

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 http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| | Program Deta | ails | | |
|--|---------------------|-------------------------|--------------------|--|
| Program Name | Program Number | | Program Type | |
| PARKMOOR ELEMENTARY Y CLUB | 000000401299 | | Child Care Center | |
| Address 1711 PENWORTH DR COLUMBUS OH 43229 | | | County FRANKLIN | |
| Building Approval Date | Use Group/Code E | Occupancy Limit | Maximum Under 2 ½ | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | | |
| 11/16/2016 | Level IV | | | |

| Inspection Information | | | | | |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 10/12/2021 | Begin Time 3 | Begin Time 3:00 PM | | | |
| Reviewer: TONYA COZART | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 56 | 5 | 0 | 0 | 6 | |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 8 | 8 |
| Total Capacity/Enrollment | 36 | 0 | 8 | 8 |

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



| Schoolage group-am/pm | School-Age to < 11 years | 2 to 6 | cafeteria-at |
|-----------------------|--------------------------|--------|-----------------|
| | | | arrival |
| Schoolage group-am/pm | School-Age to < 11 years | 2 to 4 | cafeteria-snack |
| | | | time |

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



Domain: 00 License & Approvals

Rule: 5101:2-12-02 Current Information

Code: The rule requires the program to request an administrator amendment within five days of the

administrator's last day and qualifications submitted within thirty days.

<u>Finding</u>: During the inspection, it was determined that a change of administrator had been made and the owner or administrator had failed to provide notification of this change to the Department within five days and/or submit qualifications for the new administrator within 30 days. A license is only valid for the licensee, administrator, address and license capacity designated on the license. Technical assistance was provided, and as discussed, submit the request to amend the license and any required documentation, if applicable, through the licensing system, OCLQS.

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 3 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: 11/14/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that completed medical examination statement for the employee listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's

corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/14/2021

Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional

Registry.

<u>Finding</u>: During the inspection, it was determined employment records were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in number 5 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created an employment record in the OPR for the program.
- 2. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard in the OPR.
- 3. At least one individual's schedule was not current.
- 4. At least one individual's position or role was not current.
- 5. At least one individual's employment had not been end dated.
- 6. Other: []

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

Corrective Action Plan Due: 11/14/2021

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 4a.

- 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: 11/14/2021

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 3 and 9 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. | |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|---------------------|---|
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Snacks served at the program included foods from two of the four food groups and provided nutritional value in addition to calories. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Requirements | Compliant | Documenting Statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant | |
| | T a | |
| Rule 5101:2-12-13 Smoke Free Environment | Status Compliant | Documenting Statement(s), If applicable |
| | 1. | |
| Rule: 5101:2-12-07 Administrator Qualifications | Not Verified | Documenting Statement(s), If applicable Documenting Statement: The center appointed a new administrator at the time of the inspection. Administrator qualifications had not been verified at the time of the inspection. |
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| Rule 5101:2-12-08 Child Care Staff Member | Status Compliant | Documenting Statement(s), If applicable |
| Educational Requirements | Compilant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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| | 1. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food License | Compliant | Documenting Statement: The caterer's |
| | | food service license information was |
| | | observed during the inspection. Following |
| | | is the audit number and date of |
| | | expiration: 9912078, expires March 1, |
| | | 2022. |
| Rule: 5101:2-12-04 Food License | Compliant | Documenting Statement: The food service |
| Naier 310112 12 0 1 1 000 Election | Compilant | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | 9913722, expires March 1, 2022. |
| | | |
| | 1 - | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | <u> </u> |
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| Dula | Ct-t | Decrease the Chateres and A life and leading |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the inspection, one first aid kit was reviewed |
| Precautions | | and available as required. |
| | | and available as required. |
| | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | 0 1 1 (7) 1 PP 11 11 |
| . , | | |
| | Lau | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | 2 2 | have been made to the written policies |
| | | The second secon |

| | | and procedures since it was last approved by this Department. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | bocamenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding emergency drills were discussed. |
| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding outdoor play equipment were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | bocamenting statement(s), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | bocumenting statement(s), if applicable |
| Dula | Chahira | Description Chateres and (a) If a multiplication |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding outdoor space were discussed. |
| Dula | Chahara | Decree while Chateners and (a) If a surlice like |
| Rule: 5101:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-12 Safe Equipment | Compliant | J (" 11 |
| | ' | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: During the |
| Care Plans | | inspection, the requirements of the rule |
| | | regarding caring for children with a |
| | | specific health condition were discussed. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff | Compliant | |
| Records | • | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | ' | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | 0 (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The JFS 01299 |
| Reporting | · | "Incident/Injury Report For Child Care" |
| | | forms reviewed during this inspection |
| | | were complete as required. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| | | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | |



| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication Administration and Food Supplements | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding administering medication, food supplements and medical foods were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check Requirements | Compliant | 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| | I a | |
| Rule 5101:2-12-03 Inspection Requirements | Compliant Compliant | Documenting Statement(s), If applicable |