

# **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      |
| CHASE BACK-UP CHILD CARE CENTER | 000000406895        |                 | Child Care Center |
|                                 |                     |                 |                   |
| Address                         |                     |                 | County            |
| 3415 VISION DRIVE COLUMBUS      |                     |                 | FRANKLIN          |
| OH 43219                        |                     |                 |                   |
|                                 |                     |                 |                   |
|                                 |                     |                 |                   |
| Building Approval Date          | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
|                                 |                     |                 |                   |
| Fire Inspection Approval Date   | Food Service Risk L | evel            |                   |
| 11/16/2020                      | Level II            |                 |                   |

| Inspection Information      |                                |                  |                   |              |
|-----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type             | Inspection S                   | соре             | Inspection Notice |              |
| Annual                      | Full                           |                  | Unannounced       |              |
| Inspection Date 09/15/2021  | Begin Time 9                   | 9:00 AM          | End Time 1:00 PM  |              |
| Reviewer:<br>ANNE BLANKESTY | N                              |                  |                   |              |
| Summary of Findings         |                                |                  |                   |              |
| No. Rules Verified          | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                          | 3                              | 0                | 1                 | 2            |

| 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)                                 |                  | 18         | 0         | 18    |
| Young Toddler   |                  | 8          | 0         | 8     |
| Total Under 2 ½ Years                                     | 38               | 26         | 0         | 26    |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 12         | 0         | 12    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 112              | 12         | 0         | 38    |

| Staff-Child Ratios at the Time of Inspection |                  |                |         |
|--|------------------|----------------|---------|
| Group  | Age Group/Range  | Ratio Observed | Comment |
| INFANT 1                                     | 0 to < 12 months | 2 to 7         |         |



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| INFANT 1  | 0 to < 12 months         | 2 to 7 |  |
|-----------|--------------------------|--------|--|
| INFANT 2  | 0 to < 12 months         | 2 to 7 |  |
| INFANT 2  | 0 to < 12 months         | 2 to 8 |  |
| TODDLER   | 18 months to < 30 months | 2 to 8 |  |
| TODDLER   | 18 months to < 30 months | 2 to 9 |  |
| PRESCHOOL | 3 years to < 4 years     | 2 to 6 |  |
| PRESCHOOL | 3 years to < 4 years     | 2 to 7 |  |

#### **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: 08 Staff Files

<u>Rule</u>: 5101:2-12-09 Background Check Requirements <u>Code</u>: The program is required to have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number(s) 3 below:

1. Owner;

2. Administrator;

3. Child Care Staff Member, employee.

Submit the program's corrective action plan, which includes a statement the background check update has been requested, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/15/2021



# Low Risk Non-Compliances

### Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-10 Health Training Requirements <u>Code</u>: 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) 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: 10/15/2021

## 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 have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 2 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file were 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. Medical(s) were missing a statement that the child has been examined and is in suitable condition for

participation in group care



6. 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
7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
8. 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

9. 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

10. Other [ ]

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

Corrective Action Plan Due: 10/15/2021

# **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 |
| 5101:2-12-04 Fire Approval  | Compliant |   |
|                             |           |   |
|                             |           |   |
| 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                 |           |   |



| 0.0000000                            |           |   |
|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator           | Compliant |   |
| Qualifications                       |           |   |
|                                      | L         |   |
| 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 |
| 5101:2-12-16 Written Disaster Plan   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food License            | Compliant |   |
| 5101.2-12-04 1000 License            | Compliant |   |
| <u> </u>                             | 1         | 1                                       |
| Dula                                 | Chatura   |   |
| 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 |   |
|                                      | compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | Documenting Statement(3), if applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
| L                                    |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
| ·                                    | 1         | 1                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | bocamenting statement(s), if applicable |
| 5101:2-12-18 License Capacity        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program         | Compliant |   |
| Policies and Procedures              |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |



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| 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                           |                     |  |
|                                     | I                   |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment | Compliant           |  |
|                                     |                     |  |
| Dula                                | Chattan             |  |
| 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           |  |
|                                     |                     |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-02 License Posted         | Compliant           |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space          | Compliant           |  |
| Requirements                        |                     |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision            | Compliant           |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-02 Current Information    | Compliant           | bocumenting statement(s), in apprecisie  |
|                                     |                     |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Bottle and Food | Compliant           |  |
| Preparation                         |                     |  |
| Rule                                | Status              | Decumenting Statement(s) If any list has |
| 5101:2-12-17 Daily Schedule         | Status<br>Compliant | Documenting Statement(s), If applicable  |
|                                     |                     |  |
| <u></u>                             | 1                   |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping       | Compliant           |  |
|                                     |                     |  |
|                                     |                     |  |



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| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| 5101:2-12-23 Infant Daily Care      | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment         | Compliant |  |
|                                     |           |  |
|                                     | -         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program       |
| Care Plans                          |           | had current information on the medical   |
|                                     |           | status and the required treatment plan   |
|                                     |           | for the children with health conditions. |
|                                     |           |  |
|                                     |           |  |
| 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                             | compliant |  |
| Records                             |           |  |
| Rule                                | Status    | Documenting Statement(c) If applicable   |
|                                     |           | 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 |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury        | Compliant |  |
| Reporting                           |           |  |
|                                     |           |  |
| 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 |  |
|                                     | la        |  |
|                                     |           |  |
| 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 Ratio                  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet   | Compliant |   |
| Training                            |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication       | Compliant | Documenting Statement: The program      |
| Administration and Food Supplements |           | had complete written documentation for  |
|                                     |           | administering medication or food        |
|                                     |           | supplements.                            |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |