

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 |
| COLUMBIA HEIGHTS PRESCHOOL | 000000410232 | | Child Care Center |
| | | | |
| Address | | | County |
| 775 GALLOWAY RD, P.O. BOX 327 GALLOWAY | Y | | FRANKLIN |
| ОН | | | |
| 43119 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | , | | |
| Fire Inspection Approval Date | Food Service Risk L | evel | • |
| 11/04/2024 | | | |
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| Inspection Information | | | |
|--------------------------------|--------------------------|-------------------------------|--|
| Inspection Type Annual | Inspection Scope Full | Inspection Notice Unannounced | |
| Inspection Date 01/24/2025 | Begin Time 9:25 AM | End Time 11:40 AM | |
| Inspection Date 01/24/2025 | Begin Time 9:25 AM | End Time 11:40 AM | |
| Reviewer: STEPHANIE WALTERS | - | | |
| Reviewer: Lia Seabrook | | | |

| | Summary of Findings | | | | |
|--------------------|--------------------------------|------------------|-------------------|--------------|--|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 1 | 0 | 0 | 1 | |

| 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 | | 38 | 0 | 38 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 94 | 38 | 0 | 38 |



| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Preschool 3 | 3 years to < 4 years | 2 to 13 | |
| Preschool 1 | 4 years to < 5 years | 1 to 8 | |
| Preschool 2 | 3 years to < 4 years | 2 to 15 | |

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

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.

<u>Finding</u>: 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) 5 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: 02/23/2025



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | Compilant | of the written disaster plan was |
| Fidii | | A DATE OF A PRODUCT OF A PROPERTY OF THE PARTY OF THE PAR |
| | | completed by staff. |
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | Compliant | written disaster plan was reviewed during |
| Plan | | |
| | | the inspection and met the requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | 0 | Documenting Statement(s), if applicable |
| 3180:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department | Compliant | bocamenting statement(3), ir applicable |
| Inspection | Compliant | |
| Пэреспоп | <u>Į</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | | bocumenting statement(s), if applicable |
| 3180:2-12-02 Current information | Compliant | |
| <u></u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | bocumenting statement(s), it applicable |
| Requirements | Compilant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the |
| | | program had documentation of a current |
| | | fire inspection without any uncorrected |
| | | violations at the time of the licensing |
| | | inspection, the program did not have the |
| | | fire inspection completed within 12 |
| | | months from the date of the last fire |
| | | inspection without any uncorrected |
| | | violations. Please ensure that fire |
| | | inspections are completed in accordance |
| | | with the rule requirements. |
| | | 993 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The program |
| Requirements | 100 | has obtained a food service exemption |
| 55 | | status from the local health department. |
| | | viewscensese representation of the control of the c |
| | <u>.</u> | · |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-07 Administrator | Compliant | |
|--|--------------------------------|--|
| Qualifications | Compilant | |
| Qualifications | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | Bootimentally Statement (e), it applicable |
| Responsibilities/Requirements | Сеттриант | |
| теореновине, подательно | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | • | , |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | | the inspection, all child care staff |
| | | members had met orientation training |
| | | requirements. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 340.304.60 | | Documenting Statement(s), If applicable Documenting Statement: During the |
| Rule Rule: 5180:2-12-09 Background Check Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the required documentation |
| Rule: 5180:2-12-09 Background Check | | Documenting Statement: During the |
| Rule: 5180:2-12-09 Background Check | | Documenting Statement: During the inspection, the required documentation |
| Rule: 5180:2-12-09 Background Check | | Documenting Statement: During the inspection, the required documentation regarding background checks was on file |
| Rule: 5180:2-12-09 Background Check Requirements | | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |
| 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. Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program |
| 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. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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 |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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 |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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 |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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 |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training Requirements | Status Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training Requirements Rule | Status Compliant Status Status | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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. Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training Requirements Rule Rule: 5180:2-12-10 Professional | Status Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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. Documenting Statement(s), If applicable Documenting Statement: At the time of |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training Requirements Rule | Status Compliant Status Status | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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. Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, all child care staff |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training Requirements Rule Rule: 5180:2-12-10 Professional | Status Compliant Status Status | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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. Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, all child care staff members had completed the required |
| Rule: 5180:2-12-09 Background Check Requirements Rule Rule: 5180:2-12-10 Health Training Requirements Rule Rule: 5180:2-12-10 Professional | Status Compliant Status Status | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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. Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, all child care staff |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Space | Compliant | Documenting Statement: Outdoor play |
| Requirements | | was not observed due to weather |
| | | conditions however, the quarterly |
| | | playground inspections were discussed |
| | | and documentation was on file, as |
| | | required. |
| D. L. 5100-2 12 11 C | Compliant | D |
| Rule: 5180:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 11/11/2024. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | bocumenting statement(3), if applicable |
| 3130.2 12 12 3dre Equipment | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play | Compliant | Documenting Statement: The outdoor |
| Equipment | | play space and equipment were not |
| | | viewed during this inspection due to snow |
| | | covering; however, the requirements |
| | | were discussed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | surfaces under the outdoor equipment |
| | | were not viewed during this inspection |
| | | due to snow covering, however, the |
| | | requirements were discussed. |
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| Dolla | Chatan | Decree while Chairman () If |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Haic | Julia | booking statement(3), it applicable |



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| 5180:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| Livinoimient | <u> </u> | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| · · | 1 | <u>'</u> |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5180:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| | Compilant | |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | | |
| Rule: 5180:2-12-15 Child Medical and | Compliant | Documenting Statement: In review of |
| | Compliant | |
| 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. |
| | | the ruler |
| L | l. | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | The state of the s | Documenting Statement(s), if applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Compliant | (-// |
| 3180.2-12-10 Little gettey Ditilis | Compliant | |
| <u> </u> | L | |
| | 5 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
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| D. I. | Chahara | De sum subir a Chatana (1) If a literal la |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| A Na- | | Documenting Statement(S), II applicable |
| 5180:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| ~ | | - |
| Rule | Status | Documenting Statement(s), If applicable |
| nuis | Status | Documenting statement(3), if applicable |



| 5180:2-12-17 Materials and | Compliant | |
|--|---------------------------------------|--|
| Equipment | Compliant | |
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | Boddinerrang Statement(3), ii applicable |
| 3100.2 12 17 bully schedule | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | |
| | | |
| | 22 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement(s), if applicable |
| 3180.2-12-17 Daily Outdoor Flay | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | <u> </u> |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | 52 | |
| Dula | Chabina | Decumenting State |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | , |
| economic rouge conditions. Venutarious terminations con engage 6.5 (60) 460/460(60000000000000000000000000000000 | odposto zanar i ∎ir vi eronepēlžūši?s | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |
| | | |
| | | |