# **Family Child Care 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 Details    |                |                   |
|--------------------|----------------|-------------------|
| Program Name       | Program Number | Program Type      |
| A Childs World     | 2170014972     | FCC - Type B Home |
| Address            |                | County            |
| 5553 Worcester dr. |                | FRANKLIN          |
|                    |                |                   |
| Columbus           |                |                   |
| OH 43232           |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 07/19/2023             | 11:30 AM                       |                  | 11:45 AM          |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 08/14/2023             | 9:45 AM                        |                  | 11:30 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Cristina Boyer         |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Cristina Boyer         |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 7                              | 0                | 0                 | 9            |

| 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)                                  |                  | 7          | 0         | 7     |
| Young Toddler   |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 3                | 9          | 0         | 9     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 5          | 0         | 5     |
| Total Capacity/Enrollment                                 | 6                | 7          | 0         | 16    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Ebone W/.                                    | Mixed Age Group | 1 to 5 |  |



# **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

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

# **Low Risk Non-Compliances**

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to have a tracking method for children.



Findings: During the inspection, it was determined that the method for tracking the children in the group did not meet the requirements in rule as noted in the number 5 below:

- 1. There was no method in place.
- 2. The method did not include each child's name.
- 3. The method did not include each child's birthdate.
- 4. The tracking method did not remain with the group at all times.
- 5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 09/13/2023

# Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to protect children from rodents, insects, and other hazards.

Findings: During the inspection, it was determined that the following areas being used for child care were not protected from rodents, insects, or other hazards in that a hanging fly trap was accessible. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/13/2023

# **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Pets

Code: The program is required to properly care for pets and prevent any threat to the safety or health of the

children by the pet.

Findings: During the inspection, it was determined pets at the program were not properly housed or cared for or posed a threat to the safety or health of the children as noted in number 6 below:

- 1. The animal's cage was dirty with feces.
- 2. The aquarium was unclean.
- 3. The litter box was dirty with feces.
- 4. A pet posed a threat to the safety of a child in that [].
- 5. A pet requiring a license did not have a current license.
- 6. Proper inoculation records were not on file at the program for a pet requiring inoculations.
- 7. Children were exposed to the pet's urine and/or feces.
- 8. Other [ ].

A pet that poses a threat to the children shall not be at the program. All pets at the program must receive proper care and housing. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/13/2023

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

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

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

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 7 below:

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

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

Corrective Action Plan Due: 09/13/2023

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

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not on current version. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/13/2023

# **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-13-11 Outdoor Space

Code: The program is required to have an outdoor play space free from trash and foreign objects.

Findings: During the inspection, it was determined that the following hazardous conditions existed in the off-site outdoor play area, as noted in number 9 below:

- 1. There was broken glass.
- 2. There were tall weeds.
- 3. There was poison ivy.
- 4. There were tree branches.
- 5. There was mold visible.
- 6. The sandbox was contaminated.
- 7. There were thistles with prickers.
- 8. There were bird droppings.
- 9. The outdoor area was littered with trash.
- 10. The trash can was missing a lid.
- 11. The trash was not emptied from the day(s) before.
- 12. The trash can was overflowing with trash.
- 13. The trash can was infested with insects.
- 14. The trash can was visibly dirty.
- 15. Other [].

Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/13/2023

#### Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: The program is required to post the current menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number 3 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.

6. The meal or snack served did not match the posted menu.

Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/13/2023

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

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

Findings: In review 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 numbers 2, 5,6,13, and 14 below:

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

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

Corrective Action Plan Due: 09/13/2023

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

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

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in numbers 1 and 8 below:

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

11. Other [ ]

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

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Closure

Corrective Action Plan Due: 09/13/2023

5101:2-13-02 Voluntary Temporary

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

| Rule                         | Status    | Documenting Statement(s), If applicable |
|------------------------------|-----------|---|
| 5101:2-13-02 License Visible | Compliant |   |
|                              |           |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |

Compliant



| Rule                                   | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-13-02 Change of Location        | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Dula                                   | Chahua              | Decrees the Chatemant of the continue   |
| Rule 5101:2-13-02 Information in OCLQS | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-02 IIIIOIIIIation III OCLQ3  | Compilant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical          | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                | Compliant           |   |
| Requirements                           |                     |   |
| <u> </u>                               |                     |   |
|  | T e                 |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements     | Compliant           |   |
| for Type B Homes                       |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B    | Compliant           |   |
| Homes                                  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and             | Compliant           | bocumenting statement(3), if applicable |
| Combustible Materials in a Type B      |                     |   |
| Home                                   |                     |   |
|  | I                   |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B       | Compliant           |   |
| Home                                   |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records             | Compliant           | O massimily in approach                 |
| 1                                      |                     |   |
|  |                     |   |
| - •                                    | I -                 |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster  | Compliant           |   |
| Parent                                 |                     |   |
|  | ı                   |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
|  |                     | , , , , , , ,                           |

| 5101:2-13-08 Employee Requirements                | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements        | Compliant           | bocumenting statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                       | Compliant           | Documenting statement(s), if applicable |
| Dula  | Chahara             | Decumenting (testerment/s) If annihila  |
| S101:2-13-09 Background Checks                    | Compliant           | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training                      | Compliant           | bocumenting statement(s), if applicable |
|   |                     |   |
| Rule 5101:2-13-10 Professional Development        | Compliant           | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment                    | Compliant           | Documenting statement(s), if applicable |
|   |                     |   |
| Rule 5101:2-13-11 Fall Zone                       | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Sule 5101:2-13-12 Safe Equipment                  | Status   Compliant  | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-13 Clean environment and equipment | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                          | Compliant           | Documenting statement(s), if applicable |

| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-13 Smoke Free  | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                                     | Compliant | V // 11                                 |
| _  | ·         |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field                            | Compliant |   |
| and Routine Trips  |           |   |
|  | Chahara   |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |   |
| ·  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                               | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections                               | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements                              | Compliant | and a second of the second              |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                                 | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention                           | Compliant | bocumenting statement(s), if applicable |
| and Confidentiality  | Somphane  |   |
| <u>'</u>   |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills                                  | Compliant |   |
|  |           |   |

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|-------------------------------------|-------------|---|
| Rule                                | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-16 First Aid Kit/Standard | Compliant   |   |
| Precautions                         |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-16 Communicable Diseases  | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-16 Incident/Injury        | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-16 Disaster Plan          | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-19 Supervision            | Compliant   |   |
| ·                                   | ·           |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-19 School Age Supervision | Compliant   |   |
|                                     | · '         |   |
|                                     |             |   |
|                                     | •           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-19 Child Guidance         | Compliant   | , , , , , , , , , , , , , , , , , , ,       |
| STOTIL TO TO CHILD CALIFORNIA       | Compilation |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-20 Sleep and Nap          | Compliant   | booking statement(s), it applicable         |
|                                     | Compilant   |   |
| Requirements                        |             |   |
|                                     | J           | I   |
| Rule                                | Status      | Documenting Statement(s), If applicable     |
|                                     |             | Documenting Statement(s), it applicable     |
| 5101:2-13-20 Crib and Playpen       | Compliant   |   |
| Requirements                        |             |   |
|                                     | 1           |   |
| Dulo                                | Ctatus      | Decumenting Statement(s) If any live life   |
| Rule                                | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-21 Evening and Overnight  | Compliant   |   |
| Care                                |             |   |
|                                     | 1           |   |

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-21 Sanitary Environment       | Compliant |   |
| and Hygiene                             |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                 | Compliant |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling              | Compliant | bocamenting statement(s), it applicable |
| 3101.2-13-22 1 000 Handling             | Compilant |   |
|   |           |   |
|   | ı         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care          | Compliant |   |
|   |           |   |
|   |           |   |
|   | T         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food     | Compliant |   |
| Preparation                             |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                  | Compliant | Documenting Statement(s), it applicable |
| 3101.2-13-23 Diapering                  | Compilant |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for      | Compliant |   |
| Swimming                                |           |   |
|   |           |   |
|   | 1         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                 | Compliant |   |
| Requirements                            |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities  | Compliant | Documenting Statement(s), if applicable |
| 5101.2-13-07 Flovider Nesponsibilities  | Compliant |   |
|   |           |   |
|   | ·         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios      | Compliant | 3 (7)                                   |
| ' |           |   |
|   |           |   |
|   |           |   |

| Rule                            | Status    | Documenting Statement(s), If applicable |
|---------------------------------|-----------|---|
| 5101:2-13 Written Policies and  | Compliant |   |
| Procedures                      | ·         |   |
|                                 |           |   |
|                                 |           |   |
| Rule                            | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide    | Compliant |   |
| Detectors - Type B Only         |           |   |
|                                 |           |   |
| Rule                            | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space       | Compliant | Bocamenting statement(3), if applicable |
|                                 | Compilant |   |
|                                 |           |   |
|                                 | •         |   |
| Rule                            | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming        | Compliant |   |
|                                 |           |   |
|                                 |           |   |
| Rule                            | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools      | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-24 OII-SILE FOOIS     | Compliant |   |
|                                 |           |   |
|                                 | •         |   |
| Rule                            | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites     | Compliant |   |
|                                 |           |   |
|                                 |           |   |
| Dula                            | Chabus    | Decree anti- Chatemant - If a mali-     |
| Rule 5101:2-13-17 Materials and | Status    | Documenting Statement(s), If applicable |
|                                 | Compliant |   |
| Equipment                       |           |   |
| L                               |           |   |
|                                 |           |   |