

# 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      |
| BURGAN, LAVONNE D | 00000964187390 | FCC - Type B Home |
| Address           |                | County            |
| 1003 49TH ST NW   |                | STARK             |
|                   |                |                   |
| CANTON            |                |                   |
| ОН 44709          |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Se                  | соре             | Inspection Notice |              |
| Compliance             | Full                           |                  | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 09/20/2022             | 10:00 AM                       |                  | 11:05 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Raquel Borsellino      |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 6                              | 0                | 2                 | 5            |

| 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   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 5          | 0         | 5     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 7          | 0         | 8     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Lavonne B                                    | Mixed Age Group | 2 to 6         |         |



#### **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**

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 1 below:

1. No fall surface under or around slide and teeter-totter in yard

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: 10/04/2022

Domain: 09 Children's Files

Rule: 5101:2-13-15 Health Conditions



Code: The program is required to have a completed JFS 01236 "Medical/Physical Care Plan" on file for each health condition for each child.

Findings: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 1 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Symptoms to watch for were missing.
- 6. Action to be taken if symptoms to occur were missing.
- 7. Activities/foods/environmental conditions to avoid, if applicable, were missing.
- 8. Medical procedures to be followed were missing.
- 9. Expected benefit was missing.
- 10. Name of any applicable medication was missing.
- 11. Instructions regarding emergency evacuation, if applicable, were missing.
- 12. Training instructions were missing.
- 13. Dated signature of parent or certified professional who trained the program staff was missing.
- 14. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 15. Directions regarding additional services, if applicable, were missing.
- 16. Dated signature of parent giving permission to perform the procedure was missing.
- 17. Dated signature of program administrator was missing.
- 18. The plan was not implemented.
- 19. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236 "Child Medical/Physical Care Plan for Child Care", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/20/2022

#### Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-13-03 Inspection Requirements



#### Code: The program is required to respond to all non-compliances by the date noted in the inspection report.

Findings: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 03/02/2022. The rule requires the program complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/04/2022

#### Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in numbers 1 & 7 below:

1. The plan was not posted on each level of the home used for child care.

2. The name, address and telephone number of the program were not complete.

3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.

4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.

5. Location of children's records was not complete.

6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.

7. The current version of the prescribed form was not used.

8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 10/04/2022

#### Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: The program is required to safely store food.



Findings: During this inspection, it was determined that food was not stored in a safe manner in that the refrigerator did not maintain a temperature of 40 degrees Fahrenheit or below. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 10/04/2022

## 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 numbers 2, 10 & 12 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: 10/20/2022

**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 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 2 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: 10/20/2022

# 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 |



| Status    | Documenting Statement(s), If applicable  |
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| 5101:2-13-09 Background Checks     | Compliant           |   |
|------------------------------------|---------------------|---|
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training       | Compliant           |   |
|                                    |                     |   |
| Rule                               | Status              | Decumenting (tatement(c) If applicable  |
| 5101:2-13-10 Professional          | Status<br>Compliant | Documenting Statement(s), If applicable |
| 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 Clean environment and | Compliant           |   |
| equipment                          |                     |   |
| Dula                               | Chabus              |   |
| Rule<br>5101:2-13-13 Handwashing   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-15 Handwashing           | Compliant           |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free            | Compliant           |   |
|                                    |                     |   |
|                                    | 1                   |   |
| 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  | Compliant |   |
| and Routine Trips                    |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
| Dula                                 | Chatura   | Decumenting States and A. If any light    |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
| Dula                                 | Chature   | Descurrentian Chatemant(a) If emplicately |
| 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 Emergency Drills        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|                                      |           |   |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |   |
| Precautions                          |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|                                      |           | Documenting statement(s), if applicable   |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|                                      |           | Documenting statement(s), if applicable   |
| 5101:2-13-16 Incident/Injury         | Compliant |   |
|                                      | 1         |   |



| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Dula                                | Chatura   |   |
| 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 |   |
| S101.2-13-19 Clilla Galdance        | Compliant |   |
|                                     |           |   |
| <u></u>                             |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| 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                                |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |
|                                     |           |   |
|                                     | -         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 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                            |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering                 | Compliant |  |
|  |           |  |
|  |           |  |
| Dula                                   | Chatura   |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant |  |
| Swimming                               |           |  |
|  |           |  |
| Dula                                   | Chature   | Descus entire Statement(s) If enalizable |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                | Compliant |  |
| Requirements                           |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  | Compliant | Documenting statement(s), if applicable  |
| 5101:2-13-07 Provider Responsibilities | Compliant |  |
|  |           |  |
| L                                      | I         | I  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant |  |
|  | Compliant |  |
|  |           |  |
| L                                      | 1         | I  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and         | Compliant |  |
| Procedures                             |           |  |
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| L                                      | 1         | I  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Carbon Monoxide           | Compliant |  |
|  |           |  |
| Detectors - Type B Only                |           |  |
| L                                      | 1         | I  |
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| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-11 Indoor Space   | 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 |   |
| 5101.2-13-24 OII-Site F0015 | Compliant |   |
|                             |           |   |
|                             |           |   |
| 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 |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |