

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 | ils | |
|--------------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| NATIONWIDE CHILDREN'S HOSPITAL CHILD | 000000403089 | | Child Care Center |
| CARE CENTER | | | |
| Address | | | County |
| 646 S. 18th St. Columbus | | | FRANKLIN |
| OH 43205 | | | |
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| | T., - ,- | T | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 02/02/2022 | | | |

| Inspection Information | | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 01/10/2023 | Begin Time 8 | :35 AM | End Time 6:05 PM | | |
| Inspection Date 01/10/2023 | Begin Time 8 | :35 AM | End Time 6:05 PM | | |
| Reviewer: | | | | | |
| Barbara Smith | | | | | |
| Reviewer: | | | | | |
| STEPHANIE WALT | STEPHANIE WALTERS | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 2 | 0 | 0 | 2 | |

| 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) | | 69 | 0 | 69 |
| Young Toddler | | 85 | 0 | 85 |
| Total Under 2 ½ Years | 176 | 154 | 0 | 154 |
| Older Toddler | | 20 | 0 | 20 |
| Preschool | | 132 | 0 | 132 |
| School Age | | 10 | 0 | 10 |

| Total Capacity/Enrollment | 316 | 162 | 0 | 316 |
|---------------------------|-----|-----|---|-----|
| | | | | |

| Group | Staff-Child Ratios at the Time of Ins Age Group/Range | Ratio Observed | Comment |
|------------------------|--|----------------|-------------------------------|
| Infant 1 | 0 to < 12 months | 3 to 9 | At arrival |
| Infant 1 | 0 to < 12 months | 3 to 10 | 1:27 pm |
| Infant 2 | 0 to < 12 months | 3 to 8 | At arrival |
| Infant 2 | 0 to < 12 months | 3 to 9 | 1:25 pm |
| Infant 3 | 0 to < 12 months | 3 to 9 | At arrival |
| Infant 3 | 0 to < 12 months | 3 to 9 | At 1:28 pm |
| Infant 4 | 0 to < 12 months | 3 to 9 | At arrival |
| Infant 4 | 0 to < 12 months | 3 to 9 | At 1:30 pm |
| Infant 5 | 0 to < 12 months | 3 to 9 | At arrival |
| Infant 5 | 0 to < 12 months | 3 to 8 | 1:38 pm |
| Infant 6 | 0 to < 12 months | 3 to 10 | At arrival |
| Infant 6 | 0 to < 12 months | 3 to 10 | At 1:40 pm |
| Infant 7 | 0 to < 12 months | 3 to 9 | At 1.40 pii |
| Infant 7 | 0 to < 12 months | 3 to 9 | 1:29 pm |
| Infant 8 | 0 to < 12 months | 3 to 9 | 1:42 pm |
| Infant 8 | 0 to < 12 months | 3 to 7 | At arrival |
| Toddler 1 | 18 months to < 30 months | 2 to 9 | At arrival |
| Toddler 1 | 18 months to < 30 months | 2 to 11 | At annvar |
| Toddler 2 | 18 months to < 30 months | 2 to 10 | At arrival |
| Toddler 2 | 18 months to < 30 months | 2 to 10 | At nap |
| Toddler 3 | 18 months to < 30 months | 2 to 7 | At arrival |
| Toddler 3 | 18 months to < 30 months | 2 to 9 | At nap |
| Toddler 4 | 18 months to < 30 months | 2 to 9 | At arrival |
| Toddler 4 | 18 months to < 30 months | 2 to 10 | At nap |
| Toddler 5 | 18 months to < 30 months | 2 to 9 | At arrival |
| Toddler 5 | 18 months to < 30 months | 2 to 8 | At nap |
| Toddler 6 | 18 months to < 30 months | 2 to 10 | At arrival |
| Toddler 6 | 18 months to < 30 months | 2 to 10 | At nap |
| Toddler 8 | 18 months to < 30 months | 2 to 8 | At arrival |
| Preschool 1 | 3 years to < 4 years | 2 to 9 | At arrival |
| Preschool 2 | 3 years to < 4 years | 2 to 13 | At arrival |
| Preschool 3 | 4 years to < 5 years | 2 to 13 | At arrival |
| Preschool 4 | | 2 to 8 | At arrival |
| Preschool 5 | 4 years to < 5 years | 2 to 13 | |
| Preschool 6 | 4 years to < 5 years | 3 to 8 | At arrival |
| Preschool 7 | 3 years to < 4 years | | |
| | 3 years to < 4 years | 2 to 10 | At arrival |
| Preschool 8 | 3 years to < 4 years | 2 to 10 | At arrival |
| Kindergarten & PS Plus | 5 years to < Kindergarten | 1 to 6 | At arrival, i upstairs gyr |

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 | | |
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| No Serious Risk Non-Compliances were observed during this inspection | | |
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| And developing the second seco | | |
| Moderate Risk Non-Compliances No Moderate Risk Non-Compliances were observed during this inspection | | |
| No Wooderate Nisk Non-compliances were observed during this hispection | | |
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Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

<u>Code</u>: The program is required to post the staff to child ratios, age grouping, and maximum group size appendix in a noticeable area in the program.



<u>Finding</u>: During the inspection it was determined that Appendix A of this rule, "Staff/Child Ratios, Age Grouping and Maximum Group Size", was not posted in a noticeable area in the program. 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: 03 Postings & Equipment

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

<u>Code</u>: The program is required to have the JFS 01201 "Dental First Aid" posted in a readily available area at the program.

<u>Finding</u>: During the inspection it was determined that the current, prescribed JFS 01201 "Dental First Aid" was not posted in a location readily available to center staff and parents as required. 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.

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 |

| Designation. | T . | |
|--------------------------------------|-----------|---|
| 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 |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | 9927136 3/1/23. |
| | | |
| | | |
| 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 | 0 (" 11 |
| Policies and Procedures | | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| Marer 515112 12 55 Medical Statement | Compilant | had current medical statements on file. |
| | | nad carrent medical statements on me. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | ριοβιαιιί. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | bocumenting statement(3), it applicable |
| Whistle Blower Protection | Compliant | |
| winstie blower Frotection | | |
| Rule | Status | Documenting Statement/s\ If applicable |
| Nule | Jiaius | Documenting Statement(s), If applicable |

| beginning. | 1 | |
|--|--------------------|--|
| 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. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | | and readily accessible during all hours of |
| | | operation. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional | Compliant | Documenting Statement: At the time of |
| Development Requirements | Compilation | the inspection, all child care staff |
| Development Requirements | | members had completed the required |
| | | amount of professional development |
| | | training. |
| | | training. |
| | | , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| Dula | Chahua | Decumenting Statement(s) If applicable |
| Rule 5101:2-12-11 Separation of Children | Status | Documenting Statement(s), If applicable |
| Under 2 1/2 Years | Compliant | |
| Officer 2 1/2 rears | | |
| 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 |
| | | 12/20/22. |
| | | |
| _ | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | l | |
| | | D 1: C1 1/) If I: 11 |
| Rule | Status | Documenting Statement(s), if applicable |
| | | Documenting Statement(s), If applicable Documenting Statement: The protective |
| Rule: 5101:2-12-11 Outdoor Play Fall | Status Compliant | Documenting Statement: The protective |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | observed to be in good condition. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | | the inspection, the program provided a |
| | | clean environment in accordance with |
| | | Appendix A of this rule, which included |
| | | the furniture, materials and equipment. |
| | | |
| | T a | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | bocumenting statement(3), if applicable |
| Environment | Compilant | |
| Z.IIII CIIII CIII | | |
| 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: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: In review of |
| Enrollment Records | | 25% of the records, at the time of the |
| | | inspection, children's medical statements |
| | | were complete and on file, as required by |
| | | the rule. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| Bula | Ctatus | Decumenting Statements of anyther land |
| Rule | Status | Documenting Statement(s), If applicable |

| Destroited. | 1 | |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-16 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 |
| 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 |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| 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 | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | |
| | _ | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| 1 1 | | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| Pulo | Status | Documenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play |
| | | was observed for all groups. |
| | | |
| Pulo | Ctatus | Decumenting Statement(s) If smalleship |
| 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 Group Size | Compliant | Southering statement(3), it applicable |
| 3101.2 12 10 010ap 3120 | Compliant | |
| 1 | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| | | <u> </u> |

| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: During the 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 | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | 2008 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were placed 2 feet apart. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The menu posted reflected the meal served. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



| Compliant | Documenting Statement: Infants were fed in conformity with parent/guardian's written, dated instructions. |
|-----------|---|
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | Status Compliant Status |