

## Family Child Care Licensing Inspection Full Report

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

| Program Details                                  |                                   |                                   |
|--------------------------------------------------|-----------------------------------|-----------------------------------|
| Program Name<br>BOYD, BOBBIE                     | Program Number<br>000000932820817 | Program Type<br>FCC - Type B Home |
| Address<br>724 MARMION<br><br>TOLEDO<br>OH 43607 | County<br>LUCAS                   |                                   |

| Inspection Information        |                                     |                          |                        |                                |
|-------------------------------|-------------------------------------|--------------------------|------------------------|--------------------------------|
| Inspection Type<br>Compliance |                                     | Inspection Scope<br>Full |                        | Inspection Notice<br>Announced |
| Inspection Date<br>03/24/2026 |                                     | Begin Time<br>10:07 AM   |                        | End Time<br>11:22 AM           |
| Reviewer:<br>Julie Tursic     |                                     |                          |                        |                                |
| Summary of Findings           |                                     |                          |                        |                                |
| No. Rules Verified<br>68      | No. Rules with Non-compliances<br>3 | No. Serious Risk<br>0    | No. Moderate Risk<br>0 | No. Low Risk<br>3              |

| 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                                             |                  | 1          | 0         | 1     |
| <b>Total Under 2 Years</b>                                | 3                | 1          | 0         | 1     |
| Older Toddler                                             |                  | 1          | 0         | 1     |
| Preschool                                                 |                  | 1          | 0         | 1     |
| School Age                                                |                  | 3          | 0         | 3     |
| <b>Total Capacity/Enrollment</b>                          | 7                | 5          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |                 |                |                     |
|----------------------------------------------|-----------------|----------------|---------------------|
| Group                                        | Age Group/Range | Ratio Observed | Comment             |
| ONE                                          | Mixed Age Group | 1 to 2         | RATIO:2 at 10:10 AM |

### Summary of Non-Compliances

*If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.*

#### Serious Risk Non-Compliances

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

#### Moderate Risk Non-Compliances

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

#### Low Risk Non-Compliances

**Domain: 02 Safe & Sanitary Environment**

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 140 degrees in the following room(s) basement restroom. This temperature exceeds the requirement of remaining below 120 degrees

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

Corrective Action Plan Due: 04/23/2026

**Domain: 02 Safe & Sanitary Environment**

Rule: 5180:2-13-13 Clean environment and equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number(s) 4 below, were in the basement restroom:

1. There was no liquid soap.
2. There was no toilet tissue.
3. There were no individually assigned towels or disposable towels.
4. The toilet cleaning brush was accessible to the children.
5. The plunger was accessible to the children.
6. The toilet was not flushed.
7. The trash was not emptied from the day before.
8. There was a strong urine odor.
9. Other [ ].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 04/23/2026

**Domain: 10 Written Policies & Procedures**

Rule: 5180:2-13 Written Policies and Procedures

Code: The program is required to have policies and procedures for all items listed in this rule.

Findings: On the day of the inspection, the program's written policies and procedures provided to the parents/guardians and employees was missing item number(s) 4 below:

**General Information**

1. Name, address, email address and telephone number.
2. Description of the provider's program philosophy.
3. Days and hours of operation, scheduled closings and basic daily schedule.
4. Staff/child ratios and group size.
5. Opportunities for parent involvement in activities.
6. Opportunities for parents to meet with the provider regarding their child.
7. Payment schedule, overtime charges and registration fees if applicable.

8. Programs shall have a policy in place describing supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

**Provider Policies and Procedures**

9. Enrollment including required enrollment information.

10. Care of children without immunizations.

11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.

12. Supervision of children, including a separate supervision policy for school-age children, if applicable.

13. Child guidance.

14. Suspension and expulsion.

15. Ensure compliance with the Americans and Disabilities (ADA) including administering medication to children with disabilities and administering care procedures for children with disabilities.

16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice).

17. Food and dietary policy, including information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals, and snacks and policy on providing supplemental food.

18. Management of illness including isolation precautions, symptoms for discharge and return, notification of parent of ill child and whether or not the provider will care for sick children.

19. Summary of procedures taken in the event of an emergency, serious illness or injury.

20. Administration of medication and topical products policy, medical foods, modified diets, and whether school age children are permitted to carry their own medical and ointments.

21. Transportation policy for field trips, routine walks, if applicable, and emergencies including if the provider will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.

22. Water activities/swimming.

23. Infant care, if applicable, including feeding, frequency of diaper checks, and information about daily activities.

24. Sleeping, napping and resting.

25. Evening and overnight care, if applicable.

26. Policy on hours of operation, closing due to weather, school delays or closings and any other factors.

27. Use of a substitute child care staff member or child care staff member pursuant to 5101:2-13-08 of the Administrative Code for sick days, vacations or other time off.

28. Situations that may require disenrollment of a child, if applicable.

29. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the family child care home.

30. Formal screenings and assessments conducted on enrolled children and if the program reports child level data to ODJFS pursuant to Chapter 5101:2-17 of the Administrative Code.

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

Corrective Action Plan Due: 04/23/2026

### 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 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 |
| 5180:2-13-03 Inspection Requirements                | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements for Type B Homes | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B Homes           | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |

|                                                                   |               |                                                |
|-------------------------------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Heaters in a Type B Home                             | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Staff Records                                        | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Provider Responsibilities                            | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Type B Provider - Foster Parent                      | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 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> |
| 5180:2-13-09 Background Checks                                    | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-10 Health Training                                      | 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 Indoor Space                            | 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 Carbon Monoxide Detectors - Type B Only | 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 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 Handwashing                             | Compliant     |                                                |

| Rule                                                           | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Toothbrushing                                     | 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 |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements                               | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections                               | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements                              | Compliant |                                         |
| 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 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 |
| 5180:2-13-18 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 |

|                                                 |               |                                                |
|-------------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-21 Evening and Overnight Care         | 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> |
| 5180:2-13-19 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 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> |
| 5180:2-13-22 Fluid Milk                         | 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> |
| 5180:2-13-23 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     |                                                |
| <b>Rule</b>                                 | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 Swimming Sites                 | Compliant     |                                                |
| <b>Rule</b>                                 | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 Parent Permission for Swimming | Compliant     |                                                |
| <b>Rule</b>                                 | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-25 Medication Requirements        | Compliant     |                                                |