

## 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>TOTS R US Childcare   | Program Number<br>2250032285 | Program Type<br>FCC - Type A Home |                   |
| Address<br>3177 Bellevue<br><br>Toledo<br>OH 43606                              |                              | County<br>LUCAS                   |                   |
| <i>Building and Fire Approvals apply to Type A Family Child Care Homes only</i> |                              |                                   |                   |
| Building Approval Date<br>06/02/2025  | Use Group/Code               | Occupancy Limit                   | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>12/19/2024                                     |                              |                                   |                   |

| Inspection Information         |                          |                                |
|--------------------------------|--------------------------|--------------------------------|
| Inspection Type<br>Pre-license | Inspection Scope<br>Full | Inspection Notice<br>Announced |
| Inspection Date<br>09/15/2025  | Begin Time<br>10:15 AM   | End Time<br>11:26 AM           |
| Reviewer:<br>Kimberly Dada     |                          |                                |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>67 | No. Rules with Non-compliances<br>3 | No. Serious Risk<br>0 | No. Moderate Risk<br>1 | No. Low Risk<br>2 |

| 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>                                |                  | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          |                  | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| one  |                 | 2 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

##### **Domain: 08 Staff Files**

Rule: 5180:2-13-09 Background Checks

Code: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

Findings: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) 1 below:

1. The request for a background check for child care was not submitted in the OPR.
2. The fingerprints were not submitted electronically according to the process established by BCI.
3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/16/2025

### Low Risk Non-Compliances

**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) 2,6,7 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.
11. Other: []

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

Corrective Action Plan Due: 10/16/2025

**Domain: 08 Staff Files**

Rule: 5180:2-13-10 Health Training

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



Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in number(s) 10 below:

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

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

Corrective Action Plan Due: 10/16/2025

### 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 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 Information in OCLQS | 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 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 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     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Child Care Staff Requirements   | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Whistle Blower                  | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-10 Professional Development        | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Outdoor Space                   | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Outdoor Equipment               | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Fall Zone                       | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Safe Equipment                  | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Safe Environment                | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Pets                            | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Clean environment and equipment | Compliant     |  |

|  |               |  |
|--|---------------|--|
|  |               |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Handwashing                                       | 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 Requirements for Field and Routine Trips          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | 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> |
| 5180:2-13-15 Child Medical and Enrollment Records              | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Toothbrushing                                     | 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> |
| 5180:2-13-14 Vehicle Requirements                              | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Health Conditions                                 | Compliant     |  |



| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills                            | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 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 |
| 5180:2-13-19 School Age Supervision                      | Compliant |   |

|   |               |  |
|---|---------------|--|
|   |               |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Attendance                       | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Supervision                      | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Child Guidance                   | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Sleep and Nap Requirements       | 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 Fluid Milk                       | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 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 Preparation | Compliant |   |

| Rule                   | Status    | Documenting Statement(s), If applicable |
|------------------------|-----------|---|
| 5180:2-13-23 Diapering | Compliant |   |

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