

# 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      |
| YEAGER-JACKSON, STACY M | 00000914333874  | FCC - Type B Home |
| Address                 |                 | County            |
| 1569 TIMBERIDGE DR      |                 | SHELBY            |
|                         |                 |                   |
| SIDNEY                  |                 |                   |
| OH 45365                |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | соре               | Inspection Notice |              |
| Compliance         | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 08/25/2023         | 8:50 AM                        |                    | 11:25 AM          |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 08/30/2023         | 6:56 PM                        |                    | 7:18 PM           |              |
| Reviewer:          |                                |                    |                   |              |
| Shelley Hagan      |                                |                    |                   |              |
| Reviewer:          |                                |                    |                   |              |
| Shelley Hagan      |                                |                    |                   |              |
|                    | Sui                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 68                 | 2                              | 0                  | 0                 | 2            |

| Lic                       | ense Capacity and | d Enrollment a | at the Time of I | nspection |
|---------------------------|-------------------|----------------|------------------|-----------|
| Age Group                 | License Capacity  | Enrollment     |                  |           |
|                           | Totals            | Full Time      | Part Time        | Total     |
| Infant ( Birth to < 18 m) |                   | 0              | 2                | 2         |
| Young Toddler             |                   | 1              | 2                | 3         |
| Total Under 2 Years       | 3                 | 1              | 4                | 5         |
| Older Toddler             |                   | 0              | 0                | 0         |
| Preschool                 |                   | 0              | 5                | 5         |
| School Age                |                   | 0              | 4                | 4         |
| Total Capacity/Enrollment | 6                 | 0              | 9                | 14        |

| St      | taff-Child Ratios at the Time of Ins | pection        |         |
|---------|--------------------------------------|----------------|---------|
| Group   | Age Group/Range                      | Ratio Observed | Comment |
| Group 1 | Mixed Age Group                      | 1 to 1         |         |



| Group 1 1 to 1 | Group 1 | 1 to 1 |  |
|----------------|---------|--------|--|
|----------------|---------|--------|--|



#### **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: 07 Diapering & Infant Care

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program is required to retain and update infant feeding instructions.



Findings: During the inspection, it was determined that written instructions for feeding an infant noted on the Children Record Review form were not on file, as required by this rule. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/30/2023

## 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 statement was not on file, as required, for child 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 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: 09/30/2023



| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-02 License Visible        | Compliant |   |
|                                     | 3         |   |
|                                     |           |   |
|                                     | 1.        |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     | Compliant |   |
| 5101:2-13-02 Voluntary Temporary    | Compliant |   |
| Closure                             |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           | · · · · · · · · · · · · · · · · · · ·   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS   | Compliant |   |
|                                     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| - 1                                 | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection             | Compliant |   |
| Requirements                        | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| D                                   |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant |   |
| for Type B Homes                    |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant |   |
| Homes                               |           |   |
|                                     |           |   |
| L                                   | <u> </u>  | 1                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting statement(s), it applicable |
| 5101:2-13-04 Flammable and          | Compliant |   |
| Combustible Materials in a Type B   |           |   |
| Home                                |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B    | Compliant |   |
|                                     |           |   |
| Home                                |           |   |



| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-07 Staff Records                             | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements                     | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff                          | Compliant |   |
| Requirements   |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                            | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Desumenting Statement(s) If emplicable  |
|  |           | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks                         | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training                           | Compliant | Documenting Statement(s), it applicable |
|  | Compliant |   |
|  |           |   |
| 2  | I.        |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional                              | Compliant |   |
| Development  |           |   |
|  |           |   |
|  | ÷         | *                                       |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                             | Compliant |   |
| land sedalah (1. 200 a.g. 201 Berlésserese) va balabad |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment                         | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                                 | 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                           | An deal transmission of the second states of |   |
| - Toli                              |  |   |
|                                     |  |   |
| 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                                    |   |
| 5101.2 15 15 5110 10 1100           |  |   |
|                                     |  |   |
|                                     | 2  |   |
| 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                                    | Documenting statement(3), if applicable |
| and Routine Trips                   | Compliant                                    |   |
|                                     |  |   |
|                                     |  |   |
| 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                                    | boound statement(s), it applicable      |
|                                     |  |   |
|                                     |  |   |
|                                     | 1<br>17                                      |   |
| Rule                                | Status                                       | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections    | Compliant                                    |   |
|                                     |  |   |
|                                     |  |   |
|                                     |  |   |



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|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           | 2                                       |
|                                      | -         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      | -         |   |
|                                      |           |   |
|                                      | 1         |   |
| D.L                                  | <b>C</b>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
| -                                    | *         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | bocumenting statement(s), it applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
| A stand                              | Compliant |   |
| Precautions                          |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury         | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| <u> </u>                             | 1         |   |
|                                      | -         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         | <u> </u>                                |
|                                      | <u></u>   |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| L                                    | 1         | 1                                       |
|                                      | <b>C</b>  |   |
| 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 |   |
| Bula                                       | Status    | Desumenting Statement(a) If applicable  |
| Rule<br>5101:2-13-19 Child Guidance        | 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<br>Requirements | Compliant |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen              | Compliant | boomenting statement(s), it applicable  |
| Requirements                               |           |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight         | Compliant |   |
| Care                                       | compilant |   |
| 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 Meals and Snacks              | Compliant |   |
|  |           |   |
| 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 | Documenting statement(s), it applicable |
| 5101:2-13-22 Food Handling                 | Compliant |   |
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| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care             | Compliant |   |



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| Rule                                   | Status                                | Documenting Statement(s), If applicable |
|--|---------------------------------------|---|
| 5101:2-13-23 Diapering                 | Compliant                             |   |
|  |                                       |   |
|  |                                       |   |
| Rule                                   | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant                             |   |
| Swimming                               |                                       |   |
|  |                                       |   |
| Rule                                   | Status                                | Decumenting Statement(s) If emplicable  |
| 5101:2-13-25 Medication                | Compliant                             | Documenting Statement(s), If applicable |
| Requirements                           | Compliant                             |   |
|  |                                       |   |
|  |                                       |   |
| Rule                                   | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant                             |   |
|  |                                       |   |
|  |                                       |   |
| Rule                                   | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant                             |   |
|  |                                       |   |
|  |                                       |   |
| Rule                                   | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and         | Compliant                             |   |
| Procedures                             |                                       |   |
|  |                                       |   |
| <b>•</b> 10 <b>1</b>                   |                                       |   |
| Rule                                   | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide           | Compliant                             |   |
| Detectors - Type B Only                |                                       |   |
|  | L.                                    |   |
| 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                             |   |
|  | ananarana argang Papasi Sapagang arga |   |
|  |                                       |   |
|  |                                       |   |
| Rule                                   | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                      | Compliant                             |   |

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| ule                                | Status              | Documenting Statement(s), If applicable |
|------------------------------------|---------------------|---|
| 101:2-13-24 Swimming Sites         | Compliant           |   |
|                                    |                     |   |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-17 Materials and | Status<br>Compliant | Documenting Statement(s), If applicable |