# **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      |
| Kids Playhouse     | 2230028668     | FCC - Type B Home |
| Address            |                | County            |
| 6011 Willowvale Dr |                | LUCAS             |
|                    |                |                   |
| Toledo             |                |                   |
| OH 43615           |                |                   |

|                     | Ins                            | pection Information |                   |              |
|---------------------|--------------------------------|---------------------|-------------------|--------------|
| Inspection Type     | Inspection S                   | cope                | Inspection Notice |              |
| Pre-license         | Full                           |                     | Announced         |              |
| Inspection Date     | Begin Time                     |                     | End Time          |              |
| 09/15/2023          | 9:25 AM                        |                     | 11:00 AM          |              |
| Reviewer:           | 2                              |                     |                   |              |
| Julie Tursic        |                                |                     |                   |              |
| Summary of Findings |                                |                     |                   |              |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk    | No. Moderate Risk | No. Low Risk |
| 68                  | 5                              | 0                   | 1                 | 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     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       |                  | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 |                  | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group  | Group Age Group/Range Ratio Observed Comment |        |  |
| ONE  | Mixed Age Group                              | 1 to 0 |  |



### **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**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to protect children from any items and conditions which threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined the program did not protect children from an unsafe item or condition or equipment due to the following number(s) 15 below:

- 1. Pull cord(s) on the window blind(s).
- 2. Extension cord(s); electrical cord(s) attached to an object that could result in a severe injury if pulled.
- 3. Stacked tables.
- 4. Folding tables.
- 5. Matches and/or a lighter.
- 6. Power tool(s).
- 7. Live wires.
- 8. Stove(s) that are either on or able to be turned on by a child.
- 9. Asbestos.
- 10. Traffic.
- 11. A body of water.
- 12. A well.
- 13. Environmental hazard(s) confirmed by local authorities having jurisdiction over the hazard.
- 14. A crockpot used to heat bottles.
- 15. Immediate access to a knife.
- 16. Large or heavy pieces of shelving units are not securely anchored to the wall.

#### 17. Other [ ].

Any hazardous equipment must be removed, replaced, or repaired and any hazardous condition must be corrected and must be made inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that the item or condition has been removed and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/15/2023

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

### Domain: 02 Safe & Sanitary Environment

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

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number(s) 4 below, were in the main restroom:

- 1. There was no liquid soap.
- 2. There was no toilet tissue.
- 3. There were no individually assigned towels or disposable towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet was not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 10/15/2023

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to store cleaning and sanitizing supplies in a place that is inaccessible to children. Cleaning agents, aerosol cans and chemical substances must be stored in their original container or clearly labeled. School-age children may use cleaning supplies and equipment with adult supervision.

Findings: During the inspection, cleaning and sanitizing equipment and supplies were not used or stored properly as noted in number(s) 11 below:

- 1. Cosmetics were accessible to children in the [ ] area.
- 2. Disinfecting wipes were accessible to children in the [ ] area.
- 3. Fish food was accessible to children in the [ ] area.
- 4. Hand lotion was accessible to children in the [ ] area.
- 5. Hand sanitizer (for children under 24 months) was accessible to children in the [ ] area.
- 6. Laundry detergent was accessible to children in the [ ] area.
- 7. Powder dish washing soap was accessible to children in the [ ] area.
- 8. Paint cans were accessible to children in the [ ] area.
- 9. White out was accessible to children in the [ ] area.
- 10. Potting Soil was accessible to children in the [ ] area.
- 11. Other potentially hazardous substance scented plug in was accessible to children in the second room area.
- 12. Cleaning/sanitizing supplies had not been clearly labeled.
- 13. School-age children were using cleaning supplies, agents and/or equipment without adult supervision.
- 14. A spray aerosol was used in the [ ] group while children were in attendance.
- 15. Other: [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance is no longer accessible to children and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/15/2023

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not completed/posted. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 10/15/2023

# Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks



Code: The program is required to post the current menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 3 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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

Corrective Action Plan Due: 10/15/2023

#### **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) 1 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.



# 11.0ther: []

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

Corrective Action Plan Due: 10/15/2023

# Rules In-Compliance/Not Verified

| Rule                               | Status   | Documenting Statement(s), If 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  |   |
|                                    |  |   |
|                                    |  |   |
| p. I                               | 6  |   |
| 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  | Bocamenting statement(s), it applicable |
| 3101.2 13 021 Tovider Wedical      | Compilant  |   |
|                                    |  |   |
|                                    | į.   |   |
| Rule                               | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection            | Compliant  |   |
| Requirements                       | Const. The State of the State o |   |
|                                    |  |   |
|                                    |  |   |
| Rule                               | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant  |   |
| for Type B Homes                   | 38   |   |
|                                    |  |   |

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-04 Fire Safety for Type B   | Compliant | Documenting Statement(s), if applicable |
| Homes   | Compliant |   |
| nomes   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and  | Compliant | Booking Statement (o), it applicable    |
| Combustible Materials in a Type B   | Compilant |   |
| Home  |           |   |
| Home  |           | <u>_</u>                                |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B  | Compliant | Bocumenting Statement(s), if applicable |
| Home  | Compliant |   |
| Home  |           |   |
|   | 2         | <u> </u>                                |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster   | Compliant | board and statement (5), it approads    |
| Parent  | Compilant |   |
| a a cit   |           |   |
|   |           | <u>'</u>                                |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements  | Compliant | 0 (7)                                   |
|   |           |   |
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|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff   | Compliant |   |
| Requirements  | ·         |   |
| QUEST CONTROL ACT STATE OF THE RECOUNT OF THE PROPERTY OF THE |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower   | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| 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   | Compliant |   |
| Development   |           |   |
|   |           |   |
|   |           |   |



| Rule                                | Status      | Documenting Statement(s), If applicable |
|-------------------------------------|-------------|---|
| 5101:2-13-11 Outdoor Space          | Compliant   | 8                                       |
| 1                                   | 1           |   |
|                                     |             |   |
|                                     |             | <u> </u>                                |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment      | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule 5101 2 12 11 5 11 7            | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone              | Compliant   |   |
|                                     |             |   |
| L                                   |             |   |
| 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 |
| 5101:2-13-13 Handwashing            | Compliant   |   |
|                                     |             |   |
| L                                   |             |   |
|                                     |             |   |
| 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   | -                                       |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| 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   | Dodamenting Statement(3), it applicable |
| for Field and Routine Trips         | Compilation |   |
|                                     |             |   |
|                                     |             |   |
| 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 Child Medical and          | Compliant | Documenting Statement(s), if applicable |
| Enrollment Records                      | Сотриате  |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions          | Compliant | bocumenting statement(s), if applicable |
| 3101.2 13 13 Health conditions          | Соттриате |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention    | Compliant |   |
| and Confidentiality                     |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills           | Compliant | S                                       |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard     | Compliant |   |
| Precautions                             |           |   |
|   | S         | D                                       |
| Rule 5101:2-13-16 Communicable Diseases | 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 Disaster Plan              | Compliant |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                 | Compliant | bocumenting statement(s), if applicable |
| J101.2-13-10 Attelluance                | Compilant |   |

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| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision   | Compliant           |   |
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| Rule   | Status              | Decumenting Statement(s) If applicable  |
| The state of the s |                     | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision  | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance  | Compliant           | Bocamenting Statement(5), it applicable |
| 5101.2-15-15 Child Guidance  | Compliant           |   |
|  |                     |   |
|  | 1                   |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap   | Compliant           | 5                                       |
| Requirements   | Compilant           |   |
| Requirements   |                     |   |
|  | E.                  | *                                       |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen  | Compliant           |   |
| Requirements   | Compilation         |   |
| Requirements   |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight   | Compliant           | •                                       |
| Care   | SECTION DESCRIPTION |   |
|  |                     |   |
|  | ***                 |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment  | Compliant           |   |
| and Hygiene  |                     |   |
| * = 0  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk  | Compliant           |   |
|  | 100                 |   |
|  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling   | Compliant           |   |
| 9000.5   | 77                  |   |
|  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care   | Compliant           |   |
| week .   |                     |   |

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|--|-----------|--|
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                |
| 5101:2-13-23 Infant Bottle and Food  | Compliant |  |
| Preparation  | Compilant |  |
| Preparation  |           |  |
|  | <u> </u>  | Į.   |
| 3000 ¥   |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                |
| 5101:2-13-23 Diapering   | Compliant |  |
|  |           |  |
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|  | •         | ·  |
| Rule   | Status    | Documenting Statement(s), If applicable                |
| 5101:2-13-24 Parent Permission for   | Compliant | pocumenting statement (s), in applicable               |
| SECTION OF THE SECTIO | Compliant |  |
| Swimming   |           |  |
|  | 1         |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                |
| 5101:2-13-25 Medication  | Compliant |  |
| Requirements   | ,         |  |
|  |           |  |
|  | 1         |  |
| Rule   | Status    | Desumenting Statement(s) If applicable                 |
|  |           | 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 |  |
|  |           |  |
|  |           |  |
|  | l-        |  |
| D. I.  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                |
| 5101:2-13 Written Policies and   | Compliant |  |
| Procedures   |           |  |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                |
| 5101:2-13-12 Carbon Monoxide   | Compliant | у станования в при |
|  | Compliant |  |
| Detectors - Type B Only  |           |  |
|  | <u> </u>  |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                |
| 5101:2-13-11 Indoor Space  | Compliant |  |
|  |           |  |
|  |           |  |
|  | 1         | <u>!</u>   |
| Rule   | Status    | Documenting Statement(s) If annies his                 |
|  |           | 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 | Documenting Statement(s), if applicable |
| 3101.2 13 24 OH SILC 1 0013 | Compilant |   |
|                             |           |   |
|                             |           | <u>'</u>                                |
| Rule                        | 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 |   |
|                             |           |   |
|                             |           |   |
| D. I.                       | Chat      | D                                       |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Facilities out              |           |   |
| Equipment                   |           |   |
| Equipment                   |           |   |