Department of Children & Youth

# Licensing Inspection Full Report

All licensed early care and education programs are inspected at least once each year. Non-compliances are documented and grouped by risk level. Documenting statements, technical assistance provided and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the Department of Children & Youth website at https://childcaresearch.ohio.gov/ . This includes complaint investigation reports with substantiated allegations. For any other early care and education records, please contact the Family and Customer Support Center at 1-844-234-5437.

| Program Details | | |
|---|---|---|
| Program Name<br>BROWN-BILLS, SARITA | Program Number<br>000000956977845 | Program Type<br>FCC - Type B Home |
| Address<br>2721 PARKWOOD AVE TOLEDO<br>OH<br>43610 | | County<br>LUCAS |

| Inspection Information | | | |
|---|---|---|---|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Method<br>On-site Inspection | Inspection Notice<br>Unannounced |
| Inspection Date<br>06/12/2026 | Begin Time<br>12:47 PM | End Time<br>3:08 PM | Reviewer:<br>Star Madison |

| Summary of Findings | | | |
|---|---|---|---|
| No. Requirements Verified<br>68 | No. Requirements with Non-compliances<br>6 | | No. Requirements Compliant<br>61 |
| No. Serious Risk<br>0 | No. Moderate Risk Findings<br>0 | No. Other Non-compliance Findings<br>7 | No. Technical Assistance Provided<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) | | 1 | 0 | 1 |
| Young Toddler | | 0 | 0 | 0 |
| **Total Under 2 ½ Years** | | 1 | 0 | 1 |
| Older Toddler | | 1 | 0 | 1 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 10 | 0 | 10 |
| **Total Capacity/Enrollment** | 7 | 11 | 0 | 12 |

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| Staff-Child Ratios at the Time of Inspection | | | | |
|---|---|---|---|---|
| **Group** | **Age Group/Range** | **Ratio Observed** | **Compliance** | **Comment** |
| ONE | Mixed Age Group | 1 to 2 | In Compliance | ratio 1:2@12:47 pm arrival and exiting program @3:08 pm exiting Program.<br><br>Attendance 2 |

## 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, 5180:2-13-03, 5180:2-19-10 and 5180:2-20-02 detail the process for submitting a request for review. The request for review must be submitted within ten business days from the receipt of the licensing report. In addition, if the program is Step Up To Quality rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.*

## Serious Risk Non-Compliances

A serious risk non-compliance is a licensing rule violation that has the potential to lead to a great risk of harm to a child and is observable and/or based on facts.

**No serious risk non-compliances were observed during this inspection**

## Moderate Risk Non-Compliances

A moderate risk non-compliance is a licensing rule violation that has the potential to lead to a great risk of harm to a child and is observable and/or based on facts.

**No moderate risk non-compliances were observed during this inspection**

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## Other Non-Compliances

This section includes other rule violations that are observable and/or based on facts.

**Domain**: **01 Ratio & Supervision**

Rule: 5180:2-13-18 Attendance

Requirement: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the program for a period of one year.

Finding: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 2, 3, 4, 5, 6,7 below:

1. No attendance record was being maintained.

2. The attendance record was not being consistently completed.

3. The record did not include the name of at least one child.

4. The record did not include the birth date of at least one child.

5. The record did not include the assigned group.

6. The record did not include the child's weekly schedule.

7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 07/15/2026

**Domain**: **03 Postings & Equipment**

Rule: 5180:2-13-16 Medical, Dental, and General Emergency Plan

Requirement: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Finding: During the inspection, it was determined the requirements for the DCY 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number(s) 7 below:

1. The plan was not posted on each level of the home used for child care.

2. The name, address and telephone number of the program were not complete.

3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.

4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.

5. Location of children's records was not complete.

6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.

7. The current version of the prescribed form was not used.

8. The plan was not implemented when necessary in that [ ].

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

Corrective Action Plan Due: 07/15/2026

**Domain**: **05 Health & Safety**

Rule: 5180:2-13-16 Emergency Drills

Requirement: The program is required to complete and document the required drills.

Finding: During the inspection, it was determined that the required drills were not completed for item number(s) 1,2 below:

1. Monthly fire drills for February - May Missing
2. Monthly weather emergency drills March- May Missing
3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 07/15/2026

**Domain**: **07 Diapering & Infant Care**

Rule: 5180:2-13-23 Infant Daily Care

Requirement: The program is required to provide a daily written record for each infant in care to the parents when picking up the infant each day.

Finding: During the inspection, it was determined that the written record used to document infant routines and activities did not meet the requirements as noted in number(s) 1 below:

1. A daily written record DCY1218 form was missing.
2. Food intake was missing.
3. Sleeping patterns was missing.
4. Times and results of diaper changes was missing.
5. Information about daily activities was missing.

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

Corrective Action Plan Due: 07/15/2026

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

Rule: 5180:2-13-07 Provider Responsibilities

Requirement: The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Finding: During the inspection, it was determined the provider did not have DCY 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/15/2026

**Domain**: **09 Children's Files**

Rule: 5180:2-13-15 Child Medical and Enrollment Records

Requirement: The program is required to have a completed medical on file for each child.

Finding: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the DCY Children's Record Review For Child Care as indicated in number(s) 1 below:

1. No medical was on file for at least one child

2. Medical(s) on file was not updated every 13 months

3. Medical(s) were missing child's name and date of birth

4. Medical(s) were missing the date of the medical examination

5. The date of the exam was more than 13 months prior to the date the form was signed

6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care

7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified

nurse practitioner (CNP) who examined the child

8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year

9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of

conscience, including religious convictions

11. Other [ ]

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

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Corrective Action Plan Due: 07/15/2026

**Domain**: **09 Children's Files**

Rule: 5180:2-13-15 Child Medical and Enrollment Records

Requirement: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Finding: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the DCY 01234 “Child Enrollment and Health Information For Child Care”, as required, for the items in number(s) 4,6,15 below:

1. No enrollment form was completed for at least one child
2. The current JFS 01234 was not completed for at least one child
3. Complete child information
4. Complete parent information
5. Complete emergency contact information
6. Complete physician information
7. Information regarding the parent list
8. Health information
9. Additional information for all boxes checked “yes”
10. Emergency transportation information
11. Parent/guardian’s signature
12. Diapering Statement
13. Acknowledgement of Policies and Procedures
14. Enrollment form for at least one child was not updated by either the parent or the administrator
15. Enrollment form for at least one child was not signed by the administrator
16. Other [ ]

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

Corrective Action Plan Due: 07/15/2026

**Domain**: **03 Postings & Equipment**
Rule: 5180:2-13-16 Medical, Dental, and General Emergency Plan
Requirement:The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.
Findings:During the inspection, it was determined the requirements for the DCY 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number(s) 7 below:

1. The plan was not posted on each level of the home used for child care.
2. The name, address and telephone number of the program were not complete.
3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
5. Location of children's records was not complete.
6. Emergency information including any  medications or supplies needed i the event of an evacuation was not complete.
7. The current version of the prescribed form was not used.
8. The plan was not implemented when necessary in that [ ].

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.
Corrective Action Plan Due: 07/15/2026

**Domain**: **05 Health & Safety**
Rule: 5180:2-13-16 Emergency Drills
Requirement:The program is required to complete and document the required drills.
Findings:During the inspection, it was determined that the required drills were not completed for item number(s) 1,2 below:

1. Monthly fire drills for February - May Missing
2. Monthly weather emergency drills March- May Missing
3. Emergency/lockdown drills in each quarter of the calendar year

Submit the program's corrective action plan to verify compliance with the requirements of this rule.
Corrective Action Plan Due: 07/15/2026

**Domain**: **07 Diapering & Infant Care**
Rule: 5180:2-13-23 Infant Daily Care
Requirement:The program is required to provide a daily written record for each infant in care to the parents when picking up the infant each day.
Findings:During the inspection, it was determined that the written record used to document infant routines and activities did not meet the requirements as noted in number(s) 1 below:

1. A daily written record DCY1218 form was missing.
2. Food intake was missing.
3. Sleeping patterns was missing.
4. Times and results of diaper changes was missing.
5. Information about daily activities was missing.

Submit the program's corrective action plan to verify compliance with the requirements of this rule.
Corrective Action Plan Due: 07/15/2026

**Domain**: **08 Staff Files**
Rule: 5180:2-13-07 Provider Responsibilities
Requirement:The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.
Findings:During the inspection, it was determined the provider did not have DCY 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.
Corrective Action Plan Due: 07/15/2026

**Domain**: **09 Children's Files**
Rule: 5180:2-13-15 Child Medical and Enrollment Records
Requirement:The program is required to have a completed medical on file for each child.
Findings:In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the DCY Children's Record Review For Child Care as indicated in number(s) 1 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified
nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases
required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of
conscience, including religious convictions
11. Other [ ]

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

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Corrective Action Plan Due: 07/15/2026

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3. Complete child information
4. Complete parent information
5. Complete emergency contact information
6. Complete physician information
7. Information regarding the parent list
8. Health information
9. Additional information for all boxes checked "yes"
10. Emergency transportation information
11. Parent/guardian's signature
12. Diapering Statement
13. Acknowledgement of Policies and Procedures
14. Enrollment form for at least one child was not updated by either the parent or the administrator
15. Enrollment form for at least one child was not signed by the administrator
16. Other [ ]

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

Corrective Action Plan Due: 07/15/2026

**Technical Assistance Provided**

This section documents technical assistance provided to the program when the program demonstrated an overall level of compliance with a rule requirement.

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## In Compliance/Not Verified/Previously Verified/Not Applicable

This section documents rule requirements that were assessed as fully compliant, previously verified, not verified during this inspection or not applicable to the program.

| 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 | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-04 Heaters in a Type B Home | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-05 Denial, Revocation, and Suspension | Not Applicable | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-07 Staff Records | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13 Written Policies and Procedures | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-07 Type B Provider - Foster Parent | 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 Indoor Space | 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 Carbon Monoxide Detectors - Type B Only | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-12 Pets | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-13 Clean environment and equipment | Compliant | |

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

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

| 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 | |

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-22 Meals and Snacks | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-22 Food Handling | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-22 Fluid Milk | 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 |
|---|---|---|
| 5180:2-13-25 Medication Requirements | Compliant | |