

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 |
| Carnes Care LLC | 000000985479646 | FCC - Type B Home |
| Address | | County |
| 2041 Tremainsville Rd | | LUCAS |
| | | |
| Toledo | | |
| OH 43613 | | |

| | Insp | ection Information | | |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | (3)40 | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 05/12/2025 | 1:51 PM | | 3:02 PM | |
| Reviewer: | • | | * | |
| Kimberly Dada | | | | |
| | Sur | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 3 | 0 | 0 | 4 |

| 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 | | 1 | 0 | 1 |
| Total Under 2 Years | 3 | 1 | 0 | 1 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 0 | 0 | 1 |

| | Staff-Child Ratios at the Time of Ins | spection | |
|-------|---------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| one | 18 months to < 30 months | 1 to 1 | |



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: 08 Staff Files

Rule: 5180:2-13-07 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 obtain or maintain the required liability insurance/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: 06/11/2025

Domain: 08 Staff Files

Rule: 5180:2-13-07 Provider Responsibilities

Code: The program is required to have the current licensing rules available in a noticeable area on the premises.

Findings: During the inspection, it was determined the current licensing rules were not available on the premises. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/11/2025

Domain: 08 Staff Files

Rule: 5180:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number(s) 1.

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.
- 6. Other [].

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

Corrective Action Plan Due: 06/11/2025

Domain: 09 Children's Files

Rule: 5180:2-13-15 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.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 1 below:

- 1. No enrollment form was completed for at least one child
- 2. 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: 06/11/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| 5180:2-13-02 Voluntary Temporary Closure | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible | Compliant | |
| Dula | Chatan | Decree of the second of the se |



| ~ | | |
|--|--|---|
| 5180:2-13-02 Change of Location | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS | Compliant | 0 (7) |
| 3100.2 13 02 illioiniddon ill ocedo | Compilant | |
| | | |
| | <u> </u> | |
| p. I | | D (1 6) (1 1) (1 1) |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection | Compliant | |
| Requirements | Service Audition of the Property (Co.) | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Walley or the state of the stat | | bocumenting statement(s), it applicable |
| 5180:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and | Compliant | Becamenting statement(s), it approase |
| | Compilant | |
| Combustible Materials in a Type B | | |
| Home | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
| | | |
| | | |
| Dulo | Chattie | Decumenting Statement/s) If annies let |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and | Compliant | |
| Procedures | | |
| | | |
| | 1. | |
| Rule | Status | Documenting Statement(s) If applicable |
| nuic | Jiaius | Documenting Statement(s), If applicable |



| 5180:2-13-07 Type B Provider - Foster Parent | Compliant | |
|---|----------------------------------|---|
| Rule 5180:2-13-08 Employee Requirements | Status Compliant | Documenting Statement(s), If applicable |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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 |
| 5180:2-13-11 Indoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Space | Compliant | Decementing Statement(s), it approaches |
| Rule | Chahua | Decumenting Statement(a) If applicable |
| 5180:2-13-11 Outdoor Equipment | Status Compliant | Documenting Statement(s), If applicable |
| 5180.2-13-11 Outdoor Equipment | Соттриан | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment | Compliant | (o), ii appiioaoio |
| | CONTINUES OF THE CONTINUES OF ST | |



| ~~ | T | |
|--|--------------------------------|--|
| | | |
| | | T. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment | Compliant | |
| | | |
| | | |
| | ÷ | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
| 100 000 | | |
| | | |
| 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 | Compliant | |
| equipment | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free | 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 | |
| | 32 | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5180:2-13-14 Requirements for Field | Status Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field | | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field | | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field | | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| 5180:2-13-14 Requirements for Field and Routine Trips Rule | Compliant | |
| 5180:2-13-14 Requirements for Field and Routine Trips Rule 5180:2-13-14 Ratio and Supervision | Compliant | |
| 5180:2-13-14 Requirements for Field and Routine Trips Rule 5180:2-13-14 Ratio and Supervision | Compliant | |
| 5180:2-13-14 Requirements for Field and Routine Trips Rule 5180:2-13-14 Ratio and Supervision | Compliant | |
| 5180:2-13-14 Requirements for Field and Routine Trips Rule 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant Status Compliant | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field and Routine Trips Rule 5180:2-13-14 Ratio and Supervision for Field and Routine Trips Rule | Status Compliant Status Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field and Routine Trips Rule 5180:2-13-14 Ratio and Supervision for Field and Routine Trips Rule | Status Compliant Status Status | Documenting Statement(s), If applicable |



| ~~ | | |
|--|--|--|
| Rule | Status | Documenting Statement(s), If applicable |
| | The state of the s | bodamenting statement(s), it applicable |
| 5180:2-13-14 Vehicle Inspections | Compliant | |
| | | |
| | | |
| | | |
| | T | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements | Compliant | |
| 3100.2 13 14 Vehicle Requirements | Compilant | |
| | | |
| | | |
| | | • |
| Rule | Ct-t | D |
| | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Health Conditions | Compliant | |
| | | |
| | | |
| L | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention | | , , , , , , , , , , , , , , , , , , , |
| The same of the sa | Compliant | |
| and Confidentiality | | |
| | | |
| y- | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and | Compliant | |
| | Compilant | |
| General Emergency Plan | | |
| | | |
| | | |
| Dula | Chatria | Description Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills | Compliant | |
| | | |
| | | |
| <u></u> | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 3446-346-4466 | | |
| 5180:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |
| | | |
| | L. | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases | Compliant | |
| 313012 10 10 confinitionic biseases | Compilation | |
| | | |
| | | |
| | | |
| Rule | Chatus | Desumenting Statement/s) If a relies bla |
| | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury | Compliant | |
| | | |
| | | |
| L | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | botaicitaing otate.iiicita(5), ii applicable |
| 5180:2-13-16 Emergency | Compliant | |
| Preparedness and Response Plan | | |
| Construer Indicate States approximation accompanies and a Construction of the Table Total Texture (Construction of the Table Texture (Construction of the Ta | | |
| | ŀ | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming | Compliant | |
| II JIOO,Z-IJ-I/ FIOGLAHIIIIIII | Compliant | |



| ~~ | | |
|-------------------------------------|-----------------------|---|
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| > | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance | Compliant | |
| | | |
| | | |
| D. I. | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision | Compliant | |
| | | |
| | Į. | |
| D. F. | C | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision | Compliant | |
| | | |
| | | |
| Dula | Chatus | Decumenting Statement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
| | 1 | |
| Dula | Chatus | Decomposing Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance | Compliant | Documenting Statement(s), it applicable |
| J160.2-13-13 Cilia Galdance | Compilant | |
| | | |
| <u> </u> | I | ı |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen | Compliant | Documenting Statement(s), it applicable |
| 274 | Compilant | |
| Requirements | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| | J. Commission Science | Documenting Statement(s), it applicable |
| 5180:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------------------------|--|
| 5180:2-13-22 Meals and Snacks | Compliant | bocumenting statement(3), it applicable |
| J100.2-13-22 Meals and Shacks | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5180:2-13-22 Food Handling | Compliant | |
| | | |
| | | |
| n.l. | Ct-1 | D |
| 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 | Compliant | |
| Preparation | , , | |
| untra and an a Marine of the following statements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering | Compliant | |
| , and the same of | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools | Compliant | |
| | | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Control Contro | | Documenting Statement(s), If applicable |
| Rule 5180:2-13-24 Swimming Sites | Status Compliant | Documenting Statement(s), If applicable |
| - CO | | Documenting Statement(s), If applicable |
| Control Contro | | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites | Compliant | |
| 5180:2-13-24 Swimming Sites Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S180:2-13-24 Swimming Sites Rule 5180:2-13-24 Parent Permission for | Compliant | |
| 5180:2-13-24 Swimming Sites Rule | Compliant | |
| S180:2-13-24 Swimming Sites Rule 5180:2-13-24 Parent Permission for | Compliant | |
| S180:2-13-24 Swimming Sites Rule 5180:2-13-24 Parent Permission for Swimming | Status Compliant | Documenting Statement(s), If applicable |
| S180:2-13-24 Swimming Sites Rule 5180:2-13-24 Parent Permission for Swimming Rule | Status Compliant Status Status | |
| Rule 5180:2-13-24 Swimming Sites Rule 5180:2-13-24 Parent Permission for Swimming Rule 5180:2-13-25 Medication | Status Compliant | Documenting Statement(s), If applicable |
| S180:2-13-24 Swimming Sites Rule 5180:2-13-24 Parent Permission for Swimming Rule | Status Compliant Status Status | Documenting Statement(s), If applicable |

