

## 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://ifs.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<br>Luv Bugz Child Care                             | Program Number<br>2240029463 | Program Type<br>FCC - Type B Home |
| Address<br>250 Francisridge Drive<br><br>Cincinnati<br>OH 45238 | County<br>HAMILTON           |                                   |

| Inspection Information        |                                     |                             |                       |                                  |
|-------------------------------|-------------------------------------|-----------------------------|-----------------------|----------------------------------|
| Inspection Type<br>Attempted  |                                     | Inspection Scope<br>Partial |                       | Inspection Notice<br>Unannounced |
| Inspection Date<br>12/09/2024 |                                     | Begin Time<br>10:40 AM      |                       | End Time<br>10:46 AM             |
| Reviewer:<br>Gina McDevitt    |                                     |                             |                       |                                  |
| Summary of Findings           |                                     |                             |                       |                                  |
| No. Rules Verified<br>0       | No. Rules with Non-compliances<br>0 |                             | No. Serious Risk<br>0 | No. Moderate Risk<br>0           |
|                               |                                     |                             | No. Low Risk<br>0     |                                  |

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

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
|                                              |                 |                |         |

### 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

**No Low Risk Non-Compliances were observed during this inspection**

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**Rules In-Compliance/Not Verified**

| Rule                                            | Status       | Documenting Statement(s), If applicable |
|-------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-05 Denial, Revocation, and Suspension | Not Verified |                                         |
| Rule                                            | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary Closure        | Not Verified |                                         |
| Rule                                            | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary Closure        | Not Verified |                                         |
| Rule                                            | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location                 | Not Verified |                                         |
| Rule                                            | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS               | Not Verified |                                         |
| Rule                                            | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical                   | Not Verified |                                         |
| Rule                                            | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership                   | Not Verified |                                         |
| Rule                                            | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection Requirements            | Not Verified |                                         |

| Rule                                               | Status       | Documenting Statement(s), If applicable |
|----------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-04 Building Inspections for Type A Homes | Not Verified |                                         |

| Rule                                                | Status       | Documenting Statement(s), If applicable |
|-----------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-04 Building Requirements for Type B Homes | Not Verified |                                         |

| Rule                                               | Status       | Documenting Statement(s), If applicable |
|----------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-04 Building Inspections for Type A Homes | Not Verified |                                         |

| Rule                                      | Status       | Documenting Statement(s), If applicable |
|-------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-04 Fire Safety for Type B Homes | Not Verified |                                         |

| Rule                                                              | Status       | Documenting Statement(s), If applicable |
|-------------------------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Not Verified |                                         |

| Rule                                  | Status       | Documenting Statement(s), If applicable |
|---------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-04 Heaters in a Type B Home | Not Verified |                                         |

| Rule                       | Status       | Documenting Statement(s), If applicable |
|----------------------------|--------------|-----------------------------------------|
| 5101:2-13-07 Staff Records | Not Verified |                                         |

| Rule                                   | Status       | Documenting Statement(s), If applicable |
|----------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-07 Provider Responsibilities | Not Verified |                                         |

| Rule                                      | Status       | Documenting Statement(s), If applicable |
|-------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13 Written Policies and Procedures | Not Verified |                                         |

| Rule                               | Status       | Documenting Statement(s), If applicable |
|------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-08 Employee Requirements | Not Verified |                                         |

| Rule                                         | Status       | Documenting Statement(s), If applicable |
|----------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-07 Type B Provider - Foster Parent | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements   | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                  | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks               | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training                 | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development        | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space                    | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space                    | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                   | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment               | Not Verified |                                         |
| Rule                                         | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                       | Not Verified |                                         |

|                                                                |               |                                                |
|----------------------------------------------------------------|---------------|------------------------------------------------|
|                                                                |               |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Smoke Free                                        | Not Verified  |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Safe Equipment                                    | Not Verified  |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Safe Environment                                  | Not Verified  |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only           | Not Verified  |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Pets                                              | Not Verified  |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Clean environment and equipment                   | Not Verified  |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Handwashing                                       | Not Verified  |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Toothbrushing                                     | Not Verified  |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Requirements for Field and Routine Trips          | Not Verified  |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Not Verified  |                                                |

| Rule                             | Status       | Documenting Statement(s), If applicable |
|----------------------------------|--------------|-----------------------------------------|
| 5101:2-13-14 Driver Requirements | Not Verified |                                         |

| Rule                                          | Status       | Documenting Statement(s), If applicable |
|-----------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-21 Sanitary Environment and Hygiene | Not Verified |                                         |

| Rule                             | Status       | Documenting Statement(s), If applicable |
|----------------------------------|--------------|-----------------------------------------|
| 5101:2-13-14 Vehicle Inspections | Not Verified |                                         |

| Rule                              | Status       | Documenting Statement(s), If applicable |
|-----------------------------------|--------------|-----------------------------------------|
| 5101:2-13-14 Vehicle Requirements | Not Verified |                                         |

| Rule                                              | Status       | Documenting Statement(s), If applicable |
|---------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-15 Child Medical and Enrollment Records | Not Verified |                                         |

| Rule                           | Status       | Documenting Statement(s), If applicable |
|--------------------------------|--------------|-----------------------------------------|
| 5101:2-13-15 Health Conditions | Not Verified |                                         |

| Rule                                                     | Status       | Documenting Statement(s), If applicable |
|----------------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-15 Child Records Retention and Confidentiality | Not Verified |                                         |

| Rule                                                     | Status       | Documenting Statement(s), If applicable |
|----------------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Not Verified |                                         |

| Rule                          | Status       | Documenting Statement(s), If applicable |
|-------------------------------|--------------|-----------------------------------------|
| 5101:2-13-16 Emergency Drills | Not Verified |                                         |

| Rule                                            | Status       | Documenting Statement(s), If applicable |
|-------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-16 First Aid Kit/Standard Precautions | Not Verified |                                         |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|-----------------------------------------|
|------|--------|-----------------------------------------|

|                                                       |              |                                         |
|-------------------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-16 Communicable Diseases                    | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury                          | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Preparedness and Response Plan | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming                              | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming                              | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and Equipment                  | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and Equipment                  | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios                    | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                               | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision                              | Not Verified |                                         |
| Rule                                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision                   | Not Verified |                                         |

|                                                 |               |                                                |
|-------------------------------------------------|---------------|------------------------------------------------|
|                                                 |               |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 Child Guidance                     | Not Verified  |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Sleep and Nap Requirements         | Not Verified  |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Crib and Playpen Requirements      | Not Verified  |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-21 Evening and Overnight Care         | Not Verified  |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Meals and Snacks                   | Not Verified  |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Fluid Milk                         | Not Verified  |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Food Handling                      | Not Verified  |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Infant Daily Care                  | Not Verified  |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Infant Bottle and Food Preparation | Not Verified  |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Diapering                          | Not Verified  |                                                |

| Rule                       | Status       | Documenting Statement(s), If applicable |
|----------------------------|--------------|-----------------------------------------|
| 5101:2-13-24 On-site Pools | Not Verified |                                         |

  

| Rule                       | Status       | Documenting Statement(s), If applicable |
|----------------------------|--------------|-----------------------------------------|
| 5101:2-13-24 On-site Pools | Not Verified |                                         |

  

| Rule                        | Status       | Documenting Statement(s), If applicable |
|-----------------------------|--------------|-----------------------------------------|
| 5101:2-13-24 Swimming Sites | Not Verified |                                         |

  

| Rule                        | Status       | Documenting Statement(s), If applicable |
|-----------------------------|--------------|-----------------------------------------|
| 5101:2-13-24 Swimming Sites | Not Verified |                                         |

  

| Rule                                        | Status       | Documenting Statement(s), If applicable |
|---------------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-24 Parent Permission for Swimming | Not Verified |                                         |

  

| Rule                                 | Status       | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|-----------------------------------------|
| 5101:2-13-25 Medication Requirements | Not Verified |                                         |

  

| Rule                             | Status       | Documenting Statement(s), If applicable |
|----------------------------------|--------------|-----------------------------------------|
| 5180:2-13-14 Vehicle Inspections | Not Verified |                                         |