

## **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                         | ails            |                    |
|--|--------------------------------------|-----------------|--------------------|
| Program Name   | Program Number                       |                 | Program Type       |
| CARE AFTER SCHOOL - BROOKSIDE                        | 000000402987                         |                 | Child Care Center  |
| Address<br>6700 MCVEY BOULEVARD COLUMBUS<br>OH 43235 |                                      |                 | County<br>FRANKLIN |
| Building Approval Date                               | Use Group/Code<br>School Building    | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date                        | Food Service Risk Level<br>Level III |                 |                    |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 10/11/2023 | Begin Time 3                   | :05 PM           | End Time 5:30 PM  |              |
| Reviewer:                  |                                |                  |                   |              |
| Barbara Smith              |                                |                  |                   |              |
| 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 |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant (Birth to < 18 m)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 82        | 82    |
| Total Capacity/Enrollment                                 | 70               | 0          | 82        | 82    |

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

| After Care | School-Age to < 11 years | 2 to 17 | In Cafeteria upon |
|------------|--------------------------|---------|-------------------|
|            |                          |         | arrival           |
| After Care | School-Age to < 11 years | 3 to 39 | On playground     |
|            |                          |         | upon arrival      |
| After Care | School-Age to < 11 years | 2 to 4  | Inside 5:10 pm    |
| After Care | School-Age to < 11 years | 2 to 19 | Outside 5:13pm    |

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

| Rule                              | Status    | Documenting Statement(s), If applicable  |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |
| Pula                              | Ctatus    | Decumenting Statement/s) If applicable   |
| 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  |
| Rule: 5101:2-12-04 Building       | Compliant | Documenting Statement: This program  |
| Department Inspection             |           | serves only school age children in a public  |
| ·                                 |           | or chartered non-public school building.   |
|                                   |           |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |

| Deglarding:                          |           | 1   |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-04 Fire Inspection   | Compliant | Documenting Statement: This program         |
|                                      |           | serves only school age children in a public |
|                                      |           | or chartered non-public school building.    |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Food Service      | Compliant | Documenting Statement: Written              |
| Requirements                         | ·         | permission to operate under the food        |
|                                      |           | service license of another entity at the    |
|                                      |           | same location was observed.                 |
|                                      |           | same rocation was observed.                 |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator           | Compliant | bootinenting statement(s), ii applicable    |
| Qualifications                       | Compilant |   |
| Qualifications                       |           |   |
| Rule                                 | Status    | Documenting Statement/s) If applicable      |
|                                      |           | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-07 Administrator     | Compliant | Documenting Statement: The                  |
| Responsibilities/Requirements        |           | administrator's hours of availability to    |
|                                      |           | meet with parents were posted in a          |
|                                      |           | noticeable location.                        |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-07 Written Program   | Compliant | Documenting Statement: The written          |
| Policies and Procedures              |           | policies and procedures reviewed on the     |
|                                      |           | day of the inspection were verified as      |
|                                      |           | complete.                                   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Medical Statement       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-08 Orientation       | Compliant | Documenting Statement: During the           |
| Training & Whistle Blower Protection |           | inspection, the requirements of the rule    |
|                                      |           | regarding orientation training and whistle  |
|                                      |           | blower protection were discussed.           |
|                                      |           | ·   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-09 Background Check  | Compliant | Documenting Statement: During the           |
| Requirements                         |           | inspection, the required documentation      |
|                                      |           | regarding background checks was on file     |
|                                      |           | for all employees listed.                   |
|                                      |           | ioi ali empioyees listeu.                   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| nuie                                 | Status    | Documenting statement(s), if applicable     |

| 5101:2-12-10 Health Training                 | Compliant |   |
|--|-----------|---|
| Requirements                                 | Compliant |   |
| Requirements                                 |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-10 Professional                    | Compliant | , , , , , , , , , , , , , , , , , , ,                                       |
| Development Requirements                     |           |   |
|  |           | -   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-11 Indoor Space                    | Compliant |   |
| Requirements                                 |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-11 Outdoor Space             | Compliant | Documenting Statement: The quarterly  |
| Requirements                                 |           | playground inspections were completed and documented, as required. The most |
|  |           | recent inspection report form was dated                                     |
|  |           | 08/08/2023.   |
|  |           | 08/08/2023.   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-11 Outdoor Play Equipment          | Compliant |   |
|  |           |   |
|  | a         | 5   |
| Rule  F101:2 12 11 Outdoor Play Fall Zonos   | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-11 Outdoor Play Fall Zones         | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-12 Safe Equipment                  | Compliant |   |
|  |           |   |
|  |           | 1   |
| Rule 5101:2-12-12 Safe Environment           | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-12 Sale Environment                | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-13 Sanitary Equipment and          | Compliant |   |
| Environment                                  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-13 Handwashing                     | Compliant |   |
| Requirements                                 |           |   |
|  |           | T   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-13 Smoke Free<br>Environment | Compliant | Documenting Statement: A notice was observed posted stating that smoking is |
| Environment                                  |           | prohibited at the program.  |
|  |           | promoted at the program.  |
|  |           | · <b>L</b>  |

| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-15 Child Medical and  | Compliant | Documenting Statement: At the time of     |
| Enrollment Records                    |           | the inspection, 25% of the children's     |
|                                       |           | records were reviewed, and the records    |
|                                       |           | were complete, as required by the rule.   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical   | Compliant | Documenting Statement: The program        |
| Care Plans                            |           | had current information on the medical    |
|                                       |           | status and the required treatment plan    |
|                                       |           | for the children with health conditions.  |
|                                       |           |   |
| D. I.                                 | Chahara   | Danis Chaha II II II                      |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant | Documenting Statement: On the day of      |
| and General Emergency Plan            |           | the inspection, the complete prescribed   |
|                                       |           | JFS 01242 "Medical, Dental, and General   |
|                                       |           | Emergency Plan For Child Care" were       |
|                                       |           | posted in the program as required.        |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation      |
| , , , , , , , , , , , , , , , , , , , | '         | for completed fire, weather, and          |
|                                       |           | emergency/lockdown drills was verified    |
|                                       |           | during this inspection.                   |
|                                       |           | 0 1 1                                     |
|                                       | _         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the         |
| Precautions                           |           | inspection, the program had complete      |
|                                       |           | first aid kits available as required.     |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Management of      | Compliant | Documenting Statement: The JFS 08087      |
| Communicable Disease                  | Compliant | "Communicable Disease Chart" was          |
| Communicable Disease                  |           | posted and was readily available to staff |
|                                       |           | and parents.                              |
|                                       |           | and parents.                              |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury          | Compliant |   |
| Reporting                             |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |

| Rule: 5101:2-12-16 Written Disaster<br>Plan | Compliant           | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
|---|---------------------|---|
|   | T <sub>a</sub> , .  |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule                 | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Materials and                  | Compliant           |   |
| Equipment                                   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play       | Compliant           | Documenting Statement: Outdoor play   |
| ,   |                     | was observed for the After Care group(s).   |
| Dula  | Ctatus              | Desumenting Statements   If applicable  |
| Rule 5101:2-12-18 License Capacity          | Status<br>Compliant | Documenting Statement(s), If applicable   |
| 5101.2-12-18 License Capacity               | Compilant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio                    | Compliant           | Documenting Statement: The Appendix A   |
|   | ·                   | "Staff/Child Ratios, Age Grouping and   |
|   |                     | Maximum Group Size" was posted in a   |
|   |                     | noticeable area at the program as   |
|   |                     | required.   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Group Size                     | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Attendance               | Compliant           | Documenting Statement: During the   |
| Records                                     | '                   | inspection, attendance records were   |
|   |                     | reviewed. Child Care Staff Members were   |
|   |                     | viewed recording the attendance for each  |
|   |                     | child upon arrival and departure. All   |
|   |                     | attendance records met the requirements   |
|   |                     | of the rule and were kept with the group  |
|   |                     | at all times.   |
|   |                     |   |
| 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 |
| 5101:2-12-22 Meal and Snack          | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| 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 |
| 5101:2-12-25 Medication              | Compliant |   |
| Administration                       |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant |   |
| Educational Requirements             |           |   |
|                                      |           |   |