

## 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>CAMERON, ELLEENA                         | Program Number<br>00000909340034 | Program Type<br>FCC - Type B Home |
| Address<br>1195 YORKWOOD RD<br><br>MANSFIELD<br>OH 44907 |                                  | County<br>RICHLAND                |

| Inspection Information        |                          |                                |
|-------------------------------|--------------------------|--------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Announced |
| Inspection Date<br>04/20/2026 | Begin Time<br>7:00 PM    | End Time<br>7:35 PM            |
| Reviewer:<br>Tracy Trammell   |                          |                                |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>68 | No. Rules with Non-compliances<br>2 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | 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)                                 |                  | 1          | 1         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| <b>Total Under 2 Years</b>                                | 3                | 1          | 1         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 2          | 1         | 3     |
| School Age  |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 2          | 1         | 5     |

| Staff-Child Ratios at the Time of Inspection |                 |                |                   |
|--|-----------------|----------------|-------------------|
| Group  | Age Group/Range | Ratio Observed | Comment           |
| MIXED AGE GROUP                              | Mixed Age Group | 1 to 3         | FREE PLAY-7:00 PM |

### 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: 00 License & Approvals**

Rule: 5180:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.

Findings: During the inspection, it was determined the information in number(s) 5 below was not up to date in the Ohio Child Care Licensing and Quality System:

1. Mailing Address;
2. Telephone Number;
3. Email Address;
4. Days and Hours of Operation;
5. Services Offered;
6. Name of Program, If applicable.
7. Private pay rates.

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

Corrective Action Plan Due: 05/21/2026

**Domain: 09 Children's Files**

Rule: 5180:2-13-15 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) 10 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: 05/21/2026

**Domain: 09 Children's Files**

Rule: 5180:2-13-15 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(s) 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: 05/21/2026

**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 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     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 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 Safe Environment                         | 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 |
| 5180:2-13-13 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 |   |

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

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-16 Emergency Preparedness and Response Plan | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming                              | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and Equipment                  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios                    | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance                               | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision                              | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision                   | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight Care               | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 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 |   |
| 5180:2-13-21 Sanitary Environment and Hygiene   | Compliant |   |
| 5180:2-13-22 Meals and Snacks                   | Compliant |   |
| 5180:2-13-22 Food Handling                      | Compliant |   |
| 5180:2-13-22 Fluid Milk                         | Compliant |   |
| 5180:2-13-23 Infant Daily Care                  | Compliant |   |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant |   |
| 5180:2-13-23 Diapering                          | Compliant |   |
| 5180:2-13-24 On-site Pools                      | Compliant |   |
| 5180:2-13-24 Swimming Sites                     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |

|   |               |  |
|---|---------------|--|
| 5180:2-13-24 Parent Permission for Swimming | Compliant     |  |
| <b>Rule</b>                                 | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-25 Medication Requirements        | Compliant     |  |