

## 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<br>Pequenos Gigantes Daycare LLC                                   | Program Number<br>2250031700 | Program Type<br>FCC - Type A Home |                   |
| Address<br>2202 McCollum Road<br><br>Youngstown<br>OH 44509                     |                              | County<br>MAHONING                |                   |
| <i>Building and Fire Approvals apply to Type A Family Child Care Homes only</i> |                              |                                   |                   |
| Building Approval Date<br>02/24/2025                                            | Use Group/Code<br>E          | Occupancy Limit<br>12             | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>02/20/2025                                     |                              |                                   |                   |

| Inspection Information                            |                             |                                |
|---------------------------------------------------|-----------------------------|--------------------------------|
| Inspection Type<br>Amendment - change of capacity | Inspection Scope<br>Partial | Inspection Notice<br>Announced |
| Inspection Date<br>08/15/2025                     | Begin Time<br>11:00 AM      | End Time<br>12:00 PM           |
| Reviewer:<br>Amber Rios                           |                             |                                |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>66 | 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>                                | 6                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 9                | 0          | 0         | 0     |

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

**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 |
|----------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-02 Voluntary Temporary Closure           | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible                       | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location                    | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical                      | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS                  | Compliant |                                         |
| 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 Requirements               | Compliant |                                         |
| Rule                                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Inspections for Type A Homes | Compliant |                                         |

| Rule                                           | Status    | Documenting Statement(s), If applicable |
|------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-04 Fire Inspections for Type A Homes | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records                     | Compliant |                                         |
| 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 Procedures      | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements             | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff Requirements     | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower                    | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks                 | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training                   | Compliant |                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional Development          | Compliant |                                         |

| Rule                                                           | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-11 Outdoor Space                                     | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment                                 | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone                                         | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment                                    | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment                                  | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets                                              | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and equipment                   | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field and Routine Trips          | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing                                     | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Handwashing                                       | Compliant |                                         |

|                                                          |               |                                                |
|----------------------------------------------------------|---------------|------------------------------------------------|
|                                                          |               |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Smoke Free                                  | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Driver Requirements                         | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Vehicle Inspections                         | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Child Medical and Enrollment Records        | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Vehicle Requirements                        | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Health Conditions                           | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Emergency Drills                            | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 First Aid Kit/Standard Precautions          | Compliant     |                                                |

| Rule                               | Status    | 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 |                                         |

| Rule                                                  | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Emergency Preparedness and Response Plan | Compliant |                                         |

| Rule                     | Status    | Documenting Statement(s), If applicable |
|--------------------------|-----------|-----------------------------------------|
| 5180:2-13-17 Programming | Compliant |                                         |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-17 Materials and Equipment | Compliant |                                         |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-18 Group Size and Ratios | Compliant |                                         |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|-----------------------------------------|
| 5180:2-13-18 Attendance | Compliant |                                         |

| Rule                     | Status    | Documenting Statement(s), If applicable |
|--------------------------|-----------|-----------------------------------------|
| 5180:2-13-19 Supervision | Compliant |                                         |

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-19 School Age Supervision | Compliant |                                         |

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-20 Sleep and Nap Requirements | Compliant |                                         |

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

|                                                 |               |                                                |
|-------------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-19 Child Guidance                     | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Crib and Playpen Requirements      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Evening and Overnight Care         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Sanitary Environment and Hygiene   | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Meals and Snacks                   | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Food Handling                      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Daily Care                  | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Fluid Milk                         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Diapering                          | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 On-site Pools                      | Compliant     |                                                |

| Rule                                        | Status    | Documenting Statement(s), If applicable |
|---------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-24 Swimming Sites                 | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for Swimming | Compliant |                                         |
| 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 Requirements        | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and Procedures | Compliant |                                         |