

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 |
| ADAMS, CRYSTAL | 00000912608402 | FCC - Type B Home |
| Address | | County |
| 1355 DOUGLAS | | MAHONING |
| | | |
| YOUNGSTOWN | | |
| OH 44502 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 07/18/2022 | 9:01 AM | | 10:04 AM | |
| Reviewer: | | | | |
| Carla Coristin | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 2 | 0 | 0 | 2 |

| 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) | | 2 | 0 | 2 |
| Young Toddler | | 3 | 1 | 4 |
| Total Under 2 Years | 3 | 5 | 1 | 6 |
| Older Toddler | | 2 | 0 | 2 |
| Preschool | | 0 | 2 | 2 |
| School Age | | 10 | 7 | 17 |
| Total Capacity/Enrollment | 6 | 12 | 9 | 27 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Crystal Adams | 12 months to < 18 months | 1 to 1 | |



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: 06 Program Information

Rule: 5101:2-13-14 Vehicle Inspections

Code: The program is required to complete and document weekly vehicle inspections.

Findings: During the inspection, it was determined that the program had not performed weekly inspections of vehicles used for transporting children. The weekly inspection needs to include the following:



- 1. A visual inspection of the tires for wear and tire pressure;
- 2. A visual inspection of headlights, taillights, signals, mirrors, wiper blades, and dash gauges;
- 3. An inspection for properly functioning child and driver restraints;
- 4. An inspection for properly functioning doors and windows;
- 5. An inspection for, and cleaning of, debris from the inside of the vehicle;

6. Other [].

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

Corrective Action Plan Due: 08/17/2022

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in number ten below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer
- qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of CD training

13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training

16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 08/17/2022



Rules In-Compliance/Not Verified

| Status | Documenting Statement(s), If applicable |
|-----------|--|
| Compliant | |
| | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| | |
| | |
| | |
| _ | |
| Status | Documenting Statement(s), If applicable |
| | |
| | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| | bocumenting statement(s), it applicable |
| Compliant | |
| | |
| | |
| Status | Desumanting Statement(s) If any lisching |
| | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| | |
| | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| | |
| | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| | Compliant Status Compliant |



| 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 |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
| | | |
| | | |
| Dula | Chathar | $\mathbf{D}_{\mathbf{r}}$ |
| Rule 5101:2-13-08 Child Care Staff | Status | Documenting Statement(s), If applicable |
| | Compliant | |
| | | |
| Requirements | | |
| Requirements | | |
| 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 5101:2-13-08 Whistle Blower | Compliant | |
| Rule 5101:2-13-08 Whistle Blower | Compliant Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower | Compliant | |
| Rule 5101:2-13-08 Whistle Blower | Compliant Status | |
| Rule 5101:2-13-08 Whistle Blower | Compliant Status | |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks | Compliant Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks Rule | Compliant Status Compliant Status | |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks Rule 5101:2-13-10 Professional | Compliant Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks Rule | Compliant Status Compliant Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks Rule 5101:2-13-10 Professional | Compliant Status Compliant Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks Rule 5101:2-13-10 Professional Development Rule | Compliant Status Compliant Status Compliant Status Status Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks Rule 5101:2-13-10 Professional Development | Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks Rule 5101:2-13-10 Professional Development Rule | Compliant Status Compliant Status Compliant Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks Rule 5101:2-13-10 Professional Development Rule | Compliant Status Compliant Status Compliant Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower Rule 5101:2-13-09 Background Checks Rule 5101:2-13-10 Professional Development Rule | Compliant Status Compliant Status Compliant Status Status Status | Documenting Statement(s), If applicable 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 | |
| | F | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | Documenting statement(s), if applicable |
| equipment | Compliance | |
| | | |
| Dula | Chabus | Decumenting Statement(a) If emplicable |
| Rule 5101:2-13-13 Handwashing | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2 13 13 Handwashing | Compliant | |
| | | |
| Dula | Chature | |
| Rule 5101:2-13-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-13 SHOKE THEE | Compliant | |
| | | |
| | | |
| Rule 5101:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-15 Toothbrushing | Compliant | |
| | | |
| | | |
| Rule 5101:2-13-14 Requirements for Field | Status Compliant | Documenting Statement(s), If applicable |
| and Routine Trips | | |
| | | |
| | l - | |
| Rule | Status Compliant | 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 |
| 5101:2-13-14 Driver Requirements | Compliant | |



I

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| Dula | Status | Decumenting Statement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and Enrollment Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
| | 1 | · · · · · · · · · · · · · · · · · · · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
| Dul- | Chathar | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
| Rule | Status | Decumenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | 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 Attendance | Compliant | |
| | | |
| | | |
| | | |
| 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 | |
| | | |
| | | |
| | | |
| Rule | 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 | Compliant | |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
| | | |
| Dula | Chatwa | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
| | | |
| Bulo | Status | Documenting Statement(s) If anylischischischischischischischischischisch |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | | Documenting statement(s), it applicable |
| STOT'S-TS-55 LINIA MILIK | Compliant | |
| | | |
| | 1 | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-22 Food Handling | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| | | |
| | | |
| - | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Dula | Status | Decumonting Statement(s) If any list la |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | | Documenting statement(s), if applicable |
| | Compliant | |
| Swimming | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | | |
| | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
| 5101.2-15-07 FIOVIdel Responsibilities | Compliant | |
| | | |
| L | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
| Detectors - rype D Only | | |
| 1 | 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
| 5101.2-13-24 OII-Site F0015 | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| | | |
| | | |