# **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      |
| Live Learn & Play Child Care | 2180018174     | FCC - Type B Home |
| Address                      |                | County            |
| 5702 Angola Rd Lot 51        |                | LUCAS             |
|                              |                |                   |
| Toledo                       |                |                   |
| OH 43615                     |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 10/16/2023             | 9:14 AM                        |                  | 10:55 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Julie Tursic           |                                |                  |                   |              |
| 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   |                  | 4          | 0         | 4     |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 6                | 7          | 0         | 10    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| ONE  | Mixed Age Group | 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  |
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|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
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### **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in

the Ohio Professional Registry.



Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 2 and 9 below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not created or updated the program's organizational dashboard in the OPR.
- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.
- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.
- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

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: 11/15/2023

#### **Domain: 09 Children's Files**

Rule: 5101:2-13-15 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) 6 and 14 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: 11/15/2023

## **Rules In-Compliance/Not Verified**

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
|                                   |           | Documenting Statement(s), it applicable |
| 5101:2-13-02 License Visible      | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| 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 |   |
| 0.0000                            | р         |   |
|                                   |           |   |
|                                   |           |   |
| 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 | 0 (7)                                   |
| 3101.2 13 02 . 101.401            | Compliant |   |
|                                   |           |   |
|                                   |           |   |



| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| 5101:2-13-03 Inspection               | Compliant | 144 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   |
| Requirements                          |           |   |
| ,                                     |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-04 Building Requirements    | Compliant |   |
| for Type B Homes                      |           |   |
|                                       |           |   |
| Dista                                 | Chahua    | Decrees the Ctatana ant/a) If and inchia  |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-04 Fire Safety for Type B   | Compliant |   |
| Homes                                 |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-04 Flammable and            | Compliant | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| 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 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Employee Requirements    | Compliant | 2004 menting octatement(0)) in applicable |
| 310112 10 00 Employee Requirements    |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Child Care Staff         | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s) If applicable    |
| 5101:2-13-08 Whistle Blower           | Compliant | Documenting Statement(s), If applicable   |
| JIOI.2-13-00 WIIISHE BIOWEI           | Compilant |   |
|                                       |           |   |
|                                       | 1         |   |
| 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           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development             | Compliant           | , , , , , , , , , , , , , , , , , , ,   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                        | Compliant           | bocumenting statement(s), if applicable |
| Rule  | Status              | Decumenting Statement/s) If applicable  |
| 5101:2-13-11 Outdoor Equipment                    | Compliant           | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                            | Compliant           | bocumenting statement(s), if applicable |
|   |                     |   |
| Rule 5101:2-13-12 Safe Equipment                  | Status Compliant    | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment                     | Compliant           | Documenting Statement(s), if applicable |
|   |                     |   |
| Rule 5101:2-13-13 Clean environment and equipment | Status Compliant    | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                          | Compliant           | Documenting Statement(s), if applicable |
|   |                     |   |
| Rule 5101:2-13-13 Smoke Free                      | Status Compliant    | Documenting Statement(s), If applicable |
| D. J.   | Chahara             | Danis and in a Chahaman of A 15 and 11  |
| Rule 5101:2-13-13 Toothbrushing                   | Status<br>Compliant | Documenting Statement(s), If applicable |

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| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field  | Compliant |   |
| and Routine Trips                    |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| 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                  |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |   |
| Precautions                          |           |   |

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|---|-------------|--|
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| Rule                                    | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases      | Compliant   | Describer general general control of the second control of the sec |
| 3101.2-13-10 Collillullicable Diseases  | Compliant   |  |
|   |             |  |
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|   |             |  |
| 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   |  |
|   |             |  |
|   |             |  |
|   | 1           |  |
| Rule                                    | Status      | Documenting Statement(s), If applicable  |
|   |             | bocumenting statement(s), if applicable  |
| 5101:2-13-18 Attendance                 | Compliant   |  |
|   |             |  |
|   |             |  |
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| Rule                                    | Status      | Documenting Statement(s), If applicable  |
|   |             | bocamenting statement(s), it applicable  |
| 5101:2-13-19 Supervision                | Compliant   |  |
|   |             |  |
|   |             |  |
|   |             |  |
| Rule                                    | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision     | Compliant   |  |
| 310112 13 13 30110017 (ge 30per vision) | Compilation |  |
|   |             |  |
|   |             |  |
|   |             |  |
| Rule                                    | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance             | Compliant   |  |
|   |             |  |
|   |             |  |
|   |             |  |
| Dula                                    | Ctatus      | Desumenting Statement/s\ If soull sale   |
| Rule                                    | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap              | Compliant   |  |
| Requirements                            |             |  |
|   |             |  |
|   |             |  |
| Rule                                    | Status      | Documenting Statement(s), If applicable  |
|   |             | Documenting Statement(3), 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   | ,  |
|   | Compliant   |  |
| Care                                    |             |  |
|   |             |  |

| Rule  | Status    | Documenting Statement(s), If applicable             |
|---|-----------|---|
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant |   |
| and Hygiene                                   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-22 Meals and Snacks                 | Compliant |   |
|   |           |   |
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| 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 | 2 2 2 3 5 2 3 4 4 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-23 Infant Daily Care                | Compliant | Documenting Statement(s), it applicable             |
| 3101.2 13 23 illiant bany care                | Compilant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-23 Infant Bottle and Food           | Compliant |   |
| Preparation                                   |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-23 Diapering                        | Compliant |   |
|   |           |   |
|   | <u> </u>  | <u> </u>  |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-24 Parent Permission for            | Compliant |   |
| Swimming                                      |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-25 Medication                       | Compliant | Documenting Statement(3), it applicable             |
| Requirements                                  |           |   |
|   |           |   |
|   |           |   |
| Rule  F101:2 12 07 Provider Pespensibilities  | Status    | Documenting Statement(s), If applicable             |
| 5101:2-13-07 Provider Responsibilities        | Compliant |   |
|   |           |   |
|   |           |   |

| Rule                                    | Status        | Documenting Statement(s), If applicable |
|---|---------------|---|
| 5101:2-13-18 Group Size and Ratios      | Compliant     | bootinenting statement(s), in approach  |
| 3101.2 13 10 Group 3120 una Natios      | Compilation   |   |
|   |               |   |
|   |               |   |
| Rule                                    | Status        | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and          | Compliant     | 44,7                                    |
| Procedures                              | - Compilation |   |
| 1100000103                              |               |   |
|   |               | <u> </u>                                |
| Rule                                    | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide            | Compliant     |   |
| Detectors - Type B Only                 | '             |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |   |
| -                                       |               |   |
| 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     |   |
|   |               |   |
|   |               |   |
| D 1                                     | I c           |   |
| Rule 5101 2 12 12 12 12 14              | 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     | bocumenting statement(s), ii applicable |
| JIOI.2-13-24 SWIIIIIIIIII SILES         | Compilant     |   |
|   |               |   |
|   |               |   |
| Rule                                    | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and              | Compliant     | booking statement(s), it applicable     |
| Equipment                               | Compilant     |   |
| Lydipilicit                             |               |   |
|   | 1             |   |
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|   |               |   |