

# **Center 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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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 Deta                    | ails            |                    |
|---|---------------------------------|-----------------|--------------------|
| Program Name                                    | Program Number                  |                 | Program Type       |
| Lima Academy Lerning center                     | 000000400256                    |                 | Child Care Center  |
| Address<br>4121 WEST BROAD COLUMBUS<br>OH 43228 |                                 |                 | County<br>FRANKLIN |
| Building Approval Date 01/18/2013               | Use Group/Code                  | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date 05/04/2017        | Food Service Risk L<br>Level IV | evel            |                    |

|                            | Inspection Information         |                  |                   |              |  |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |  |
| Annual                     | Full                           |                  | Unannounced       |              |  |
| Inspection Date 10/18/2021 | Begin Time 8                   | :30 AM           | End Time 11:19 AM |              |  |
| Reviewer: HEATHER STILLION |                                |                  |                   |              |  |
| Summary of Findings        |                                |                  |                   |              |  |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 57                         | 6                              | 0                | 2                 | 4            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |          |
|---|------------------|------------|-----------|----------|
| Age Group   | License Capacity | Enrollment |           | rollment |
|   | Totals           | Full Time  | Part Time | Total    |
| Infant (Birth to < 18 m)                                  |                  | 12         | 0         | 12       |
| Young Toddler   |                  | 9          | 0         | 9        |
| Total Under 2 ½ Years                                     | 40               | 21         | 0         | 21       |
| Older Toddler   |                  | 7          | 0         | 7        |
| Preschool   |                  | 29         | 0         | 29       |
| School Age  |                  | 0          | 0         | 0        |
| Total Capacity/Enrollment                                 | 89               | 36         | 0         | 57       |

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

| Preschool | 12 months to < 18 months | 1 to 8 | Mixed age group |
|-----------|--------------------------|--------|-----------------|
|           |                          |        | at arrival      |
| Preschool |                          | 1 to 7 |                 |
| Infant    |                          | 1 to 2 |                 |
| Toddler   |                          | 2 to 6 |                 |

### **Summary of Non-Compliances**

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

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

### **Moderate Risk Non-Compliances**

**Domain: 00 License & Approvals** 

Rule: 5101:2-12-04 Fire Approval

<u>Code</u>: The program is required to only use space approved by the fire department or the state fire marshal's office to serve children. The program is required to obtain a fire inspection within 12 months from the date of the last fire approval. If violations are noted during the inspection, the program is required to have all violations corrected and have the program re-inspected to obtain a completed fire form.

<u>Finding</u>: During the inspection, it was determined the program had not obtained written approval from the local fire safety inspector or the state fire marshal as noted in number(s) 1 below:

- 1. The program had not been inspected and approved within 12 months from the date of the last fire approval and the request for the new inspection was not made at least 30 days prior to the expiration of the previous approval.
- 2. The fire approval had not been obtained due to violations.
- 3. The [ ] space was being used and had not been approved by the fire department or the state fire marshal's office for child care.

Submit the program's corrective action plan, which includes an updated fire approval, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/17/2021

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

Code: The program is required to maintain the appropriate staff to child ratio for each group served.

<u>Finding</u>: During the inspection, a ratio of 1 child care staff member(s) for 8 children was determined to have occurred for the mixed age group when the situation in number(s) 7 below occurred:

- 1. A child care staff member stepped out of the room.
- 2. A child care staff member had not arrived at work on time.
- 3. Children were present who were not scheduled to be there.
- 4. A child care staff member was unable to work.
- 5. A child was injured in that group.
- 6. A child arrived in the group before a second staff member was scheduled to arrive with the group.
- 7. Two groups were combined, and the program did not follow the ratio for the youngest child in the group.
- 8. A child was transitioning to the next older age group, and the program did not follow the ratio for the youngest child in the group.
- 9. Ratio was doubled for more than two hours while children were napping.
- 10. Ratio was doubled while children were napping for a group that included at least one infant.
- 11. Ratio was doubled while children were napping and there were not enough staff members in the building to meet staff/child ratio.
- 12. Ratio was doubled in the school age group to allow access to the program, however, the program does not serve only school age children.
- 13. Both child care staff members did not have a working communication device when one staff member left the group to allow access to the school age only program.
- 14. The child care staff member did not return to the group after allowing access to the school age only program.
- 15. Other [ ].

Additional child care staff members must be hired or current child care staff members must be rescheduled to maintain compliance. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/17/2021

### **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-12-10 Health Training Requirements

Code: The program is required to have staff complete the required one hour prescribed Child Abuse training.

<u>Finding</u>: In review of the staff records, it was determined that the requirement for the ODJFS one-hour prescribed Child Abuse Training was not met as noted in number(s) 1 & 2 below:

- 1. The training was not completed within sixty days of hire;
- 2. The training expired, as it is only valid for two years;
- 3. Not all administrators, Child Care Staff Members, and substitutes have completed the training.

Refer to the Employee Record Chart for the name(s) of the Child Care Staff Member(s) who must complete the ODJFS one-hour prescribed Child Abuse Training. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/17/2021

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

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to maintain a current JFS 01176 "Program Notification of Background Check

Review for Child Care" on file for each staff.

<u>Finding</u>: In review of the staff records, it was determined that background check requirements had not been followed, for the individual(s) listed on the Employee Record Chart, as noted in number(s) 1 below:

- 1. The JFS 01176 Program Notification of Background Check Review for Child Care the program received from the Department was not on file and the individual was not left alone with children.
- 2. The JFS 01177 Individual Notification of Background Check Review for Child Care was on file instead of the JFS 01176.
- 3. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/17/2021

**Domain: 08 Staff Files** 

Rule: 5101:2-12-10 Professional Development Requirements

Code: The program staff is required to obtain at least 6 hours of professional development annually.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

- 1. The child care staff member(s) had not completed at least 6 hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. Other [ ].

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

Corrective Action Plan Due: 11/17/2021

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 13 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 parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. Other [ ]

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

## **Rules In-Compliance/Not Verified**

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack          | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing             | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of           | Compliant |   |
| Communicable Disease                 |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free              | Compliant |   |
| Environment                          |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator           | Compliant |   |
| Qualifications                       |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant |   |
| Educational Requirements             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |

| 5101:2-12-16 Written Disaster Plan   | Compliant   |   |
|--------------------------------------|-------------|---|
| January 12 10 Whiteh Disaster Hall   | Compilation |   |
|                                      |             | ·   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food License      | Compliant   | Documenting Statement: The food service   |
|                                      |             | license was observed posted. Following is |
|                                      |             | the audit number and date of expiration:  |
|                                      |             | APEE-BYRRKB Exp 3/1/22.                   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and  | Compliant   |   |
| Environment                          |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance          | Compliant   | Documenting Statement(s), if applicable   |
| 3101.2-12-13 Ciliid Guidance         | Compliant   |   |
|                                      | l.          |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard      | Compliant   |   |
| Precautions                          |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant   | bocumenting statement(s), if applicable   |
| 3101.2 12 11 Odtdoor Flay Fair Zones | Compliant   |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity        | Compliant   |   |
|                                      |             |   |
| Dula                                 | Chahua      | Decumenting Chatemant/s) If annicable     |
| Rule 5101:2-12-22 Safe Food          | Status      | Documenting Statement(s), If applicable   |
| Handling/Storage                     | Compliant   |   |
| Handing/Storage                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program         | Compliant   | Booking statement(s), it applicable       |
| Policies and Procedures              | 23 2        |   |
|                                      | 1           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space            | Compliant   |   |
| Requirements                         |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Emergency Drills        | Compliant   |   |
|                                      |             |   |
|                                      |             |   |

| Rule                                | Status           | Documenting Statement(s), If applicable   |
|-------------------------------------|------------------|---|
| 5101:2-12-17 Materials and          | Compliant        |   |
| Equipment                           |                  |   |
|                                     |                  |   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Equipment | Compliant        |   |
| <u>L</u>                            | <u> </u>         |   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play     | Compliant        | , , , , , , , , , , , , , , , , , , ,     |
|                                     |                  |   |
|                                     |                  |   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Approval      | Compliant        |   |
|                                     | I                | 1   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-02 License Posted         | Compliant        |   |
|                                     |                  |   |
| Rule                                | Status           | Decumenting Statement(s) If a selice bla  |
| 5101:2-12-11 Outdoor Space          | Status Compliant | Documenting Statement(s), If applicable   |
| Requirements                        | Compilant        |   |
| Regariements                        |                  |   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Supervision            | Compliant        |   |
|                                     |                  |   |
| Rule                                | Chahira          | Decree entire Chatemant (a) If a maliable |
| 5101:2-12-02 Current Information    | Status Compliant | Documenting Statement(s), If applicable   |
| 3101.2 12 02 current information    | Compilant        |   |
|                                     |                  |   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-23 Infant Bottle and Food | Compliant        |   |
| Preparation                         |                  |   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule         | Compliant        | bocumenting statement(s), it applicable   |
| STOTIL IZ IT Dully Schedule         | Compilation      |   |
|                                     |                  |   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cots and Napping       | Compliant        |   |
|                                     |                  |   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-23 Infant Daily Care      | Compliant        | 2 ocalierang statement(s), it applicable  |
|                                     | '                |   |
|                                     |                  |   |
| Rule                                | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Equipment         | Compliant        |   |
|                                     |                  |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|---------------------------------------|-----------|--|
| 5101:2-12-15 Medical/Physical Care    | Compliant | 2 community of the control of the co |
| Plans                                 | Compilant |  |
| 1 10113                               |           |  |
| Dulo                                  | Chahua    | Desumenting Statement(s) If applicable   |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs                    | Compliant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children   | Compliant |  |
| Under 2 1/2 Years                     |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation and Staff    | Compliant |  |
| Records                               | ·         |  |
|                                       | I         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment         | Compliant | bocumenting statement(s), if applicable  |
| JIOI.Z-IZ-IZ Sale Elivifolillelit     | Compilant |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement/s) If applicable   |
| 1 7                                   |           | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement: During the  |
| Vehicle Requirements                  |           | inspection, the requirements of the rule   |
|                                       |           | regarding vehicles used for transporting   |
|                                       |           | children were discussed.   |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field | Compliant |  |
| Trip Procedures                       |           |  |
| •                                     | I         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury          | Compliant | bootimenting statement(s), in applicable   |
| Reporting                             | Compilant |  |
| Keporting                             |           |  |
| Distr                                 | Chahara   | December 64-4  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and     | Compliant |  |
| General Emergency Plan                |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records       | Compliant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size               | Compliant |  |
| ·                                     | ·         |  |
|                                       | •         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|                                       |           | 5 (" 11  |

| 5101:2-12-23 Diapering and Toilet   | Compliant |   |
|-------------------------------------|-----------|---|
| Training                            |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication             | Compliant |   |
| Administration and Food Supplements | 5         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection             | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator          | Compliant |   |
| Responsibilities/Requirements       |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement      | Compliant |   |
|                                     |           |   |