

# 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      |
| BURNETTE, ROBINETTE     | 00000999091926 | FCC - Type B Home |
| Address                 |                | County            |
| 431 W. MIDLOTHIAN BLVD. |                | MAHONING          |
|                         |                |                   |
| YOUNGSTOWN              |                |                   |
| OH 44511                |                |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | соре             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 02/28/2022          | 9:00 AM                        |                  | 10:10 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   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 3          | 0         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 2          | 0         | 5     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Robinette Burnette                           | Mixed Age Group | 1 to 2         |         |



#### **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: 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(s) ten and fourteen 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 gualifications 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: 03/30/2022

### 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 one 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: 03/30/2022

## Rules In-Compliance/Not Verified

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-02 License Visible      | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Decumenting Statement(c) If applicable  |
|                                   |           | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   |           |   |
| 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 |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical     | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Decumenting Statement(c) If applicable  |
| Rule                              | Status    | Documenting Statement(s), If applicable |



| 5101:2-13-03 Inspection                         | Compliant           |  |
|---|---------------------|--|
| Requirements                                    |                     |  |
| 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           | boounching statement(s), it applicable   |
| Homes   |                     |  |
| Rule  | Status              | Decumenting Statement(c) If applicable   |
| 5101:2-13-04 Flammable and                      | Compliant           | Documenting Statement(s), If applicable  |
| Combustible Materials in a Type B<br>Home       | compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B<br>Home        | Compliant           |  |
| 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<br>Parent | 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<br>Requirements   | Compliant           |  |
|   |                     |  |
| Rule<br>5101:2-13-08 Whistle Blower             | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower                     | Compliant           |  |
| Dula  | Chakup              | Decumonting Statement (a) If any list is |
| Rule<br>5101:2-13-09 Background Checks          | Status<br>Compliant | Documenting Statement(s), If applicable  |
| STOTIS TO OD DAUKEI OUTIN CHECKS                |                     |  |



| 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           |  |
|                                    |                     |  |
|                                    |                     |  |
|                                    |                     |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment     | Compliant           |  |
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| Rule                               | Status<br>Compliant | 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           |  |
| S101.2-15-12 Sale Equipment        | Compliant           |  |
|                                    |                     |  |
|                                    |                     |  |
| 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                          |                     |  |
|                                    |                     |  |
|                                    |                     |  |
| 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  |
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| Rule                               |                     | Documenting Statement(s), If applicable  |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-16 Incident/Injury        | Compliant |   |
|                                     |           |   |
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|                                     |           |   |
| 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                                |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |



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| 5101:2-13 Written Policies and<br>Procedures            | Compliant           |   |
|---|---------------------|---|
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide<br>Detectors - Type B Only | Compliant           |   |
| Rule  | Chatura             |   |
|   | Status Compliant    | 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           |   |
| 5101.2-15-17 Programming                                | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools                              | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                                       | Compliant           |   |
| Pulo  | Status              | Decumenting Statement(c) If applicable  |
| Rule<br>5101:2-13-24 Swimming Sites                     | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-24 Swimming Sites                             | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and<br>Equipment                 | Compliant           |   |
|   | 1                   |   |