

Family Child Care Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details | | |
|-------------------|----------------|-------------------|
| Program Name | Program Number | Program Type |
| London's Nest LLC | 2250031565 | FCC - Type B Home |
| Address | | County |
| 656 Garry Rd | | SUMMIT |
| | | |
| Akron | | |
| OH 44305 | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | соре | Inspection Notice | | |
| Pre-license | Full | (3)40 | Announced | | |
| Inspection Date | Begin Time | | End Time | | |
| 07/21/2025 | 10:00 AM | 10:00 AM | | 11:45 AM | |
| Reviewer: | | | | | |
| Tywana Luster | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 68 | 5 | 0 | 0 | 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 Age Group/Range Ratio Observed Comment | | | | |
| Marshorie's Kids | 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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |

Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5180:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.

Findings: During the inspection, it was determined the information in number 5 below was not up to date in the Ohio Child Care Licensing and Quality System:



- 1. Mailing Address;
- 2. Telephone Number;
- 3. Email Address;
- 4. Days and Hours of Operation;
- 5. Services Offered;
- 6. Name of Program, If applicable.
- 7. Private pay rates.

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

Corrective Action Plan Due: 08/20/2025

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may 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 that children were not protected from the following item or condition which may threaten their health, safety, or well being as noted in the following number 1 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Telephone cords.
- 7. Employee(s) purse(s).
- 8. Diaper bags.
- 9. Television not securely anchored.
- 10. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 11. Staff member stepped over a barrier/gate while holding a child.
- 12. Chipping or peeling paint.
- 13. An area rug did not have a nonskid backing.
- 14. An area rug presented a tripping hazard.
- 15. A floor surface was unsafe in that [].
- 16. No platform was provided for the sink or toilet.
- 17. The platform provided for the sink or toilet was not sturdy.
- 18. The platform provided for the sink or toilet posed a safety hazard in that [].
- 19. Emergency exits were blocked by the following furniture in that [].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [].



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

Corrective Action Plan Due: 08/20/2025

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(s) 8 and 9 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;
- 6. 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 requirements of this rule.

Corrective Action Plan Due: 08/20/2025

Domain: 08 Staff Files



Rule: 5180:2-13-07 Provider Responsibilities

Code: The provider is required to reside at the licensed location, not have additional activities or employment during the program's operating hours, be on-site at the program for at least 75 percent of the program's operating hours, and have hours of availability posted in a noticeable place.

Findings: During the inspection, it was determined that the provider was not meeting the following requirements as noted in number 4 below:

- 1. The provider no longer resides at the licensed location.
- 2. The licensed provider has additional activities/employment during operating hours, in that [].
- 3. The provider was not on-site for 75 percent of the program's operating hours as required by this rule.
- 4. The provider did not have hours of availability to meet with parents a noticeable location.

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

Corrective Action Plan Due: 08/20/2025

Domain: 08 Staff Files

Rule: 5180:2-13-07 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)7 and 8 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.



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

Corrective Action Plan Due: 08/20/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|--|---|
| 5180:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection | Compliant | |
| Requirements | , | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements | Compliant | 5(-// ·· - - |
| for Type B Homes | The second section of the second section is a second secon | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B | Compliant | 0 (1) |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5180:2-13-04 Flammable and | Compliant | |
| Combustible Materials in a Type B | | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B | Compliant | 3 (7) |
| Home | SSp | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and | Compliant | Becamening statement(s), in applicable |
| Procedures | Compilant | |
| Frocedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 087-968-500 | | bocumenting statement(s), if applicable |
| 5180:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
| L | I | |
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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 | | |
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| 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 | |
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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 | G |
| Development | | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Decumenting Statement(s) If applicable |
| | Control of the Contro | 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 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
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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 |
| 5180:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | Compilant | |
| Tot Field and Modeline Hilps | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing | Compliant | Documenting Statement(3), it applicable |
| 5 100.2-13-13 TOOTHDI USHING | Compilant | |
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| Rule | Status | Documenting Statement(s) If applies his |
| 3416496 | | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5180:2-13-13 Clean environment and equipment | Status Compliant | Documenting Statement(s), If applicable |



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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | * | |
| Total Control (1997) (| | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements | Compliant | |
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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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Medical and | Compliant | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | |
| 5180:2-13-16 Medical, Dental, and | Compilant | |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compilant | |
| | Compilant | |
| General Emergency Plan | | |
| General Emergency Plan Rule | Status | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(3), if applicable |
| 5180:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency | Compliant | |
| Preparedness and Response Plan | Compilant | |
| Preparedness and Response Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming | Compliant | |
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| Rule | | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios | Compliant | general (e), ii approach |
| 3180.2-13-18 Group Size and Natios | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap | Compliant | |
| 75 ST | Compilant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen | Compliant | Bocamenting statement(s), it applicable |
| | Compilant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight | Compliant | |
| 1 2 | Compilant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment | Compliant | |
| | Compilant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk | Compliant | |
| 5100.2 15 22 Huld Willk | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling | Compliant | |
| 3100.2 13 22 1 000 Harlann | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Daily Care | Compliant | |
| 3100.2 13 23 illiant bany care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food | Compliant | |
| | Compilant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering | Compliant | |
| 5100.2 15 25 Diapering | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| |) decommon select | and a second sec |
| 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 | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication | Compliant | |
| Requirements | | |