

## Family Child Care Complaint Inspection Summary 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 Suzette Mays Childcare	Program Number 2230028965	Program Type FCC - Type A Home
Address 2009 Airport Hwy. Toledo OH 43609		County LUCAS

Inspection Information			
Inspection Type Complaint		Inspection Scope Partial	Inspection Notice Unannounced
Reviewer(s) Julie Tursic	Inspection Day 12/01/2025	Begin Time 1:47 PM	End Time 3:50 PM

Summary of Findings				
No. Rules Verified 11	No. Rules with Non-compliances 10	No. Serious Risk 0	No. Moderate Risk 6	No. Low Risk 6

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
ONE	Mixed Age Group	2 to 9	Found in Compliance once Provider returned home.
ONE	Mixed Age Group	1 to 9	Owner Payge Mays returned to the home after she was informed that the Specialist was there for complaint inspection

### Complaint Allegations

*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.*

#### **Domain: 00 License & Approvals**

Rule: 5180:2-13-04 Building Inspections for Type A Homes

Code: The program is required to only provide child care for children in spaces approved for their age group by the building department.

Allegation: Alleged that the provider is caring for infants in an area that is not been previously inspected or approved for a TYPE A. Alleged that provider is caring for infants other than the 1st floor.

Determination: Substantiated

Findings: During the inspection, it was determined the program was using space for child care in a manner that was not inspected and approved by the Ohio Department of Commerce or local certified building authority as noted in number(s) 3 below:

1. The [ ] room or space was not approved.
2. The space had been modified and not yet re-inspected and approved.
3. The second floor, which had not been approved by the building department for child care, was being used.
4. The building limitation had been exceeded. [ ] children were being cared for and the home had been approved for [ ] children.
5. The [ ] room(s) occupancy had been exceeded. [ ] children were being cared for in this space that had been approved for [ ] children.
6. Care was provided to [ ] children less than two and one-half years of age. This violated the program's building code limitation in that, [ ].

Submit the program's corrective action plan, which includes building approval for use of this space, a written statement that the building occupancy limitations are being maintained, or a written statement that it is no longer being used, to the Department to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 01/02/2026

#### **Domain: 01 Ratio & Supervision**

Rule: 5180:2-13-18 Group Size and Ratios

Code: The program is required to follow group size requirements.

Allegation: Alleged that the Provider is over the Ratio standards for a TYPE A home for children under the age of 2.

Determination: Substantiated

Findings: During the inspection, it was determined 9 children with 4 under two years of age were in the care of one child care staff member which resulted in more than [seven children/three children under two years of age]. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 01/02/2026

**Domain: 09 Children's Files**

Rule: 5180:2-13-25 Medication Requirements

Code: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

Allegation: Alleged that the provider is using a melatonin inhalant on the children before naptime.

Determination: Substantiated

Findings: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication, medical food or a prescription topical product to a child as noted in number(s) 1 below:

1. The JFS 01217 "Request for Administration of Medication for Child Care" was not on file for a medication, medical food, or prescription topical product that was not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care".
2. The child's name was missing on the JFS 01217.
3. The child's date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
5. The name of the medication was missing on the JFS 01217.
6. The exact dose was missing on the JFS 01217.
7. The time to administer was missing on the JFS 01217.
8. The time period to administer was missing on the JFS 01217.
9. The medication's expiration date was missing on the JFS 01217.
10. The Parent/Guardian's dated signature was missing on the JFS 01217.
11. Physician instructions were missing on the JFS 01217.
12. Possible side effects were missing on the JFS 01217.
13. Physician's dated signature was missing on the JFS 01217.
14. Physician's phone number was missing on the JFS 01217.
15. Date medication was administered was missing on the JFS 01217.
16. Time medication was administered was missing on the JFS 01217.
17. Dosage administered was missing on the JFS 01217.
18. Staff member's signature was missing on the JFS 01217.
19. A prescription label was not attached to the prescription medication.
20. The medication or product, [ ], was not brought to the program in its original container.
21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 01/02/2026



## Summary of Additional Non-Compliances

### Serious Risk Non-Compliances

No Additional Serious Risk Non-Compliances were observed during this inspection

### Moderate Risk Non-Compliances

#### Domain: 01 Ratio & Supervision

Rule: 5180:2-13-19 Supervision

Code: The program is required to supervise children.

Findings: During the inspection, it was determined that children were left unattended and not supervised, in that an infant was on the 2nd floor unattended and not within sight or hearing. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/03/2026

#### Domain: 07 Diapering & Infant Care

Rule: 5180:2-13-20 Crib and Playpen Requirements

Code: The program staff is required to place infants in a crib or playpen to sleep unless a JFS 01235 "Sleep Position Waiver Statement for Child Care" is on file.

Findings: During the inspection, it was determined an infant slept in equipment other than their crib or playpen and did not have written permission from a physician on file. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/02/2026

**Domain: 07 Diapering & Infant Care**

Rule: 5180:2-13-20 Crib and Playpen Requirements

Code: The program staff is required to place infants in a crib or playpen with no strangulation hazards.

Findings: During the inspection, it was determined that an infant was placed in a crib with the following suffocation or strangulation hazard a blanket in the playpen while sleeping.. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/02/2026

**Low Risk Non-Compliances**

**Domain: 00 License & Approvals**

Rule: 5180:2-13-03 Inspection Requirements

Code: The program staff and residents are required to refrain from falsifying information.

Findings: During the inspection, it was determined that the program staff or residents provided false information, in that when asked if there were any infants on the 2nd floor the CCSM stated no and then Specialist observed CCSM come from the 2nd floor with an infant . Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/02/2026

**Domain: 01 Ratio & Supervision**

Rule: 5180:2-13-18 Attendance

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the program for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 2, 3, 4, 6 and 7 below:

1. No attendance record was being maintained.
2. The attendance record was not being consistently completed.
3. The record did not include the name of at least one child.
4. The record did not include the birth date of at least one child.
5. The record did not include the assigned group.
6. The record did not include the child's weekly schedule.
7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 01/02/2026

**Domain: 03 Postings & Equipment**

Rule: 5180:2-13-17 Materials and Equipment

Code: The program is required to provide equipment appropriate for the children in the program in sufficient quantities that all children can be actively involved. Play materials must be accessible to the children and arranged in an orderly manner.

Findings: During the inspection, it was determined that equipment, materials and furnishings provided for indoor and outdoor play did not meet the requirement of the rule as noted in number(s) 1 below.

1. Equipment and materials were not varied and adequate to meet the developmental needs of the infant children.
2. Equipment and materials were not provided in a sufficient quantity that each child can be actively involved in an activity.
3. Play materials were not readily accessible to the children.
4. Play materials were not arranged in an orderly manner so that children have opportunities to select, remove and replace play materials with minimal assistance during the day.
5. Durable, child-sized or safely adapted furniture was not provided for children.

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

Corrective Action Plan Due: 01/02/2026

**Domain: 07 Diapering & Infant Care**

Rule: 5180:2-13-20 Crib and Playpen Requirements

Code: The program is required to provide mattresses in good condition and sheets that are not too large or too small for cribs and playpens.

Findings: During the inspection, it was determined that sheets, mattresses and/or mattress covers did not meet the rule requirement as noted in number(s) 1 below:

1. At least one crib or playpen did not have a sheet.
2. At least one sheet was too large.
3. At least one sheet was too small.
4. At least one sheet was torn.
5. The mattress was not at least one and one-half inches thick.
6. The mattress was not firm.
7. There was space between the mattress and the sides and end panels of the crib or playpen which exceeded one and one-half inches.
8. The mattress cover was not waterproof.
9. The mattress cover was torn.
10. Other: [ ].

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

Corrective Action Plan Due: 01/02/2026

**Domain: 08 Staff Files**

Rule: 5180:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in number(s) 11 below:

1. First Aid - expired training
2. First Aid - did not have verification of completion of First Aid training
3. First Aid - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
4. CPR - expired training
5. CPR - had not taken CPR training
6. CPR - did not have verification of the completion of CPR training
7. CPR - training taken did not include all age groups the program serves and developmental levels of all children in care
8. CPR - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
9. CPR - audiovisual or electronic media training taken by staff did not include an in-person component of the training
10. Communicable Disease - expired training
11. Communicable Disease - had not taken CD training
12. Communicable Disease - did not have verification of the completion of the CD training
13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
14. Child Abuse - expired training
15. Child Abuse - had not taken Child Abuse training
16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/02/2026

**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: 01/02/2026