

## 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 Details                                       |                                      |                                   |                    |
|-------------------------------------------------------|--------------------------------------|-----------------------------------|--------------------|
| Program Name<br>FUN DAYCARE LLC                       | Program Number<br>000000400424       | Program Type<br>Child Care Center |                    |
| Address<br>3434 SULLIVANT AVE COLUMBUS<br>OH<br>43204 |                                      |                                   | County<br>FRANKLIN |
| Building Approval Date<br>07/30/2012                  | Use Group/Code<br>E                  | Occupancy Limit                   | Maximum Under 2 ½  |
| Fire Inspection Approval Date<br>11/15/2024           | Food Service Risk Level<br>Level III |                                   |                    |

| Inspection Information        |                                     |                             |                        |                                  |
|-------------------------------|-------------------------------------|-----------------------------|------------------------|----------------------------------|
| Inspection Type<br>Follow-up  |                                     | Inspection Scope<br>Partial |                        | Inspection Notice<br>Unannounced |
| Inspection Date<br>04/15/2025 |                                     | Begin Time<br>9:20 AM       |                        | End Time<br>11:50 AM             |
| Reviewer:<br>Catherine Moerch |                                     |                             |                        |                                  |
| Summary of Findings           |                                     |                             |                        |                                  |
| No. Rules Verified<br>27      | No. Rules with Non-compliances<br>6 | No. Serious Risk<br>0       | No. Moderate Risk<br>0 | No. Low Risk<br>7                |

| 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)                                 |                  | 6          | 0         | 6     |
| Young Toddler                                             |                  | 4          | 0         | 4     |
| <b>Total Under 2 ½ Years</b>                              | 59               | 10         | 0         | 10    |
| Older Toddler                                             |                  | 5          | 0         | 5     |
| Preschool                                                 |                  | 18         | 0         | 18    |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 107              | 23         | 0         | 33    |

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

|           |                          |         |  |
|-----------|--------------------------|---------|--|
| Preschool | 3 years to < 4 years     | 1 to 5  |  |
| Preschool | 3 years to < 4 years     | 1 to 6  |  |
| Toddler   | 18 months to < 30 months | 2 to 10 |  |
| Toddler   | 18 months to < 30 months | 2 to 11 |  |
| Infant    | 0 to < 12 months         | 1 to 3  |  |
| Infant    | 0 to < 12 months         | 2 to 5  |  |
| Pre-K     | 4 years to < 5 years     | 1 to 6  |  |
| Pre-K     | 4 years to < 5 years     | 1 to 7  |  |

### 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: 08 Staff Files**

Rule: 5180:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

Finding: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1 & 2 below.

1. A medical statement was not on file for at least one employee;
2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
3. Date of examination was missing;
4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
5. A statement was missing that verifies 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);
6. Tuberculosis (TB) screening/test information was missing:
  - 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 6a.
  - 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: 05/15/2025

**Domain: 08 Staff Files**

Rule: 5180:2-12-07 Administrator Qualifications

Code: The program administrator is required to complete the rules course review within the defined time period.

Finding: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. 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: 5180:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

Finding: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 7 below:

1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
5. At least one individual's schedule was not current.
6. At least one individual's position or role did not include an applicable group assignment.
7. At least one individual's employment had not been end dated.
8. Other: [ ]

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

Corrective Action Plan Due: 05/15/2025

**Domain: 08 Staff Files**

Rule: 5180:2-12-10 Health Training Requirements

Code: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.



Finding: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 4 below:

1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
2. First aid training was not completed within ninety days of hire.
3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
4. The child abuse and neglect recognition and prevention training was expired.
5. The first aid training was expired.
6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/15/2025

#### **Domain: 09 Children's Files**

Rule: 5180:2-12-15 Child Medical and Enrollment Records

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

Finding: 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 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.

Corrective Action Plan Due: 05/15/2025

**Domain: 09 Children's Files**

Rule: 5180:2-12-15 Child Medical and Enrollment Records

Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

Finding: 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) 4 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 [ ]

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: 10 Written Policies & Procedures**

Rule: 5180:2-12-16 Written Disaster Plan

Code: The program is required to train child care staff members and employees on the written disaster plan annually and keep written documentation of the training on-site.

Finding: During the inspection, it was determined the program's written disaster plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in number(s) 2 below:

1. Child care staff members and employees were not trained annually.
2. Written documentation of the training was not kept on file. 2024 documentation not on file and center has not had 2025 training yet.

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

Corrective Action Plan Due: 05/15/2025

### Rules In-Compliance/Not Verified

| Rule                                        | Status       | Documenting Statement(s), If applicable |
|---------------------------------------------|--------------|-----------------------------------------|
| 5180:2-12-02 License Posted                 | Compliant    |                                         |
| Rule                                        | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Not Verified |                                         |
| Rule                                        | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information            | Not Verified |                                         |
| Rule                                        | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection Requirements        | Not Verified |                                         |
| Rule                                        | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection                | Compliant    |                                         |

| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
|---------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 5180:2-12-04 Food Service Requirements                              | Compliant    |                                                                                                                                            |
| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
| 5180:2-12-05 Denial, Revocation and Suspension                      | Not Verified |                                                                                                                                            |
| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
| 5180:2-12-07 Written Program Policies and Procedures                | Not Verified |                                                                                                                                            |
| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
| Rule: 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant    | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program.                   |
| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
| Rule: 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant    | Documenting Statement: On the day of the inspection, all child care staff members had met orientation training requirements.               |
| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
| Rule: 5180:2-12-09 Background Check Requirements                    | Compliant    | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |
| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
| 5180:2-12-10 Professional Development Requirements                  | Not Verified |                                                                                                                                            |
| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
| 5180:2-12-11 Outdoor Play Fall Zones                                | Compliant    |                                                                                                                                            |
| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
| 5180:2-12-11 Indoor Space Requirements                              | Not Verified |                                                                                                                                            |
| Rule                                                                | Status       | Documenting Statement(s), If applicable                                                                                                    |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years               | Not Verified |                                                                                                                                            |



| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
|-------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------|
| Rule: 5180:2-12-11 Outdoor Space Requirements               | Compliant    | Documenting Statement: Outdoor play was observed for the Pre-K and preschool group(s).                                         |
| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
| Rule: 5180:2-12-11 Outdoor Play Equipment                   | Compliant    | Documenting Statement: Outdoor equipment was viewed to be safe and free of rust, sharp points, and other hazards.              |
| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
| 5180:2-12-12 Safe Equipment                                 | Compliant    |                                                                                                                                |
| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
| 5180:2-12-12 Safe Environment                               | Compliant    |                                                                                                                                |
| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
| 5180:2-12-13 Sanitary Equipment and Environment             | Not Verified |                                                                                                                                |
| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
| 5180:2-12-13 Handwashing Requirements                       | Not Verified |                                                                                                                                |
| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
| 5180:2-12-13 Toothbrushing Requirements                     | Not Verified |                                                                                                                                |
| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
| 5180:2-12-13 Smoke Free Environment                         | Not Verified |                                                                                                                                |
| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
| 5180:2-12-14 Transportation - Driver Requirements           | Compliant    |                                                                                                                                |
| Rule                                                        | Status       | Documenting Statement(s), If applicable                                                                                        |
| Rule: 5180:2-12-14 Transportation and Field Trip Procedures | Compliant    | Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. |

| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
|----------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rule: 5180:2-12-14 Transportation - Vehicle Requirements | Compliant    | Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, was verified and dated 12/18/24. |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
| 5180:2-12-15 Medical/Physical Care Plans                 | Not Verified |                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified |                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
| Rule: 5180:2-12-16 Emergency Drills                      | Compliant    | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.                                           |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
| 5180:2-12-16 Incident/Injury Reporting                   | Not Verified |                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
| Rule: 5180:2-12-16 First Aid/Standard Precautions        | Compliant    | Documenting Statement: During the inspection, the program had complete first aid kits available as required.                                                                   |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
| 5180:2-12-16 Management of Communicable Disease          | Not Verified |                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
| 5180:2-12-17 Materials and Equipment                     | Not Verified |                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
| 5180:2-12-18 License Capacity                            | Not Verified |                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                        |
| 5180:2-12-18 Ratio                                       | Compliant    |                                                                                                                                                                                |

| Rule                                     | Status       | Documenting Statement(s), If applicable |
|------------------------------------------|--------------|-----------------------------------------|
| 5180:2-12-17 Daily Schedule              | Not Verified |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play          | Not Verified |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size                  | Not Verified |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records          | Compliant    |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping            | Not Verified |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance              | Not Verified |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision                 | Compliant    |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements     | Not Verified |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs                       | Compliant    |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-21 Evening and Overnight Care  | Not Verified |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements | Not Verified |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage  | Not Verified |                                         |
| Rule                                     | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care           | Not Verified |                                         |

| Rule                                                  | Status       | Documenting Statement(s), If applicable                                                                   |
|-------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------|
| Rule: 5180:2-12-23 Infant Bottle and Food Preparation | Compliant    | Documenting Statement: All bottles were labeled as required.                                              |
| Rule: 5180:2-12-23 Infant Bottle and Food Preparation | Compliant    | Documenting Statement: Infants were fed in conformity with parent/guardian's written, dated instructions. |
| Rule                                                  | Status       | Documenting Statement(s), If applicable                                                                   |
| 5180:2-12-23 Diapering and Toilet Training            | Not Verified |                                                                                                           |
| Rule                                                  | Status       | Documenting Statement(s), If applicable                                                                   |
| 5180:2-12-24 Swimming and Water Safety Requirements   | Not Verified |                                                                                                           |
| Rule                                                  | Status       | Documenting Statement(s), If applicable                                                                   |
| 5180:2-12-25 Medication Administration                | Not Verified |                                                                                                           |