



## 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<br>AUSTIN, ANTOINETTE                        | Program Number<br>000000912872935 | Program Type<br>FCC - Type B Home |
| Address<br>169 WASHINGTON AVE.<br><br>RAVENNA<br>OH 44266 |                                   | County<br>PORTAGE                 |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>08/31/2021 | Begin Time<br>9:40 AM    | End Time<br>12:30 PM             |
| Reviewer:<br>Diane Rogers     |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>78 | No. Rules with Non-compliances<br>4 | No. Serious Risk<br>0 | No. Moderate Risk<br>1 | No. Low Risk<br>3 |

| 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   | 6                | 0          | 1         | 1     |
| Preschool   |                  | 0          | 2         | 2     |
| School Age  |                  | 1          | 5         | 6     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 1          | 8         | 12    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Antoinette A                                 | 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

**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" must be on file for any child having health conditions which require monitoring for symptoms or a medical procedure be performed 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", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/01/2021

### Low Risk Non-Compliances

#### Domain: 00 License & Approvals

Rule: 5101:2-13-03 Inspection Requirements

Code: The program is required to address all non-compliances documented on the licensing inspection report.

Findings: During the inspection, it was determined the program had not fully responded to the non-compliances addressed in the inspection report dated March 18, 2021. The rule requires that the program provide materials to correct 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: 10/01/2021

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information'

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 13 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 parent information
4. Complete emergency contact information
5. Complete physician information
6. Information regarding the parent list



7. Health information
  8. Additional information for all boxes checked "yes"
  9. Emergency transportation information
  10. Parent/guardian's signature
  11. Diapering Statement
  12. Acknowledgement of Policies and Procedures
  13. Enrollment form for at least one child was not updated by either the parent or the administrator
  14. Enrollment form for at least one child was not signed by the administrator
  15. Other [ ]
- Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/01/2021

**Domain: 09 Children's Files**

Rule: 5101:2-13-15 Child's Medical

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. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
6. 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
7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
8. 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
9. 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
10. Other [ ]

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

Corrective Action Plan Due: 10/01/2021



**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 Care | Compliant |   |

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-02 License Posted | Compliant |   |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-13-23 Infant Daily Care | Compliant |   |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-13-10 Health Training B | Compliant |   |

| 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 |   |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-07 Provider Requirements | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-11 Indoor Space                                       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements                      | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and Combustible Materials in Type B Home | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and Lotions                       | Compliant |   |
| Rule  | Status    | 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 Homes                       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming                     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |



|   |               |  |
|---|---------------|--|
| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Smoke Free   | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-08 Employee Requirements  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Standard Precautions   | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Vehicle Inspections  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-08 Review Policies and Procedures   | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-02 Voluntary Temporary Closure  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Fluid Milk   | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Crib and Playpen Requirements  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Vehicle Requirements   | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Fall Zone  | Compliant     |  |



| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-13-08 Staff Records     | Compliant |   |
| 5101:2-13-16 Incident/Injury   | Compliant |   |
| 5101:2-13-23 Diapering         | Compliant |   |
| 5101:2-13-12 Pets              | Compliant |   |
| 5101:2-13-24 Swimming Sites    | Compliant |   |
| 5101:2-13-22 Food Handling     | Compliant |   |
| 5101:2-13-12 Safe Environment  | Compliant |   |
| 5101:2-13-11 Outdoor Equipment | Compliant |   |
| 5101:2-13-19 Child Guidance    | Compliant |   |
| 5101:2-13-16 First Aid Kit     | Compliant |   |





| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-04 Heaters in a Type B Home                            | 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 |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage                                  | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision                              | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster Parent                     | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food Preparation                  | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                                       | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and Equipment                             | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision   | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-13 Clean Environment and Equipment          | Compliant |   |
| 5101:2-13-16 Communicable Diseases                    | Compliant |   |
| 5101:2-13-21 Sanitary Environment and Hygiene         | Compliant |   |
| 5101:2-13-25 Medication Requirements                  | Compliant |   |
| 5101:2-13-02 Information in Provider Portal           | Compliant |   |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant |   |
| 5101:2-13-08 Whistle Blower                           | Compliant |   |
| 5101:2-13-16 Serious Incident                         | Compliant |   |
| 5101:2-13-10 Professional Development                 | Compliant |   |
| 5101:2-13-20 Use of Crib and Playpen                  | Compliant |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-22 Meals and Snacks        | Compliant |   |
| 5101:2-13-08 Substitute Requirements | Compliant |   |
| 5101:2-13-08 Substitute Requirements | Compliant |   |
| 5101:2-13-02 Information in OCLQS    | Compliant |   |
| 5101:2-13-11 Outdoor Space           | Compliant |   |
| 5101:2-13-02 Provider Medical        | Compliant |   |
| 5101:2-13-09 Background Checks       | Compliant |   |
| 5101:2-13-09 Background Checks       | Compliant |   |
| 5101:2-13-09 Background Checks       | Compliant |   |
| 5101:2-13-09 Background Checks       | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |



|                                    |               |  |
|------------------------------------|---------------|--|
| 5101:2-13-18 Attendance            | Compliant     |  |
| <b>Rule</b>                        | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-02 Change of Location    | Compliant     |  |
| <b>Rule</b>                        | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-07 Provider Requirements | Compliant     |  |