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 Deta | ils | |
|---|-------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Rainbow Magic Daycare, LLC | 2190020921 | | FCC - Type A Home |
| Address | | | County |
| 2935 County Road 192 | | | SANDUSKY |
| Green Springs OH 44836 | | | |
| Building and Fire Approvals apply to Type A Family Chil | d Care Homes only | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 12/13/2022 | | | |
| Fire Inspection Approval Date | | | |
| 12/13/2022 | | | |

| Inspection Information | | | | | |
|------------------------|----------------------------|--------------|----------------|-------------------|--------------|
| Inspection Type | Inspe | ection Scope | | Inspection Notice | |
| Compliance | Full | | | Unannounced | |
| Inspection Date | Begin | n Time | | End Time | |
| 04/06/2023 | 1:15 | 1:15 PM | | 2:45 PM | |
| Reviewer: | | | | | |
| Morgan Lockhart | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-complia | ances No. | . Serious Risk | No. Moderate Risk | No. Low Risk |
| 66 | 0 | | 0 | 0 | 0 |

| Lic | 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) | | 3 | 0 | 3 | |
| Young Toddler | | 3 | 0 | 3 | |
| Total Under 2 Years | 6 | 6 | 0 | 6 | |
| Older Toddler | | 2 | 0 | 2 | |
| Preschool | | 5 | 0 | 5 | |
| School Age | | 1 | 0 | 1 | |
| Total Capacity/Enrollment | 12 | 8 | 0 | 14 | |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|--|---------|--|--|
| Group | Group Age Group/Range Ratio Observed Comment | | | |
| Shali | Mixed Age Group | 4 to 11 | | |





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 |
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| 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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| La Bill No. 2 " |
| Low Risk Non-Compliances |
| No Low Risk Non-Compliances were observed during this inspection |
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| Rules In-Compliance/I | Not Verified |
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| | Documenting Statement(s), If applicable |
| Compliant | |
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| Status | Documenting Statement(s), If applicable |
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| Status | Documenting Statement(s), If applicable |
| Compliant | |
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| Status | Documenting Statement(s), If applicable |
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| Compilant | |
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| Status | Documenting Statement(s), If applicable |
| | Documenting Statement(s), if applicable |
| Compilant | |
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| | Status Compliant Status Compliant Status Compliant Status Compliant |

| 5101:2-13-04 Building Inspections for Type A Homes | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspections for Type A Homes | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and Suspension | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | bocumenting statement(s), if applicable |
| | | |
| Rule 5101:2-13-08 Child Care Staff | Status | Documenting Statement(s), If applicable |
| Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | Decame and a care mentally in approach |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| 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 | and the state of t |
| | Chahara | |
| Rule 5101:2-13-11 Outdoor Space | Status | Documenting Statement(s), If applicable |
| 3101.2-13-11 Outdoor Space | Compliant | |

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|---|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | bocamenting statement(s), it applicable |
| 5101.2 15 11 Outdoor Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | <u> </u> |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
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| Dula | Chahua | Described Chatamant (a) If a militable |
| Rule 5101:2-13-13 Clean environment and | Status | Documenting Statement(s), If applicable |
| | Compliant | |
| equipment | | |
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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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | bocumenting statement(s), if applicable |
| 5101:2-13-14 Requirements for Field | Compilant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | Documenting statement(s), it applicable |
| for Field and Routine Trips | Jomphanic | |
| 101 Ficia ana Noutine 111ps | 1 | |

| Dula | Chahua | Decree outing (taken antic) If annice his |
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| 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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and | Compliant | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | 3 (7 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | bootinenting statement(s), it approaches |
| | Compilant | |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Dula | Chabina | Decree outing Chatage and In 16 and Inchin |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | , , , , , , , , , , , , , , , , , , , |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
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| D. I. | Chahua | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | 0 (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | Documenting Statement(s), it applicable |
| Requirements | Compilant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
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| 11010 | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Chatus | Decumenting Statement(s) If applicable |
| 5101:2-13-23 Diapering | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-23 Diapering | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | 2 continuing statement(s), it applicable |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | g = 13.5(s), applicable |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13 Written Policies and Procedures | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and | Compliant | |
| Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | 5 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
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