

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 |
| SHAFFER, JEANNIE | 00000970816515 | FCC - Type B Home |
| Address | | County |
| 2554 BURLINGHAM DRIVE | | ASHTABULA |
| | | |
| ASHTABULA | | |
| OH 44004 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 12/20/2022 | 1:00 PM | | 3:30 PM | |
| Reviewer: | | | | |
| Christina Conley | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 3 | 0 | 0 | 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) | | 0 | 1 | 1 |
| Young Toddler | | 0 | 1 | 1 |
| Total Under 2 Years | 3 | 0 | 2 | 2 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 4 | 4 |
| School Age | | 0 | 3 | 3 |
| Total Capacity/Enrollment | 6 | 0 | 7 | 9 |

| Staff-Child Ratios at the Time of Inspection | | | |
|----------------------------------------------|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Jeannie Shaffer | | 1 to 0 | |



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: 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 number 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: 01/20/2023

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 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the most current JFS 01201 "Dental First Aid" was not completed/posted. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/20/2023

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.



Corrective Action Plan Due: 01/20/2023

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 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 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: 01/20/2023

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.



| П | Findings: In review of the children's records, it was determined that information had not been secured from the | Π |
|----|------------------------------------------------------------------------------------------------------------------------|---|
| | parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the | |
| | items in number 4 below: | |
| | | |
| | 1. No enrollment form was completed for at least one child | |
| | 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: 01/20/2023 | |
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Rules In-Compliance/Not Verified

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



| 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 |
| 5101:2-13-03 Inspection | Compliant | |
| Requirements | | |
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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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| Dula | Status | Desumenting Statement(s) If emplicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 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 |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | |
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| Rule | Status | Decumenting Statement(s) If applicable |
| | 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 | bocumenting statement(s), if applicable |
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| 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 | |
| S101.2 15 00 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 | compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
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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 Compliant | 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 |
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| 5101:2-13-13 Clean environment and | Compliant | bootimenting statement(s), if applicable |
| equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | compliant | |
| and Routine mps | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 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 | bocumenting statement(s), if applicable |
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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 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-19 School Age Supervision Compliant Rule Status Documenting Statement(s), If applicable | | | |
| 5101:2-13-19 School Age Supervision Compliant Rule Status Documenting Statement(s), If applicable | | | |
| Rule Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |
| | 5101:2-13-19 School Age Supervision | Compliant | |
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| 5101:2-13-19 Child Guidance Compliant | 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 | Rule | Status | Documenting Statement(s), If applicable |



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| 5101:2-13-20 Sleep and Nap Requirements | Compliant | |
|-----------------------------------------------|---------------------|-----------------------------------------|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| | | |
| 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 and Hygiene | Compliant | |
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| 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 | boourienting otacement(a)) in approable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | Documenting statement(s), if applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| Pulo | Status | Documenting Statement(c) If applicable |
| Rule 5101:2-13-23 Infant Bottle and Food | Status Compliant | Documenting Statement(s), If applicable |
| Preparation | compliant | |
| | | |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| Dula | Chatwa | |
| Rule | Status | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
|---------------------------------------------|---------------------|-----------------------------------------|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
| | | |
| Dulo | Ctatus | Decumenting Statement(s) If applicable |
| Rule 5101:2-13-11 Indoor Space | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-11 mubbl space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | 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 |
| Nule | Status | Documenting Statement(s), If applicable |



| 5101:2-13-17 Materials and Equipment | Compliant | |
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