|-------------------------------------------------------|---------------|------------------------------------------------|
|                                                       |               |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Incident/Injury                          | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Emergency Preparedness and Response Plan | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-17 Programming                              | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-17 Materials and Equipment                  | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Group Size and Ratios                    | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Attendance                               | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Supervision                              | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 School Age Supervision                   | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Evening and Overnight Care               | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Sleep and Nap Requirements               | 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 Crib and Playpen Requirements      | 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 Food Handling                      | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk                         | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Daily Care                  | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering                          | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools                      | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites                     | Compliant |                                         |

| Rule                                        | Status    | Documenting Statement(s), If applicable |
|---------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-24 Parent Permission for Swimming | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication Requirements        | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-14-06 Health Conditions              | Compliant |                                         |