

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 | | Pro | ogram Type |
| Discovery Childcare Center, LLC | 2200023145 | | Ch | ild Care Center |
| Address 4970 Cleveland Avenue Columbus OH 43231 | | | | unty ANKLIN |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | | Maximum Under 2 ½ |
| Fire Inspection Approval Date 09/28/2021 | Food Service Risk L | evel | | • |

| | Insp | ection Information | | |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection Se | cope | Inspection Notice | |
| Provisional | Full | | Unannounced | |
| Inspection Date 10/07/2021 | Begin Time S | 9:30 AM | End Time 12:21 PM | |
| Reviewer: BEVERLY JAMES | | | | |
| DEVENEL JAINES | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 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) | | 7 | 0 | 7 |
| Young Toddler | | 9 | 0 | 9 |
| Total Under 2 ½ Years | 49 | 16 | 0 | 16 |
| Older Toddler | | 21 | 0 | 21 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 18 | 18 |
| Total Capacity/Enrollment | 108 | 21 | 18 | 55 |

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



Department of Education Department of Job and Family Services

| Infant | 0 to < 12 months | 1 to 5 | |
|-----------|--------------------------|---------|-------------------------------|
| Toddler | 18 months to < 30 months | 1 to 4 | |
| Toddler | 18 months to < 30 months | 4 to 10 | nap |
| Preschool | 0 to < 12 months | 2 to 5 | Arrival PS,T, and I combined. |
| Preschool | 3 years to < 4 years | 2 to 6 | nap |

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.

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: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have the information listed in rule on all attendance records.

<u>Finding</u>: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 1,4,5 below:

- 1. The name of the child.
- 2. The birth date of the child.
- 3. The assigned group.
- 4. The child's weekly schedule.

5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

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

Corrective Action Plan Due: 11/06/2021

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/06/2021

Domain: 05 Health & Safety

<u>Rule</u>: 5101:2-12-16 First Aid/Standard Precautions <u>Code</u>: The program is required to have a first aid kit onsite.



Finding: During the inspection, it was determined the program was missing required items listed in appendix A of this rule, that are to be contained in a first aid kit, as noted in number(s) 1 below: 1. The program did not have a first aid kit (down stairs) 2. One roll of hypoallergenic first-aid tape. 3. Individually wrapped sterile gauze squares in assorted sizes. 4. Sterile adhesive bandages in assorted sizes. 5. Tweezers. 6. Gauze rolled bandage. 7. Triangular bandage. 8. Rounded end scissors. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only). 10. A working digital thermometer. 11. Disposable non-latex gloves. 12. A working flashlight. 13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit. 14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids. 15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration. 16. Soap or waterless sanitizer (field trip or transporting away from the program only). 17. Bottled water (field trip or transporting away from the program only). 18. The program did not have a system to replace items as they were used, expired, damaged or sterile packages were opened. 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: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

Finding: 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) 3c, 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: 11/06/2021

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 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) 5,12 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.



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: 11/06/2021



| 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 |
| Rule: 5101:2-12-04 Fire Approval | Compliant | Documenting Statement: Please Note: An |
| | | annual fire inspection approval must be |
| | | secured for the program. Secure a new |
| | | approval by 9/28/22 |
| | Compliant | |
| Rule: 5101:2-12-04 Fire Approval | Compliant | Documenting Statement: Although the |
| | | program had a current fire approval at |
| | | the time of the licensing inspection, the |
| | | program did not have the fire inspection |
| | | completed within 12 months from the |
| | | date of the last fire approval. Please |
| | | ensure that fire inspections are |
| | | completed in accordance with the rule |
| | | requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | | |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule | Compliant Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator | Compliant | |
| 5101:2-12-13 Smoke Free Environment Rule | Compliant Status | |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications | Compliant Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule | Compliant Status Compliant Status | |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-08 Child Care Staff Member | Compliant Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule | Compliant Status Compliant Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-08 Child Care Staff Member Educational Requirements Rule | Compliant Status Compliant Status Compliant Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-08 Child Care Staff Member Educational Requirements Rule 5101:2-12-24 Swimming and Water | Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-08 Child Care Staff Member Educational Requirements Rule | Compliant Status Compliant Status Compliant Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-08 Child Care Staff Member Educational Requirements Rule 5101:2-12-24 Swimming and Water Safety Requirements | Compliant Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-08 Child Care Staff Member Educational Requirements Rule 5101:2-12-24 Swimming and Water Safety Requirements Rule | Compliant Status Compliant Status Compliant Status Compliant Status Status Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-08 Child Care Staff Member Educational Requirements Rule 5101:2-12-24 Swimming and Water Safety Requirements | Compliant Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |



| Rule: 5101:2-12-04 Food License | Compliant | the audit number and date of expiration: Columbus Public Heath Level 2 9914511 Exp 3/1/22. Documenting Statement: The caterer's food service license information was observed during the inspection. Following is the audit number and date of |
|--|-----------|--|
| | | expiration: MAK Franklin County BFRY- ACEEPV5 Level IV Exp 3/1/21. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| Rule | Status | Desumanting Statement(s) If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | Documenting Statement(s), If applicable |
| | Compliant | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Compliant | |
| Care | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | bocumenting statement(s), if applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | 2 counciling outcoment(o), in applicable |



| 5101:2-12-17 Materials and | Compliant | |
|--|---------------------|---|
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: The outdoor |
| Equipment | compliant | play space and equipment were not |
| | | viewed during this inspection due to rain, |
| | | however, the requirements were |
| | | discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | 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 | | Documenting statement(s), it applicable |
| 5101.2-12-02 License Posteu | Compliant | |
| Dula | Status | Desumenting Statement(s) If emplicable |
| Rule Rule: 5101:2-12-11 Outdoor Space | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The quarterly |
| Requirements | Compliant | playground inspection(s) were completed |
| Requirements | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 7/9/21. |
| | | .,,,,,,,, |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| 5101.2-12-15 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |
| | • | |
| 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: At the time of |
| Care Plans | | the inspection, there were no children |
| | | currently enrolled who had 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 | | |
| | | i |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | | and readily accessible during all hours of |
| | | operation. |
| | | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| r | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| | I | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| neporting | 1 | |
| | | |



Department of Education Department of Job and Family Services

| 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 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: There were no |
| Administration and Food Supplements | | children on medication at the time of the |
| | | inspection; however, the method of |
| | | storage and practices for the |
| | | administration were reviewed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | compliant | |
| | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| • | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | 1 | |