

## 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://ifs.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 Donata Pittman	Program Number 000000935314047	Program Type FCC - Type B Home
Address 736 E FOSTER-MAINEVILLE  MAINEVILLE OH 45039		County WARREN

Inspection Information				
Inspection Type Compliance	Inspection Scope Full	Inspection Notice Unannounced		
Inspection Date 12/04/2025	Begin Time 11:00 AM	End Time 4:11 PM		
Reviewer: Ruth Stilgenbauer				
Summary of Findings				
No. Rules Verified 68	No. Rules with Non-compliances 7	No. Serious Risk 0	No. Moderate Risk 3	No. Low Risk 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	0	0	0
Young Toddler		0	0	0	0
<b>Total Under 2 Years</b>	<b>3</b>	0	0	0	0
Older Toddler		0	0	0	0
Preschool		0	0	0	0
School Age		4	0	0	4
<b>Total Capacity/Enrollment</b>	<b>6</b>	4	0	0	4

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Donata Pittman	Mixed Age Group	1 to 0	Currently has no children active this week. only one enrolled and he lost pfcc and is reapplying.



Department of  
Children & Youth

### 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

**Domain: 04 Indoor/Outdoor Space**

Rule: 5180:2-13-11 Outdoor Space

Code: The program is required to have an outdoor play space free from immediate risk.

**Findings:** During the inspection, it was determined that an area was used which was not protected from traffic and other hazards by a continuous fence in good condition, or natural barrier, that ensured children were not able to leave the playground area. The fence or natural barrier was determined to present an immediate risk for a child to be able to leave the playground as noted in number 1,2 below:

1. The fence, natural barrier, or combination of fence and natural barrier was not continuous.
2. The fencing had missing slat boards through which children could leave the playground.
3. The gate was broken and did not close.
4. The latch on the gate was broken.
5. The gate had no latch.
6. The fencing was broken.
7. The latch was easily opened by children on the playground.
8. The latch was not engaged to prevent children from opening the gate.
9. The portable fencing approved for use by the Department was not being used.
10. Other [ ].

Discontinue use of the playground and provide a space for outdoor play which is well defined by a continuous fence or natural barrier and protected from other hazards. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/03/2026

**Domain: 04 Indoor/Outdoor Space**

Rule: 5180:2-13-11 Fall Zone

Code: The program is required to have an adequate fall surface on the outdoor playground.

Findings: During the inspection, it was determined that the playground did not have adequate fall surface under and around equipment as noted in the following number(s) 2 below:

1. No fall surface
2. Adequate fall surface to soften the impact of a fall
3. Other [ ]

Any equipment designed for climbing, swinging, bouncing, or sliding needs a fall zone of protective material resilient under and around the equipment in order to protect children in the event of a fall. Submit the program's corrective action plan, which includes written verification of the discontinued use of this equipment until corrections are made along with a description of the resilient material added, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/03/2026

**Domain: 09 Children's Files**

Rule: 5180:2-13-15 Health Conditions

Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

Findings: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 1. below:

1. No plan was on file.  
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2. Child's name was missing.
3. Name of the condition was missing.
4. Indication if medication or medical food is required was missing.
5. Signs, symptoms or situations that require staff to take action were missing.
6. Activities, foods, environmental conditions to avoid were missing.
7. Training instructions for procedures for staff to follow were missing or incomplete.  
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8. Child's name was missing or not attached.
9. Child's date of birth was missing or not attached.

10. Child's weight was missing or not attached.
11. Name of the medication/medical food was missing or not attached.
12. Dosage of medication/medical food to be administered was missing or not attached.
13. Time for medication/medical food to be administered was missing or not attached.
14. Expiration date for medication/medical food was missing or not attached.
15. Symptoms that require staff to administer medication/medical food were missing or not attached.
16. Specific instructions to administer the medication/medical food were missing or not attached.
17. Actions to be taken if the symptoms do not subside were missing or not attached.
18. Physician's signature was missing or not attached.
19. The date of the physician's signature was missing or not attached.

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20. Child's name was missing.
21. Instructions regarding emergency evacuation, if applicable, were missing.
22. Signature of parent granting permission to implement the plan and verifying training was missing.
23. Date of parent signature was missing.
24. Certified Professional Trainer information was missing.
25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
26. Date of trainer signature was missing.
27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
29. Date of staff signature was missing.
30. Administrator/Provider signature was missing
31. Date of administrator/Provider was missing.

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32. Child's name was missing.
33. Name of medication or medical food was missing.
34. Date the medication/medical food was administered was missing.
35. Time medication/medical food was administered was missing.
36. Dosage of medication/medical food that was administered was missing.
37. Signature of person administering medication/medical food was missing.
38. The plan was not followed or implemented.
39. The plan was not able to be implemented due to conflicting information.
40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

### **Low Risk Non-Compliances**

#### **Domain: 00 License & Approvals**

Rule: 5180:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.

Findings: During the inspection, it was determined the information in number(s) 4 below was not up to date in the Ohio Child Care Licensing and Quality System:

1. Mailing Address;
2. Telephone Number;
3. Email Address;
4. Days and Hours of Operation;
5. Services Offered;
6. Name of Program, If applicable.
7. Private pay rates.

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

Corrective Action Plan Due: 01/03/2026

#### **Domain: 02 Safe & Sanitary Environment**

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 145 degrees in the following room(s) bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/03/2026

**Domain: 04 Indoor/Outdoor Space**

Rule: 5180:2-13-11 Outdoor Space

Code: The program staff is required to protect children from animals in the outdoor play area.

Findings: During the inspection, it was determined the on-site outdoor space is not protected from animals. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/03/2026

**Domain: 04 Indoor/Outdoor Space**

Rule: 5180:2-13-11 Outdoor Equipment

Code: The program is required to provide equipment that does not pose a safety risk and must follow the manufacturer's guidelines for assembling, installing and using the equipment.

Findings: During the inspection, it was determined that outdoor play equipment was unsafe as noted in the number(s) 5 below:

1. There was rust exposed.
2. There was protruding bolts.
3. There were cracks.
4. There were holes.
5. There was splintering wood.
6. There were sharp edges or points.
7. There were lead hazards.
8. There were toxic substances.
9. There were tripping hazards.
10. The sandbox was not covered when the program was closed or during non-daylight hours.
11. Outdoor equipment, [ ], was not developmentally appropriate.
12. Outdoor equipment, [ ], was placed in the main traffic pattern.
13. Outdoor play equipment, [ ], was positioned too closely together, posing a risk of injury if a child were to fall from one piece of equipment into another.
14. Outdoor equipment, [ ], was not securely anchored but did not present a risk of imminent danger of the structure collapsing when children are using the equipment
15. Outdoor equipment, [ ], was 30 inches or more from the ground and did not have a protective barrier that would prevent a child from falling off this piece of equipment.
16. The manufacturer's guidelines for assembly and installation were not followed for the [ ].
17. Other [ ].

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

Corrective Action Plan Due: 01/03/2026

**Domain: 10 Written Policies & Procedures**

Rule: 5180:2-13 Written Policies and Procedures

Code: The program is required to provide parents with information regarding child care related expenses for income tax preparations, including tax identification numbers.

Findings: During the inspection, it was determined that the program had not provided parents with information regarding child care related expenses for income tax preparations, including tax identification numbers. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/03/2026

**Rules In-Compliance/Not Verified**

Rule	Status	Documenting Statement(s), If applicable
5180:2-13-02 Voluntary Temporary Closure	Compliant	
5180:2-13-02 License Visible	Compliant	
5180:2-13-02 Change of Location	Compliant	
5180:2-13-02 Provider Medical	Compliant	
5180:2-13-03 Inspection Requirements	Compliant	
5180:2-13-04 Building Requirements for Type B Homes	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5180:2-13-04 Fire Safety for Type B Homes	Compliant	
5180:2-13-04 Flammable and Combustible Materials in a Type B Home	Compliant	
5180:2-13-04 Heaters in a Type B Home	Compliant	
5180:2-13-05 Denial, Revocation, and Suspension	Compliant	
5180:2-13-07 Staff Records	Compliant	
5180:2-13-07 Provider Responsibilities	Compliant	
5180:2-13-07 Type B Provider - Foster Parent	Compliant	
5180:2-13-08 Employee Requirements	Compliant	
5180:2-13-08 Child Care Staff Requirements	Compliant	
5180:2-13-08 Whistle Blower	Compliant	



5180:2-13-09 Background Checks	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-10 Health Training	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-10 Professional Development	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-11 Indoor Space	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-12 Safe Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-12 Carbon Monoxide Detectors - Type B Only	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-12 Pets	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-13 Clean environment and equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-13 Smoke Free	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-15 Child Medical and Enrollment Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-13 Handwashing	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5180:2-13-13 Toothbrushing	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-14 Requirements for Field and Routine Trips	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-14 Ratio and Supervision for Field and Routine Trips	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-14 Driver Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-14 Vehicle Inspections	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-14 Vehicle Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-15 Child Records Retention and Confidentiality	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-16 Medical, Dental, and General Emergency Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-16 Emergency Drills	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-16 First Aid Kit/Standard Precautions	Compliant	

Rule 5180:2-13-16 Communicable Diseases	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-16 Incident/Injury	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-16 Emergency Preparedness and Response Plan	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-17 Programming	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-17 Materials and Equipment	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-18 Group Size and Ratios	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-18 Attendance	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-19 Supervision	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-19 School Age Supervision	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-13-21 Evening and Overnight Care	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable



5180:2-13-20 Sleep and Nap Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-20 Crib and Playpen Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-21 Sanitary Environment and Hygiene	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-22 Meals and Snacks	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-22 Food Handling	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-22 Fluid Milk	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-23 Infant Bottle and Food Preparation	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-23 Diapering	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-24 On-site Pools	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5180:2-13-24 Swimming Sites	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-24 Parent Permission for Swimming	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-25 Medication Requirements	Compliant	