

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 | Program Number | Program Type |
| TURNER, SHAUNA-RENEE | 00000938930237 | FCC - Type B Home |
| Address | | County |
| 4068 EAST 151 STREET | | CUYAHOGA |
| | | |
| CLEVELAND | | |
| OH 44128 | | |

| | Insp | ection Information | | |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 08/16/2022 | 12:22 PM | | 2:48 PM | |
| Reviewer: | | | | |
| Susan Whatley | | | | |
| | Sui | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 1 | 0 | 0 | 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) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 8 | 0 | 8 |
| Total Capacity/Enrollment | 6 | 9 | 0 | 9 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|---------------------------|----------------|-------------------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Shauna Renee Turner | 5 years to < Kindergarten | 1 to 1 | One child in care |
| | | | at the time of |
| | | | inspection |



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

No Moderate Risk Non-Compliances were observed during this inspection

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 03/11/2022. 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.

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-02 License Visible | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-04 Flammable and | Compliant | |
| Combustible Materials in a Type B | | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
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| Dula | Chatura | Descriptions (testamonst/s) if somelissible |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
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| Rule | Status | Documenting Statement(c) If applicable |
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| 5101:2-13-11 Outdoor Space | Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | |
| equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Status Compliant | Documenting Statement(s), If applicable |
| Rule | | Documenting Statement(s), If applicable |
| Rule | | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing | Compliant | |
| Rule 5101:2-13-13 Handwashing Rule | Compliant Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing | Compliant | |
| Rule 5101:2-13-13 Handwashing Rule | Compliant Status | |
| Rule 5101:2-13-13 Handwashing Rule | Compliant Status | |
| Rule 5101:2-13-13 Handwashing Rule | Compliant Status Compliant Status | |
| Rule 5101:2-13-13 Handwashing Rule 5101:2-13-13 Smoke Free | Compliant Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing Rule 5101:2-13-13 Smoke Free Rule | Compliant Status Compliant Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing Rule 5101:2-13-13 Smoke Free Rule | Compliant Status Compliant Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing Rule 5101:2-13-13 Smoke Free Rule 5101:2-13-13 Toothbrushing | Compliant Status Compliant Status Compliant Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing Rule 5101:2-13-13 Smoke Free Rule 5101:2-13-13 Toothbrushing Rule Rule | Compliant Status Compliant Status Compliant Status Status Status Status Status Status Status Status Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing Rule 5101:2-13-13 Smoke Free Rule 5101:2-13-13 Toothbrushing Rule 5101:2-13-14 Requirements for Field | Compliant Status Compliant Status Compliant Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing Rule 5101:2-13-13 Smoke Free Rule 5101:2-13-13 Toothbrushing Rule Rule | Compliant Status Compliant Status Compliant Status Status Status Status Status Status Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing Rule 5101:2-13-13 Smoke Free Rule 5101:2-13-13 Toothbrushing Rule 5101:2-13-14 Requirements for Field | Compliant Status Compliant Status Compliant Status Status Status Status Status Status Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| | compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and | Compliant | |
| Enrollment Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | compliant | |
| and connactitaity | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
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| Rule 5101:2-13-16 Disaster Plan | Status | Documenting Statement(s), If applicable |
| 5101.2-13-16 Disaster Pidit | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | boounenting statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap Requirements | Compliant | |
| Rule | Status | Documenting Statement(c) If applies his |
| 5101:2-13-20 Crib and Playpen | Compliant | Documenting Statement(s), If applicable |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

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| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
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| Rule | Status | Documenting Statement(s), If 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 |
| | | Documenting statement(s), if applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
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| 101:2-13 Written Policies and | Compliant | |
| rocedures | compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | Compliant | |
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| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
| 5101.2 13 17 Hogi anning | Compliant | |
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| Dula | Ctatus | Decumonting Statement(-) If any list have |
| Rule 5101:2-13-24 On-site Pools | Status Compliant | Documenting Statement(s), If applicable |
| JIUI.2-13-24 OII-SILE POOIS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
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