## **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      |  |
| JUST LIKE FAMILY LEARNING CENTER II                                      | 000000500219   |                 | FCC - Type A Home |  |
| L.L.C.   |                |                 |                   |  |
| Address  |                |                 | County            |  |
| 17 ROCKINGHAM  |                |                 | LUCAS             |  |
|  |                |                 |                   |  |
| TOLEDO   |                |                 |                   |  |
| OH 43608   |                |                 |                   |  |
| Building and Fire Approvals apply to Type A Family Child Care Homes only |                |                 |                   |  |
| Building Approval Date   | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |  |
| 11/08/2013   |                |                 |                   |  |
| Fire Inspection Approval Date  |                |                 |                   |  |
| 03/14/2024   |                |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 06/11/2024             | 11:00 PM                       |                  | 11:38 PM          |              |
| Reviewer:              |                                |                  |                   |              |
| Kimberly Dada          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 66                     | 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                                       | 12               | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 12               | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |





## **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  |  |  |
|---|--|--|
| CONTRACTOR |  |  |
| No Serious Risk Non-Compliances were observed during this inspection  |  |  |
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| Moderate Risk Non-Compliances   |  |  |
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| No Moderate Risk Non-Compliances were observed during this inspection   |  |  |
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| Low Risk Non-Compliances  |  |  |
| LOW KISK WOII-COMPHIANCES   |  |  |

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Clean environment and equipment

Code: The program is required to follow the cleaning schedule for equipment.

Findings: During the inspection, it was determined that the program was not providing a clean and healthy environment, furniture, materials and equipment as required by Appendix A, as noted in number(s) 29 below:

- 1. Item(s) soiled with blood or bodily fluids were not cleaned/sanitized immediately.
- 2. Blankets/sheets were not cleaned weekly, when soiled, or before use by another child.
- 3. Children's individual blankets and belongings were stored in an unsanitary manner.
- 4. Bottles, bottle caps, nipples and other equipment used for bottle feeding were not cleaned and sanitized in a dishwasher or by washing, rinsing, and boiling for one minute.
- 5. Carpets were not vacuumed weekly or cleaned when soiled.
- 6. Changing table/pad was not sanitized after each use or cleaned when visibly soiled.
- 7. Reusable cloths were not being washed daily or when visibly soiled.
- 8. Cots/Pads/Mats were not cleaned and sanitized before assigning to a different child, when used by a sick child, when soiled or at least every three months.
- 9. Cribs were not cleaned and sanitized monthly, or when soiled, or before use by another child.
- 10. Diaper Receptacles were not cleaned and sanitized daily or more frequently as needed to eliminate odor.
- 11. Dishes/Cups/Silverware were not cleaned and sanitized after each use.
- 12. Water Containers were not labeled with the child's name, or were not cleaned and sanitized before use again on another day.
- 13. Dress up clothes and hats (dramatic play) were not cleaned monthly or when soiled.
- 14. Floors were not cleaned weekly or when soiled.
- 15. The food prep area, including sinks, were not cleaned before and after preparing food (including bottle preparation) or between preparing raw or cooked food.
- 16. Potty chairs were not cleaned after each use, rinsed with water, cleaned and sanitized or contents were not emptied into a toilet.
- 17. Food tables, highchair trays were not cleaned before and after each use.
- 18. Tables used for play were not cleaned when visibly soiled or sanitized daily.
- 19. Toilet bowls were not cleaned when visibly soiled or sanitized weekly.
- 20. Toilet seat(s), handle(s) and hand washing sink(s) were not cleaned when visibly soiled or sanitized daily.
- 21. Mouthed toys were not cleaned and sanitized after each child's use.
- 22. Toys, other than those mouthed by children, were not cleaned monthly or when visibly soiled.
- 23. Washable furniture, including fabrics on infant equipment, were not cleaned weekly or when soiled.
- 24. Upholstered furniture was not steam cleaned when soiled.
- 25. Slip covers were not washed at least every six months or when soiled.
- 26. Wastebaskets/rinse buckets, including lids, were not being emptied daily or cleaned and sanitized when visibly soiled.
- 27. The manufacturer's directions for the cleaning product were not followed.
- 28. The solution used for sanitizing was not a commercial product registered by the United States Environmental Protection Agency as a sanitizer.
- 29. Other unclean oven.

Furniture, materials and equipment must be maintained according to the cleaning and sanitizing schedule in Appendix A to this rule. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/12/2024

## **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                                |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement/s) If applicable  |
| 5101:2-13-02 Change of Location        | Compliant   | Documenting Statement(s), If applicable |
| 3101.2-13-02 Change of Location        | Compilant   |   |
|  |             |   |
|  | 1           |   |
| 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      | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership          | Compliant   | Documenting Statement(s), if applicable |
| 3101.2-13-02 Type A Ownership          | Compliant   |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                | Compliant   |   |
| Requirements                           |             |   |
|  |             |   |
|  | I -         |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Inspections for  | Compliant   |   |
| Type A Homes                           |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspections for Type | Compliant   | bocamenting statement(s), it applicable |
| A Homes                                | Compilation |   |
| A Hollies                              |             |   |

| Beginning!                         |           |  |
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|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records         | Compliant | 0 (" 11  |
| 3101.2 13 07 Staff Records         | Compilant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| 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 Whistle Blower        | Compliant | - comment of the content of the cont |
| J101.2-15-08 WHISTIE BIOWEI        | Compilant |  |
|                                    |           |  |
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|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks     | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training       | Compliant |  |
| 3101.2-13-10 Health Hanning        | Compilant |  |
|                                    |           |  |
|                                    |           |  |
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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(s), If applicable  |
| 5101:2-13-11 Outdoor Space         | Compliant | - comment of the content of the cont |
| 3101.2 13 11 Odtdoor Space         | Compilant |  |
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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 | 0  |
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| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment        | Compliant |  |
|                                    |           |  |
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| <u> </u>                           | 1         |  |

| 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 Handwashing            | Compliant |   |
|                                     |           |   |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing          | Compliant | Documenting statement(s), if applicable |
| 3101.2-13-13 TOOLIIDIUSIIIIIg       | Compilant |   |
|                                     |           |   |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant |   |
| and Routine Trips                   | Compilant |   |
| and noutine mps                     |           |   |
|                                     |           | <u> </u>                                |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision  | Compliant |   |
| for Field and Routine Trips         | ·         |   |
| ·                                   |           |   |
|                                     |           |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements   | Compliant | bocumenting statement(3), it applicable |
| 5151.2 15 17 Venicle Requirements   | Compliant |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and      | Compliant | 0 1,7                                   |
| Enrollment Records                  |           |   |
|                                     |           |   |
|                                     |           |   |



| 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 | Compliant |   |
| and Confidentiality                  |           |   |
|                                      | <u> </u>  | 1   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Medical, Dental, and    | Compliant | Bootimenting octatement(o)) in applicable |
| General Emergency Plan               |           |   |
| - Constant Entral gents, 1 turn      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Pula                                 | Chatus    | Decumenting Statements of a realizable    |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |   |
| Precautions                          |           |   |
|                                      |           |   |
| Rule                                 | 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 Emergency               | Compliant | 2004 Menting Statement(3), in applicable  |
| Preparedness and Response Plan       |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-18 Attendance              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Dula                                 | Chabus    | Decrees the Chaterer and A 15             |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-19 Supervision             | Compliant |   |
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| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Tidio                                | 0.00.000  | botamenting statement(3), it applicable   |

| 5101:2-13-19 School Age Supervision        | Compliant           |   |
|--|---------------------|---|
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance                | Compliant           | Documenting statement(s), if applicable |
| Dula                                       | Chahua              | Decumenting Statements \ If analizable  |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap<br>Requirements | Compliant           |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen              | Compliant           | Bocamenting statement(3), if applicable |
| Requirements                               | ·                   |   |
| Rule                                       | Chatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-21 Evening and Overnight         | Status<br>Compliant | Documenting Statement(s), If applicable |
| Care                                       | Соттриате           |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment          | Compliant           | bocumenting statement(s), it applicable |
| and Hygiene                                |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks              | Compliant           | Documenting statement(a), it applicable |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                    | Compliant           |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling                 | Compliant           | Dodamenting Statement(3), it applicable |
| 3101.2 13 22 1000 Hallalling               | Compliant           |   |
|  |                     |   |
| Rule E101:2 12 22 Infant Daily Care        | 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<br>Preparation   | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering   | Compliant           | bocumenting statement(3), if applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for<br>Swimming   | Compliant           | bocumenting statement(s), ii applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication<br>Requirements  | Compliant           | 2 cosmoning statement(s), it applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities   | Compliant           | bocumenting statement(s), ii applicable |
|  |                     |   |
| Sample Size and Ratios   | Status   Compliant  | Documenting Statement(s), If applicable |
| Rule   | Ctatus              | Desumenting Statements   If applicable  |
| 5101:2-13 Written Policies and<br>Procedures   | Status   Compliant  | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-08 Child Care Staff Requirements  | Compliant           | Documenting Statement(s), If applicable |
|  |                     |   |
| Sample State | Status   Compliant  | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-17 Programming  | Status Compliant    | Documenting Statement(s), If applicable |
| D.J.   | Chahara             |   |
| Rule 5101:2-13-24 On-site Pools  | Status<br>Compliant | Documenting Statement(s), If applicable |
| 2101.2-13-24 OII-2116 LOOI2  | Compliant           |   |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-08 Review Policies and | Compliant |   |
| Procedures                       |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                | Compliant |   |
|                                  |           |   |
|                                  |           |   |
| -                                | 1         |   |
| 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                        |           |   |
|                                  |           |   |