

# **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            | ils             |                   |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name                  | Program Number          |                 | Program Type      |
| TENDER YEARS LEARNING CENTER  | 000000400777            |                 | Child Care Center |
|                               |                         |                 |                   |
| Address                       |                         |                 | County            |
| 1344 S. OHIO AVE COLUMBUS     |                         |                 | FRANKLIN          |
| OH 43206                      |                         |                 |                   |
|                               |                         |                 |                   |
|                               |                         |                 |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 07/07/2014                    | E                       |                 |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 08/09/2016                    | Level III               |                 |                   |

| Inspection Information        |                                |                  |                   |              |
|-------------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type               | Inspection So                  | cope             | Inspection Notice |              |
| Annual                        | Full                           |                  | Unannounced       |              |
| Inspection Date<br>03/23/2022 | Begin Time 8                   | ::10 AM          | End Time 1:37 PM  |              |
| Reviewer:<br>HEATHER STILLION |                                |                  |                   |              |
| Summary of Findings           |                                |                  |                   |              |
| No. Rules Verified            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                            | 4                              | 0                | 1                 | 4            |

| 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)                                 |                  | 6          | 0         | 6     |
| Young Toddler   |                  | 6          | 0         | 6     |
| Total Under 2 ½ Years                                     | 12               | 12         | 0         | 12    |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 9          | 0         | 9     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 23               | 11         | 0         | 23    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Infant/Toddler                               |                 | 2 to 8         |         |



| Infant/Toddler          | 1 to 5 |  |
|-------------------------|--------|--|
| Older Toddler/Preschool | 1 to 2 |  |
| Older Toddler/Preschool | 2 to 9 |  |

### **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: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program staff is required to supervise children in their assigned group by sight and hearing. Supervision includes being near enough to respond and reach children immediately and protecting them from harm.

<u>Finding</u>: During the inspection, it was determined that children were left unattended while inside the program as noted in number(s) 1 below:

- 1. Child(ren) were left unattended once.
- 2. Child(ren) were left unattended more than once.
- 3. Child(ren) left the group and were unattended.
- 4. Child care staff were using a baby monitor to supervise children.
- 5. Child care staff were using a walkie talkie to supervise children.
- 6. Child care staff were using mirrors to view children in another room.
- 7. Child care staff were using a video camera instead of physically being present in the room.

8. Other [ ].



Children must be supervised and within sight and hearing of a child care staff member at all times. 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: 04/22/2022

# Low Risk Non-Compliances

Domain: 03 Postings & Equipment

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan <u>Code</u>: The program is required to have the JFS 01201 "Dental First Aid" posted in a readily available area at the program.

<u>Finding</u>: During the inspection it was determined that the JFS 01201 "Dental First Aid" was not posted in a location readily available to center staff and parents as required. 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.

# Domain: 03 Postings & Equipment

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan <u>Code</u>: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 8 below:

1. The plan was not posted in each classroom.

2. The plan was not posted in other spaces used by children.

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

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



5. 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.

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

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

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

9. 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: 04/22/2022

## Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 4.

1. Date of examination;

2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;

- 3. A statement that verifies that the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 4. Tuberculosis (TB) screening/test

a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;

- b. Results of a TB test for employees meeting both criteria in 4a;
- c. Results of additional testing for employees with a positive TB test;

d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/22/2022



## Domain: 09 Children's Files

<u>Rule</u>: 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) 2,6,10,13 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 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 [ ]

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** 



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| Rule                                 | Status    | Documenting Statement(s), If applicable    |
|--------------------------------------|-----------|--|
| 5101:2-12-02 License Posted          | Compliant |  |
| 5101.2-12-02 LICENSE FOSTED          | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
|                                      |           | Documenting statement(s), if applicable    |
| 5101:2-12-02 Current Information     | Compliant |  |
|                                      |           |  |
|                                      | -         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-03 Inspection              | Compliant |  |
| Requirements                         |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-04 Building Department     | Compliant |  |
| Inspection                           | •         |  |
| p                                    | L         | I  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-04 Fire Inspection         | Compliant |  |
| 5101.2-12-04 File Inspection         | Compliant |  |
|                                      |           |  |
| Dula                                 | Status    | Desumenting Statement(s) If eachieship     |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Food Service      | Compliant | Documenting Statement: During the          |
| Requirements                         |           | inspection, it was determined the          |
|                                      |           | program had documentation they had         |
|                                      |           | applied and paid for the renewal of the    |
|                                      |           | annual food service license. Please be     |
|                                      |           | reminded to post the new food service      |
|                                      |           | license once it has been received from the |
|                                      |           | health department.                         |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
|                                      |           |  |
| 5101:2-12-05 Denial, Revocation and  | Compliant |  |
| Suspension                           |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Administrator           | Compliant |  |
| Qualifications                       |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Administrator           | Compliant |  |
| Responsibilities/Requirements        |           |  |
| Responsionnes/ requirements          | 1         |  |
| Pulo                                 | Status    | Documenting Statement/s) If eachights      |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Written Program         | Compliant |  |
| Policies and Procedures              |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-08 Child Care Staff Member | Compliant |  |
| Educational Requirements             |           |  |
|                                      |           |  |



| Rule   | Status              | Documenting Statement/c) If applicable   |
|--|---------------------|--|
| 5101:2-12-08 Orientation Training &          | Compliant           | Documenting Statement(s), If applicable  |
| Whistle Blower Protection                    |                     |  |
|  | 1                   | I  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check                | Compliant           |  |
| Requirements                                 |                     |  |
|  | •                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training                 | Compliant           |  |
| Requirements                                 |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional                    | Compliant           |  |
| Development Requirements                     |                     |  |
| Dula   | Status              | Desumporting Statement(s) If any list he |
| Rule   | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space<br>Requirements    | Compliant           |  |
| Nequilements                                 |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children          | Compliant           |  |
| Under 2 1/2 Years                            |                     |  |
|  | 1                   | I  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space                   | Compliant           |  |
| Requirements                                 |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment          | Compliant           |  |
|  |                     |  |
| Pulo   | Status              | Decumenting Statement(s) If applicable   |
| Rule<br>5101:2-12-11 Outdoor Play Fall Zones | Status<br>Compliant | Documenting Statement(s), If applicable  |
|  | Compilant           |  |
|  | 1                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                  | Compliant           |  |
|  |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment                | Compliant           |  |
| <u> </u>                                     |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and          | Compliant           | becamenting statement(s); if applicable  |
| Environment                                  |                     |  |
|  | 1                   | I  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
|  |                     |  |



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| 5101:2-12-13 Handwashing           | Compliant |  |
|------------------------------------|-----------|--|
| -                                  | Compliant |  |
| Requirements                       |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Smoke Free            | Compliant |  |
| Environment                        |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-15 Medical/Physical Care | Compliant |  |
| Plans                              |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-16 Emergency Drills      | Compliant |  |
| 5101.2-12-10 Emergency Drins       | Compliant |  |
|                                    |           |  |
| Pulo                               | Status    | Documenting Statement(a) If any light        |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-16 First Aid/Standard    | Compliant |  |
| Precautions                        |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-16 Management of         | Compliant |  |
| Communicable Disease               |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-16 Incident/Injury       | Compliant |  |
| Reporting                          | compliant |  |
| Reporting                          |           |  |
| Dula                               | Chature   | Decomposition (testamonation) if combined in |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-16 Written Disaster Plan | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-17 Daily Schedule        | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-17 Materials and         | Compliant |  |
| Equipment                          |           |  |
|                                    |           | · · · · · · · · · · · · · · · · · · ·        |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-17 Daily Outdoor Play    | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-18 License Capacity      | Compliant | boounenting statement(s), it applicable      |
|                                    |           |  |
|                                    |           |  |
| Pulo                               | Status    | Documenting Statement(a) If any light        |
| Rule                               | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-18 Ratio                 | Compliant |  |
|                                    |           |  |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-18 Group Size              | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records      | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Compliant |   |
|                                      | compliant |   |
| <b>-</b>                             |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping        | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                   | Compliant |   |
|                                      | -         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Compliant |   |
| Requirements                         |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
|                                      | -         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     | compliant |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care       | Compliant |   |
|                                      | l         | 1                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food  | Compliant |   |
| Preparation                          |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet    | Compliant |   |
| Training                             |           |   |
|                                      |           |   |
|                                      | Status    | Documenting Statement(s), If applicable |
| Rule<br>5101:2-12-25 Medication      | Compliant |   |



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