

## **Center Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Deta         | ils                            |                   |
|----------------------|--------------------------------|-------------------|
| Program Number       |                                | Program Type      |
| 000000401206         |                                | Child Care Center |
|                      |                                |                   |
|                      |                                | County            |
|                      |                                | FRANKLIN          |
|                      |                                |                   |
|                      |                                |                   |
|                      |                                |                   |
| Use Group/Code       | Occupancy Limit                | Maximum Under 2 ½ |
|                      |                                |                   |
| Food Service Risk Le | evel                           |                   |
|                      |                                |                   |
|                      | Program Number<br>000000401206 | 000000401206      |

| Inspection Information   |  |  |
|--------------------------|--|--|
| Inspection Scope<br>Full | Inspection Notice Unannounced            |  |
| Begin Time 9:31 AM       | End Time 11:40 AM                        |  |
| Begin Time 9:20 AM       | End Time 11:45 AM                        |  |
|                          | Inspection Scope Full Begin Time 9:31 AM | Inspection Scope Full Begin Time 9:31 AM Inspection Notice Unannounced End Time 11:40 AM |

Reviewer:

JO ELLEN MORTON-CONRAD

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| Summary of Findings |                                |                  |                   |              |
|---------------------|--------------------------------|------------------|-------------------|--------------|
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                  | 0                              | 0                | 0                 | 0            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |         |
|---|------------------|------------|-----------|---------|
| Age Group   | License Capacity | Enrollment |           | ollment |
|   | Totals           | Full Time  | Part Time | Total   |
| Infant (Birth to < 18 m)                                  |                  | 0          | 0         | 0       |
| Young Toddler   |                  | 3          | 0         | 3       |
| Total Under 2 ½ Years                                     | 14               | 3          | 0         | 3       |
| Older Toddler   |                  | 3          | 0         | 3       |
| Preschool   |                  | 14         | 0         | 14      |
| School Age  |                  | 0          | 0         | 0       |
| Total Capacity/Enrollment                                 | 28               | 17         | 0         | 20      |



| Staff-Child Ratios at the Time of Inspection |                          |                |         |
|--|--------------------------|----------------|---------|
| Group  | Age Group/Range          | Ratio Observed | Comment |
| toddlers                                     | 18 months to < 30 months | 1 to 3         |         |
| preschool                                    | 3 years to < 4 years     | 2 to 11        |         |

## **Summary of Non-Compliances**

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

| Serious Risk Non-Compliances  |    |
|---|----|
|   |    |
| No Serious Risk Non-Compliances were observed during this inspection  |    |
|   |    |
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|   |    |
|   |    |
| Moderate Risk Non-Compliances   | _  |
| No Moderate Risk Non-Compliances were observed during this inspection |    |
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| Low Risk Non-Compliances   |  |
|--|--|
| No Low Risk Non-Compliances were observed during this inspection |  |
| No Low Kisk Non-Compliances were observed during this hispection |  |
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## Rules In-Compliance/Not Verified

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted      | Compliant |   |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant |   |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection          | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant |   |
| Inspection                       |           |   |
|                                  | •         |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection     | Compliant |   |
| ·                                | ·         |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service        | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
|                                  |           | 5 (", "1"                               |

| 5101:2-12-05 Denial, Revocation and Suspension | Compliant   |   |
|--|-------------|---|
|  |             | ·   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator                     | Compliant   |   |
| Qualifications                                 |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator                     | Compliant   |   |
| Responsibilities/Requirements                  |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Written Program                   | Compliant   |   |
| Policies and Procedures                        |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Medical Statement                 | Compliant   |   |
|  |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Child Care Staff Member           | Compliant   |   |
| Educational Requirements                       |             |   |
|  |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Orientation Training &            | Compliant   |   |
| Whistle Blower Protection                      |             |   |
| 0.1  | C           | 5 (1) (1)                                   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-09 Background Check                  | Compliant   |   |
| Requirements                                   |             |   |
| Pula   | Chatura     | Decree outing Chateres out/o\ If a reliable |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-10 Health Training                   | Compliant   |   |
| Requirements                                   |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-10 Professional                      | Compliant   | Documenting statement(s), it applicable     |
|  | Computation |   |
| Development Requirements                       |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
|  | Compliant   | bocumenting statement(s), if applicable     |
| 5101:2-12-11 Indoor Space<br>Requirements      | Compliant   |   |
| Requirements                                   |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Separation of Children            |             | Documenting Statement(s), It applicable     |
| · · · · · · · · · · · · · · · · ·              | Compliant   |   |
| Under 2 1/2 Years                              |             |   |
| Rule   | Status      | Documenting Statement(s), If applicable     |
| Rule   | Status      | Documenting statement(s), if applicable     |

| 5101:2-12-11 Outdoor Space                      | Compliant           |  |
|---|---------------------|--|
| Requirements                                    |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Outdoor Play Equipment             | Compliant           | Documenting statement(s), it applicable      |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Outdoor Play Fall Zones            | Compliant           |  |
|   |                     |  |
| Dula  | Chahira             | Decumenting (tatement) If applicable         |
| Rule 5101:2-12-12 Safe Equipment                | Status<br>Compliant | Documenting Statement(s), If applicable      |
| 3101.2-12-12 Sale Equipment                     | Compilant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-12 Safe Environment                   | Compliant           |  |
|   |                     |  |
|   | C                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant           |  |
| Environment                                     |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Handwashing                        | Compliant           | bocamenting statement(s), it applicable      |
| Requirements                                    |                     |  |
| - 4   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Smoke Free                         | Compliant           |  |
| Environment                                     |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-15 Child Medical and                  | Compliant           |  |
| Enrollment Records                              |                     |  |
| Dulo  | Ctatus              | Decumenting Statement (a) If a well-all-     |
| Rule 5101:2-12-15 Medical/Physical Care         | Status<br>Compliant | Documenting Statement(s), If applicable      |
| Plans   | Compliant           |  |
| 1 10115   | l                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-16 Medical, Dental, and               | Compliant           | 0 - 13-13-11-11-11-11-11-11-11-11-11-11-11-1 |
| General Emergency Plan                          | ·                   |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-16 Emergency Drills                   | Compliant           |  |
|   |                     |  |
| Rule  | Chatus              | Documenting Statement/s\ If applicable       |
| 5101:2-12-16 First Aid/Standard                 | Status<br>Compliant | Documenting Statement(s), If applicable      |
| Precautions                                     | Compilant           |  |
| Frecautions                                     | 1                   |  |

| Rule                               | Status              | Documenting Statement(s), If applicable  |
|------------------------------------|---------------------|--|
| 5101:2-12-16 Management of         | Compliant           |  |
| Communicable Disease               |                     |  |
|                                    | 1 6                 |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury       | Compliant           |  |
| Reporting                          |                     |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Written Disaster Plan | Compliant           | bocamenting statement(3), it applicable  |
|                                    | Compilant           |  |
|                                    |                     |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule        | Compliant           |  |
|                                    |                     |  |
| Rulo                               | Ctatus              | Documenting Statement(s) If applicable   |
| Rule 5101:2-12-17 Materials and    | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Equipment                          | Compliant           |  |
|                                    |                     |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play    | Compliant           | and the first of t |
| , ,                                | '                   |  |
|                                    |                     |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity      | Compliant           |  |
|                                    |                     |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio                 | Compliant           | bocumenting statement(3), it applicable  |
| 3101.2 12 10 Natio                 | Compilation         |  |
|                                    |                     |  |
| 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    | Compliant           | Documenting Statement(s), it applicable  |
| 5101.2 12 10 Attendance Necolds    | Compilant           |  |
|                                    | l                   |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision           | Compliant           |  |
|                                    |                     |  |
|                                    |                     |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance        | Compliant           |  |
|                                    |                     |  |
| Rule                               | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping      | Compliant           | bocamenting statement(s), it applicable  |
| 5151.2 12 20 6063 dila Nappilis    | Compliant           |  |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack          | Compliant |   |
| Requirements                         | Compilant |   |
| - 1                                  |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
|                                      | ·         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet    | Compliant |   |
| Training                             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant |   |
| Administration                       |           |   |