

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
HELPFUL HANDS CHILDRENS CENTER, INC	000000400110		Child Care Center
Address 6833-6839 FLAGS CENTER DRIVE COLUMBUS OH 43229		County FRANKLIN	
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
12/27/2010	E		
Fire Inspection Approval Date	Food Service Risk Level		
02/14/2018	Level IV		

Inspection Information					
Inspection Type	Inspection So	cope	Inspection Notice		
Follow-up	Full		Unannounced		
Inspection Date	Begin Time		End Time		
04/22/2024	10:30 AM		12:11 PM		
Reviewer:					
BEVERLY JAMES					
	Summary of Findings				
	Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
6	2	0	2	0	

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		10	0	10
Total Under 2 ½ Years	28	17	0	17
Older Toddler		3	0	3
Preschool		22	0	22
School Age		0	18	18
Total Capacity/Enrollment	72	25	18	60

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

Toddlers	18 months to < 30 months	2 to 9	
Infant	0 to < 12 months	2 to 5	
Preschool	30 months to < 36 months	2 to 8	
PreK	4 years to < 5 years	1 to 12	

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.

Sovieus Piek Non Compliances		
Serious Risk Non-Compliances		
No Serious Risk Non-Compliances were observed during this inspection		

Moderate Risk Non-Compliances

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: Meals and snacks provided or served by the program must include all required food groups and meet the recommended daily dietary allowances as specified by the USDA.

<u>Finding</u>: During the inspection, it was determined that a meal or snack at the program did not meet the requirements as noted in number(s) 9 below:

- 1. The breakfast served did not include foods from three of the four food groups.
- 2. Snack served did not include foods from two of the four food groups.
- 3. The meal did not provide 1/3 of the recommended daily dietary allowances as specified by the USDA.
- 4. Juice used to meet the fruit or snack component was not 100% undiluted fruit or vegetable juice.
- 5. The meal served did not include an item from the meat or meat alternative group.
- 6. The meal served did not include an item from the bread or grain group.
- 7. The meal served did not include two items from the fruit/vegetable group.
- 8. The meal served did not include a vegetable (two fruits were served).
- 9. The meal served did not include a serving of fluid milk. (Infant, toddler)

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

Corrective Action Plan Due: 05/22/2024

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 2,7,8,9,10,11,12,13,14,15,16,17,23,28,32,33,44 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached. (Page 3)
- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.

- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing. (Page 4)
- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/06/2024

Low Risk Non-Compliances

No Low Risk Non-Compliances were observed during this inspection



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Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Not Verified	Documenting Statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Not Verified	Documenting Statement(s), it applicable
Requirements	Not verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Department	Not Verified	
Inspection		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Fire Inspection	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Food Service	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-05 Denial, Revocation and	Not Verified	
Suspension		
Rule	Status	Documenting Statement(s), If applicable

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training &	Not Verified	
Whistle Blower Protection		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check	Compliant	boomening statement(s), if approasie
Requirements	·	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training Requirements	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Not Verified	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Not Verified	<u> </u>
Requirements		
Bula	Ctatus	Decumenting Statement(s) If applicable
Rule 5101:2-12-11 Separation of Children	Status Not Verified	Documenting Statement(s), If applicable
Under 2 1/2 Years		
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		Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), if applicable
5101:2-12-11 Outdoor Space	Status Not Verified	Documenting Statement(s), if applicable
		bocumenting statement(s), if applicable
5101:2-12-11 Outdoor Space Requirements	Not Verified	
5101:2-12-11 Outdoor Space Requirements	Not Verified Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space Requirements	Not Verified	
5101:2-12-11 Outdoor Space Requirements	Not Verified Status	

5101:2-12-11 Outdoor Play Fall Zones	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Not Verified	2 - 2 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Not Verified	Documenting Statement(s), if applicable
Environment	Not vermed	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Not Verified	Documenting Statement(s), if applicable
Environment	Not verified	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Toothbrushing	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation and Field	Not Verified	bocumenting statement(3), if applicable
Trip Procedures	- Not vermed	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Driver	Not Verified	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Vehicle	Not Verified	bocumenting statement(s), if applicable
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Child Medical and	Not Verified	
Enrollment Records		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Not Verified	bocumenting statement(s), it applicable
General Emergency Plan		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Not Verified	

Beginning!		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Not Verified	
Precautions		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of	Not Verified	Bootimenting octatement(5), ii approasie
Communicable Disease	Not vermed	
Communicable Disease		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Not Verified	
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Not Verified	
<u>, </u>		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Not Verified	<u> </u>
Equipment		
Equipment		
Dula	Chahus	Decumenting Statement(s) If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Ratio	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Not Verified	, , , , , , , , , , , , , , , , , , ,

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Not Verified	Documenting Statement(s), if applicable
3101.2-12-20 Cots and Napping	Not verified	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cribs	Not Verified	bocumenting statement(3), if applicable
3101:2-12-20 CHb3	Not verified	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-21 Evening and Overnight	Not Verified	bocamenting statement(s), if applicable
Care	Not vermed	
Cure		I
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Not Verified	Documenting Statement(s), if applicable
5101.2-12-22 Fluid Willk Requirements	Not verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Not Verified	Documenting Statement(s), it applicable
	Not verified	
Handling/Storage		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Daily Care	Not Verified	
Rule	Status	Decumenting Statement(s) If applicable
110110		Documenting Statement(s), If applicable
5101:2-12-23 Infant Bottle and Food	Not Verified	
Preparation		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Diapering and Toilet	Not Verified	
Training		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-24 Swimming and Water	Not Verified	
Safety Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Not Verified	
Administration		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Not Verified	
Educational Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Not Verified	
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