

# **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 Details               |   |                 |                   |  |
|-------------------------------|---|-----------------|-------------------|--|
| Program Name                  | Program Number                          |                 | Program Type      |  |
| OHIOHEALTH CHILDREN'S CENTER  | 000000403871                            |                 | Child Care Center |  |
|                               |   |                 |                   |  |
| Address                       | ·                                       |                 | County            |  |
| 835 THOMAS LANE COLUMBUS      |   |                 | FRANKLIN          |  |
| ОН                            |   |                 |                   |  |
| 43214                         |   |                 |                   |  |
|                               |   |                 | *<br>             |  |
| Building Approval Date        | Use Group/Code                          | Occupancy Limit | Maximum Under 2 ½ |  |
|                               | *************************************** | 147 64          |                   |  |
| Fire Inspection Approval Date | Food Service Risk Level                 |                 |                   |  |
| 11/08/2024                    |   |                 |                   |  |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection                     | Scope            | Inspection Notice |              |  |
| Follow-up           | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 05/06/2025          | 9:00 AM                        | 9:00 AM          |                   | 1:40 PM      |  |
| Reviewer:           |                                |                  |                   |              |  |
| Lakesha Williams    |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 18                  | 3                              | 0                | 0                 | 4            |  |

| 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)                                 |                  | 52         | 0         | 52    |
| Young Toddler   |                  | 40         | 0         | 40    |
| Total Under 2 ½ Years                                     | 125              | 92         | 0         | 92    |
| Older Toddler   |                  | 10         | 0         | 10    |
| Preschool   |                  | 62         | 0         | 62    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 240              | 72         | 0         | 164   |

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



| Infant 1    | 0 to < 12 months         | 1 to 4  | to 18 months |
|-------------|--------------------------|---------|--------------|
| Infant 2    | 0 to < 12 months         | 2 to 6  | to 18 months |
| Infant 3    | 0 to < 12 months         | 2 to 7  | to 18 months |
| Infant 4    | 0 to < 12 months         | 2 to 8  | to 18 months |
| Infant 5    | 0 to < 12 months         | 3 to 8  | to 18 months |
| Toddler 1   | 18 months to < 30 months | 2 to 9  | to 36 months |
| Kprep       | 4 years to < 5 years     | 1 to 8  |              |
| Preschool 1 | 3 years to < 4 years     | 2 to 9  |              |
| Preschool 2 | 3 years to < 4 years     | 1 to 11 |              |
| Kprep 2     | 4 years to < 5 years     | 1 to 13 |              |
| Toddler 2   | 18 months to < 30 months | 2 to 9  | to 36 months |
| Toddler 3   | 18 months to < 30 months | 1 to 5  | to 36 months |
| Toddler 4   | 18 months to < 30 months | 2 to 9  |              |
| Toddler 5   | 18 months to < 30 months | 2 to 9  |              |

## **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 5180:2-12-03 and 5180:2-13-03 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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| Moderate Risk Non-Compliances  |  |  |
|--|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection  |  |  |
| Wo Woderate Nisk Worl-compliances were observed during this hispection |  |  |
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#### **Low Risk Non-Compliances**

#### Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/05/2025

#### Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number 1 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Employee(s) purse(s).
- 7. Diaper bags.
- 8. Television not securely anchored.
- 9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 10. Smoke detector needing batteries replaced.



- 11. An area rug did not have a nonskid backing.
- 12. An area rug presented a tripping hazard.
- 13. A floor surface that was unsafe in that [ ].
- 14. No platform was provided for the sink or toilet in the [ ] classroom.
- 15. The platform provided for the sink or toilet in the [ ] classroom was not sturdy.
- 16. The platform provided for the sink or toilet in the [ ] classroom posed a safety hazard in that [ ].
- 17. Telephone cords.
- 18. Staff member stepped over a barrier/gate while holding a child.
- 19. Emergency exits were blocked by the following classroom furniture: [].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/05/2025

#### Domain: 08 Staff Files

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

<u>Code</u>: 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.

<u>Finding</u>: 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) 1, 2, 3, 4, 5, 6 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: 06/05/2025



Domain: 09 Children's Files

Rule: 5180:2-12-25 Medication Administration

<u>Code</u>: The program staff is required to obtain signed written permission prior to administering topical products and lotions other than hand sanitizer to be used by children older than twenty-four months and lip balm.

<u>Finding</u>: During the inspection, it was determined the program did not obtain signed written permission from the parent prior to administering topical products and lotions, other than hand sanitizer to be used by children older than twenty-four months and lip balm. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/05/2025

### Rules In-Compliance/Not Verified

| Rule                               | Status       | Documenting Statement(s), If applicable |
|------------------------------------|--------------|---|
| 5180:2-12-16 Written Disaster Plan | Not Verified |   |
|                                    |              |   |
| Rule                               | Status       | Decumenting Statement(s) If applicable  |
|                                    |              | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted        | Not Verified |   |
| L                                  |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department   | Not Verified |   |
| Inspection                         |              |   |
|                                    |              |   |
| 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            | Not Verified |   |
| Requirements                       |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |



| 5180:2-12-04 Fire Inspection                             | Not Verified           |  |
|--|------------------------|--|
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-04 Food Service                                | Not Verified           |  |
| Requirements   |                        |  |
|  |                        |  |
| Rule   | Status<br>Not Verified | Documenting Statement(s), If applicable  |
| 5180:2-12-05 Denial, Revocation and Suspension           | Not verified           |  |
| Suspension   |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator                               | Not Verified           |  |
| Qualifications   |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator Responsibilities/Requirements | Not Verified           |  |
| Responsibilities/ nequirements                           | ļ                      | <u> </u>                                 |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Written Program                             | Not Verified           |  |
| Policies and Procedures                                  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Medical Statement                           | Compliant              |  |
|  | k                      |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Child Care Staff Member                     | Compliant              |  |
| Educational Requirements                                 |                        |  |
| D. J.  | Chatus                 | Decrementing Statements of a muliciple   |
| Rule 5180:2-12-08 Orientation Training &                 | Status<br>Compliant    | Documenting Statement(s), If applicable  |
| Whistle Blower Protection                                | Compliant              |  |
| Trinoite Blower Frodesitein                              | Ţ                      |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-09 Background Check                            | Compliant              |  |
| Requirements   |                        |  |
| Dula   | Chahira                | Decumenting Chatemant A 15 and 15 and    |
| Rule 5180:2-12-10 Professional                           | Status<br>Not Verified | Documenting Statement(s), If applicable  |
| Development Requirements                                 | Not verified           |  |
|  | I .                    |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Outdoor Play Fall Zones                     | Not Verified           |  |
|  |                        |  |
| Pulo   | Ctatus                 | Decumenting Statement (s) If and isolate |
| Rule   | Status                 | Documenting Statement(s), If applicable  |



| 5180:2-12-11 Indoor Space<br>Requirements                  | Not Verified   |  |
|--|--|--|
|  | _  |  |
| Rule 5180:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified   | Documenting Statement(s), If applicable  |
| officer 2 1/2 rears  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Outdoor Space<br>Requirements                 | Not Verified   |  |
| P. I.  | S  |  |
| Rule F1902 12 11 Outdoor Play                              | Status<br>Not Verified   | Documenting Statement(s), If applicable  Documenting Statement: The outdoor  |
| Rule: 5180:2-12-11 Outdoor Play<br>Equipment               | Not vermed   | play space and equipment were not viewed during this inspection due to rain however, the requirements were discussed.  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-12 Safe Equipment                                | Not Verified   | became many statement (5), if approache  |
|  | Transplanting and Artificial Conference of the C |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Sanitary Equipment and                        | Compliant  |  |
| Environment  | *  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Handwashing                                   | Not Verified   |  |
| Requirements   |  |  |
|  |  |  |
| Rule 5180:2-12-13 Smoke Free                               | Status<br>Not Verified   | Documenting Statement(s), If applicable  |
| Environment  | Not verified   |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-14 Transportation - Driver                       | Not Verified   |  |
| Requirements   |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-14 Transportation and Field                      | Not Verified   | Documenting Statement(s), it applicable  |
| Trip Procedures  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-14 Transportation - Vehicle                      | Not Verified   | 5 (), 11   |
| Requirements   |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
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| 5400 2 42 45 CHILLAN III I   | N M C I                                   |   |
|--|---|---|
| 5180:2-12-15 Child Medical and   | Not Verified                              |   |
| Enrollment Records   |   |   |
|  |   |   |
| Rule   | Status                                    | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care   | Compliant                                 |   |
| Plans  | 300 - 700 000 000 000 000 000 000 000 000 |   |
|  | I .                                       |   |
| Rule   | Status                                    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and  | Not Verified                              | Bocumenting Statement(s), if applicable |
|  | Not verified                              |   |
| General Emergency Plan   |   |   |
|  |   |   |
| Rule   | Status                                    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills  | Not Verified                              |   |
| ***  |   |   |
|  |   |   |
| Rule   | Status                                    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury   | Not Verified                              |   |
| Reporting  |   |   |
| L REAL PLACE STATE   | 1   |   |
| Rule   | Status                                    | Documenting Statement(s), If applicable |
| TATION OF THE PROPERTY OF THE  | Professional Links                        | Documenting Statement(s), if applicable |
| 5180:2-12-16 First Aid/Standard  | Compliant                                 |   |
| Precautions  |   |   |
|  |   |   |
| Rule   | Status                                    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of   | Not Verified                              |   |
| Communicable Disease   |   |   |
|  | l .                                       |   |
| Rule   | Status                                    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and   | Not Verified                              | bocumenting statement(s), if applicable |
|  | Not verified                              |   |
| Equipment  |   |   |
|  |   |   |
| 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                                 |   |
| and the second s |   |   |
|  |   |   |
| Rule   | Status                                    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule  | Not Verified                              | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |
| 3100.2 12 17 Daily Schedule  | NOT VEHILER                               |   |
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| Pule   | Ctatus                                    | Decumenting Statement/a) If anytherida  |
| Rule   | Status                                    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play  | Not Verified                              |   |
| L  |   |   |
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| Rule   | Status                                    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size  | Compliant                                 |   |
|  |   |   |



| Rule   | Status   | Documenting Statement(s), If applicable |
|--|--|---|
| 5180:2-12-18 Attendance Records  | Compliant  |   |
|  | 39   |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping  | Not Verified   |   |
| 3180.2-12-20 Cots and Napping  | Not verified   |   |
|  | 1  |   |
| B. I.  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance  | Compliant  |   |
|  |  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision   | Compliant  |   |
|  |  |   |
| #  | •  | <u> </u>                                |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements   | Not Verified   | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |
| 3180.2-12-22 Hald Wilk Requirements  | Not verified   |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs   | Not Verified   |   |
|  |  |   |
| -  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-21 Evening and Overnight   | Not Verified   |   |
| Care   |  |   |
| purpose of the residence of the residenc |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
|  |  | Documenting Statement(s), if applicable |
| 5180:2-12-22 Meal and Snack  | Compliant  |   |
| Requirements   |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food   | Compliant  |   |
| Handling/Storage   |  |   |
| <u> </u>   |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
|  | Control of the Contro | Documenting statement(s), if applicable |
| 5180:2-12-23 Infant Daily Care   | Not Verified   |   |
|  |  |   |
|  | I -  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food  | Not Verified   |   |
| Preparation  |  |   |
|  | 1.   |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
|  | Not Verified   | bodamenting statement(3), it applicable |
| 5180:2-12-23 Diapering and Toilet  | Not verified   |   |
| Training   |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
|  |  |   |



| 5180:2-12-24 Swimming and Water<br>Safety Requirements | Not Verified |   |
|--|--------------|---|
|  |              | • |