

# **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 Deta      | ils             | Α                 |
|---|-------------------|-----------------|-------------------|
| Program Name  | Program Number    |                 | Program Type      |
| Taylor Tots Childcare Learning Center                   | 2240031088        |                 | FCC - Type A Home |
| Address   |                   |                 | County            |
| 3403 FERNCROFT DR                                       |                   |                 | HAMILTON          |
|   |                   |                 |                   |
| Cincinnati  |                   |                 |                   |
| OH 45211  |                   |                 |                   |
| Building and Fire Approvals apply to Type A Family Chil | d Care Homes only | ç.              |                   |
| Building Approval Date                                  | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |
| 10/18/2024  | 5495              |                 |                   |
| Fire Inspection Approval Date                           |                   |                 |                   |
| 10/15/2024  |                   |                 |                   |

|                     | Insp                           | ection Information | 1                 |              |
|---------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type     | Inspection So                  | cope               | Inspection Notice |              |
| Provisional         | Full                           | 20.000             | Unannounced       |              |
| Inspection Date     | Begin Time                     |                    | End Time          |              |
| 09/16/2025          | 11:30 AM                       |                    | 12:50 PM          |              |
| Reviewer:           | •                              |                    |                   |              |
| Lindsey Sweeney     |                                |                    |                   |              |
| Summary of Findings |                                |                    |                   |              |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 66                  | 2                              | 0                  | 1                 | 1,           |

| 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   |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 6                | 4          | 0         | 4     |
| Older Toddler   |                  | 3          | 0         | 3     |
| Preschool   |                  | 3          | 0         | 3     |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 12               | 9          | 0         | 13    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| 9/16/25                                      | Mixed Age Group | 2 to 5         |         |





#### **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 5180:2-12-03 and 5180:2-13-03 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**

#### Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to refrain from using and storing potentially hazardous items, toxic substances, and outdoor machinery around children.

Findings: During the inspection, a potentially hazardous item or toxic substance was used or stored where children present had access to it as noted in number 1 below. The potentially hazardous substance or item that posed a risk to children was determined to be accessible to children in the living room on the changing table.

- 1. Bleach.
- 2. Cleaning agent.
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.
- 7. Flammable substance.
- 8. Windshield washer fluid.
- 9. Aerosol cans.
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: [ ].



Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/17/2025

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

Domain: 05 Health & Safety

Rule: 5180:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number 10 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).



| Correct the violation and submit the program's corrective action plan to verify compliance with the | ıe |
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| requirements of this rule.  |    |

Corrective Action Plan Due: 10/17/2025

## Rules In-Compliance/Not Verified

| Rule                              | Status    | Documenting Statement(s), If applicable  |
|-----------------------------------|-----------|--|
| 5180:2-13-02 Voluntary Temporary  | Compliant | bootimenting statement(s), it applicable |
| Closure                           | '         |  |
|                                   |           |  |
| Rule                              | Status    | Decumenting Statements   If applicable   |
| 5180:2-13-02 License Visible      | Compliant | Documenting Statement(s), If applicable  |
| 5100.2-13-02 License visible      | Compilant |  |
|                                   |           |  |
| 1                                 |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-02 Change of Location   | Compliant |  |
|                                   |           |  |
|                                   | <u>.</u>  |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-02 Information in OCLQS | Compliant |  |
|                                   |           |  |
|                                   | 1         |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-02 Provider Medical     | Compliant |  |
|                                   |           |  |
|                                   | 1         |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-02 Type A Ownership     | Compliant |  |
|                                   |           |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-03 Inspection           | Compliant |  |
| Requirements                      |           |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| Nuic                              | Jiaius    | Documenting Statement(s), if applicable  |



| 5180:2-13-04 Building Inspections for          | Compliant   |   |
|--|-------------|---|
| Type A Homes                                   |             |   |
|  |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Inspections for Type A Homes | Compliant   |   |
| A Homes  |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records                     | Compliant   |   |
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| <u>L</u>                                       |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities         | Compliant   |   |
|  |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and                 | Compliant   | Documenting Statement(s), it applicable |
| Procedures                                     | Compliant   |   |
| r r coca a r co                                |             |   |
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| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements             | Compliant   |   |
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| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff                  | Compliant   |   |
| Requirements                                   |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower                    | Compliant   |   |
|  |             |   |
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| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks                 | Compliant   | Documenting Statement(s), it applicable |
| 22372 13 33 Eddinground Cricers                | - Simpliant |   |
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| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training                   | Compliant   |   |
|  |             |   |
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| Rule   | Status      | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional                      | Compliant   |   |
| Development                                    |             |   |



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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Outdoor Space  | Compliant  |  |
|   |  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Outdoor Equipment  | Compliant  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Fall Zone  | Compliant  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-12 Safe Equipment   | Compliant  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-12 Pets   | Compliant  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-13 Smoke Free   | Compliant  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-13-15 Child Medical and  |  | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Medical and  | Status<br>Compliant                                  | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Medical and  |  | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Medical and  |  |  |
| 5180:2-13-15 Child Medical and<br>Enrollment Records  | Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Clean environment and  | Compliant  |  |
| 5180:2-13-15 Child Medical and<br>Enrollment Records  | Compliant  |  |
| 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Clean environment and  | Compliant  |  |
| 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Clean environment and equipment  | Compliant  | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Clean environment and equipment  Rule  | Status Compliant Status Status                       |  |
| 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Clean environment and equipment  | Status Compliant                                     | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Clean environment and equipment  Rule  | Status Compliant Status Status                       | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Clean environment and equipment  Rule  | Status Compliant Status Status                       | Documenting Statement(s), If applicable  |
| S180:2-13-15 Child Medical and Enrollment Records  Rule  5180:2-13-13 Clean environment and equipment  Rule  5180:2-13-13 Handwashing   | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| S180:2-13-15 Child Medical and Enrollment Records  Rule  5180:2-13-13 Clean environment and equipment  Rule  5180:2-13-13 Handwashing   | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  |
| S180:2-13-15 Child Medical and Enrollment Records  Rule  5180:2-13-13 Clean environment and equipment  Rule  5180:2-13-13 Handwashing  Rule  5180:2-13-14 Ratio and Supervision | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| S180:2-13-15 Child Medical and Enrollment Records  Rule  5180:2-13-13 Clean environment and equipment  Rule  5180:2-13-13 Handwashing   | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



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| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5180:2-13-13 Toothbrushing           | Compliant   |  |
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| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5180:2-13-14 Requirements for Field  | Compliant   |  |
| and Routine Trips                    |             |  |
|                                      |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5180:2-13-14 Driver Requirements     | Compliant   |  |
| 310012 13 11 Briver Requirements     | Compilant   |  |
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| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5180:2-13-14 Vehicle Inspections     | Compliant   |  |
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| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5180:2-13-14 Vehicle Requirements    | Compliant   | -  |
| 313612 13 11 Vennete Requirements    | Compilation |  |
|                                      |             |  |
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| p. I                                 | Control     | D " C' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Health Conditions       | Compliant   |  |
|                                      |             |  |
|                                      |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Records Retention | Compliant   |  |
| and Confidentiality                  |             |  |
|                                      |             |  |
|                                      | I.          |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
|                                      |             | Documenting Statement(s), if applicable  |
| 5180:2-13-16 Medical, Dental, and    | Compliant   |  |
| General Emergency Plan               |             |  |
| <u> </u>                             |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Emergency Drills        | Compliant   |  |
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| ·                                    | 1,          |  |
| Rule                                 | Status      | Documenting Statement(s) If applicable   |
|                                      |             | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Communicable Diseases   | Compliant   |  |
|                                      |             |  |
|                                      |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Incident/Injury         | Compliant   |  |
| 3 10012 10 10 moracing injury        | Compilant   |  |



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|-------------------------------------|----------------------|---|
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-16 Emergency              | Compliant            |   |
| Preparedness and Response Plan      |                      |   |
| ,                                   |                      |   |
|                                     |                      |   |
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-17 Programming            | Compliant            |   |
|                                     |                      |   |
|                                     |                      |   |
|                                     |                      |   |
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-19 Supervision            | Compliant            |   |
|                                     |                      |   |
|                                     |                      |   |
|                                     |                      |   |
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-17 Materials and          | Compliant            |   |
| Equipment                           |                      |   |
|                                     |                      |   |
|                                     |                      |   |
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-18 Group Size and Ratios  | Compliant            |   |
| Pro-                                |                      |   |
|                                     |                      |   |
|                                     | Towns and the second |   |
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-18 Attendance             | Compliant            |   |
|                                     |                      |   |
|                                     |                      |   |
|                                     |                      |   |
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-19 School Age Supervision | Compliant            |   |
|                                     |                      |   |
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| P. I.                               | 6                    | D   |
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-19 Child Guidance         | Compliant            |   |
|                                     |                      |   |
|                                     |                      |   |
| Dolla                               | Chahar               | Description Chairman (1) If                 |
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-20 Sleep and Nap          | Compliant            |   |
| Requirements                        |                      |   |
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| Dula                                | Chatus               | Designmenting Chatamaget/-\ If a called his |
| Rule                                | Status               | Documenting Statement(s), If applicable     |
| 5180:2-13-20 Crib and Playpen       | Compliant            |   |
| Requirements                        |                      |   |
|                                     | I.                   |   |



| Rule   | Chatus                                 | Decumenting Statement(s) If applicable  |
|--|--|---|
|  | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight   | Compliant                              |   |
| Care   |  |   |
|  |  |   |
|  | ************************************** |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment  | Compliant                              |   |
| and Hygiene  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks  | Compliant                              |   |
|  | •                                      |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk  | Compliant                              | G ( ), A - F                            |
| 3100.2 13 22 Haid Willik   | Compilant                              |   |
|  |  |   |
|  | 1                                      |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
|  | 99                                     | Documenting statement(s), if applicable |
| 5180:2-13-22 Food Handling   | Compliant                              |   |
|  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Daily Care   | Compliant                              |   |
|  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food  | Compliant                              |   |
| Preparation  |  |   |
| Considerate Recognition of the Constitution of |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering   | Compliant                              | 3                                       |
| 310012 10 20 Diapering   | Compilant                              |   |
|  |  |   |
| L  | 1                                      |   |
| Rule   | Status                                 | Documenting Statement/s) If applicable  |
|  |  | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools   | Compliant                              |   |
|  |  |   |
|  |  |   |
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| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites  | Compliant                              |   |
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|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |



| 5180:2-13-24 Parent Permission for | Compliant                               |   |
|------------------------------------|---|---|
|                                    | Compliant                               |   |
| Swimming                           |   |   |
|                                    |   |   |
|                                    |   |   |
| Rule                               | Status                                  | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space          | Compliant                               |   |
|                                    |   |   |
|                                    |   |   |
|                                    |   |   |
| Rule                               | Status                                  | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication            | Compliant                               |   |
| Requirements                       |   |   |
| I.                                 |   |   |
|                                    | ,                                       |   |
| Rule                               | Status                                  | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and   | Compliant                               |   |
| Procedures                         | • |   |
|                                    |   |   |
|                                    |   | ·                                       |
|                                    |   |   |