

# **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      |  |
| CDCFC ROSEWIND HEAD START     | 000000410298         |                 | Child Care Center |  |
|                               |                      |                 |                   |  |
| Address                       |                      |                 | County            |  |
| 1400 BROOKS AVENUE COLUMBUS   |                      |                 | FRANKLIN          |  |
| ОН                            |                      |                 |                   |  |
| 43211                         |                      |                 |                   |  |
|                               |                      |                 |                   |  |
| Building Approval Date        | Use Group/Code       | Occupancy Limit | Maximum Under 2 ½ |  |
|                               |                      |                 |                   |  |
| Fire Inspection Approval Date | Food Service Risk Le | evel            |                   |  |
| 10/29/2024                    |                      |                 |                   |  |
|                               |                      |                 |                   |  |

| Inspection Information |   |      |                   |              |
|------------------------|---|------|-------------------|--------------|
| Inspection Type        | Inspection So   | соре | Inspection Notice |              |
| Annual                 | Full  |      | Unannounced       |              |
| Inspection Date        | Begin Time  |      | End Time          |              |
| 09/25/2025             | 9:00 AM   |      | 12:20 PM          |              |
| Inspection Date        | Begin Time  |      | End Time          |              |
| 09/29/2025             | 11:30 AM  |      | 11:49 AM          |              |
| Reviewer:              |   |      |                   |              |
| Sarena Powhida         |   |      |                   |              |
| Reviewer:              |   |      |                   |              |
| Sarena Powhida         |   |      |                   |              |
| Summary of Findings    |   |      |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances No. Serious Risk No. N |      | No. Moderate Risk | No. Low Risk |
| 58                     | 6 0   |      | 0                 | 7            |

| 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   |                  | 35         | 0         | 35    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 37               | 35         | 0         | 35    |



| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| Room 1                                       | 3 years to < 4 years | 2 to 12        |         |
| Room 1                                       | 3 years to < 4 years | 1 to 6         |         |
| Room 2                                       | 3 years to < 4 years | 2 to 14        |         |
| Room 2                                       | 3 years to < 4 years | 2 to 12        |         |

# **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  |
|---|
| No Serious Risk Non-Compliances were observed during this inspection  |
|   |
|   |
|   |
|   |
|   |
|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
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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 (room 1 on the wall in the block area). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/29/2025

#### **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) 1 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: 10/29/2025

#### **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) 4 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: 10/29/2025

### **Domain: 08 Staff Files**

Rule: 5180:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 4, 5, 7 below:

1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.



- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: [ ]

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/29/2025

#### Domain: 08 Staff Files

Rule: 5180:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [ ].

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/29/2025



Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 6, 7, 9 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of

conscience, including religious convictions

11. Other [ ]

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/29/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 6 and 15 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child



- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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 Rule: 5180:2-12-16 Written Disaster | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Annual training |
|--|---------------------|---|
| Plan                                     |                     | of the written disaster plan was completed by staff.                            |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| 5180:2-12-02 License Posted              | Compliant           |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| 5180:2-12-04 Building Department         | Compliant           |   |
| Inspection                               |                     |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |



| 5180:2-12-02 Current Information         | Compliant           |  |
|--|---------------------|--|
| 3160.2-12-02 Current information         | Compliant           |  |
|  | 1                   |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-03 Inspection                  | Compliant           | ,  |
| Requirements                             |                     |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-04 Fire Inspection             | Compliant           |  |
| ·  | •                   |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Food Service          | Compliant           | Documenting Statement: The food service  |
| Requirements                             |                     | license was observed posted. Following is  |
|  |                     | the audit number and date of expiration:   |
|  |                     | 9991154, expires 3/1/26.   |
|  |                     |  |
| Rule: 5180:2-12-04 Food Service          | Compliant           | Documenting Statement: The off-site  |
| Requirements                             |                     | food processing establishment's current  |
|  |                     | Ohio Department of Agriculture   |
|  |                     | registration information was observed  |
|  |                     | during the inspection.   |
|  |                     |  |
| P. I.                                    |                     |  |
| Rule 5180:2-12-07 Administrator          | Status              | Documenting Statement(s), If applicable  |
| Qualifications                           | Compliant           |  |
| Qualifications                           |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-05 Denial, Revocation and      | Compliant           | bocumenting statement(s), if applicable  |
| Suspension                               | Compilant           |  |
| Suspension                               | 1                   |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Written Program             | Compliant           | Southeriting statement(s), it applicable   |
| Policies and Procedures                  | Compilant           |  |
| , onoice and reoccaries                  | 1                   |  |
| 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.   |
|  |                     | 1  |
|  |                     |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| Rule 5180:2-12-08 Orientation Training & | Status<br>Compliant | Documenting Statement(s), If applicable  |
|  |                     | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Orientation Training &      |                     | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Orientation Training &      |                     | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



|  | T 2 W  | 12 2 2 2 1 1   |
|--|--|--|
| Rule: 5180:2-12-09 Background Check            | Compliant  | Documenting Statement: During the  |
| Requirements                                   |  | inspection, the required documentation   |
|  |  | regarding background checks was on file  |
|  |  |  |
|  |  | for all employees listed.  |
| 1  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Indoor Space                      | Compliant  |  |
| Requirements                                   | The state of the s |  |
| Requirements                                   | 1  |  |
| D. I   |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-11 Outdoor Space               | Compliant  | Documenting Statement: Playground not  |
| Requirements                                   |  | in use due to needed repairs. Permission   |
| Production Interpretation (September 1994)     |  | slips on file to use greenspace next to  |
|  |  | - · · · · · · · · · · · · · · · · · · ·  |
|  |  | building.  |
|  |  |  |
|  | T.   |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-12 Safe Equipment                    | Compliant  |  |
| ~ .  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Sanitary Equipment and            | Compliant  | g care many mapping and mappin |
| 1 10 0   | Compliant  |  |
| Environment                                    | Ļ  |  |
|  | _  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-13 Handwashing                 | Compliant  | Documenting Statement: Children were   |
| Requirements                                   |  | viewed washing their hands, as required  |
| Requirements                                   |  |  |
|  |  | by the rule.   |
|  |  |  |
| <u>,                                      </u> |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-13 Smoke Free                  | Compliant  | Documenting Statement: A notice was  |
| Environment                                    |  | observed posted stating that smoking is  |
| - Environment                                  |  | prohibited at the program.   |
|  |  | profibited at the program.   |
|  | 1  |  |
|  | 1 SE-  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-13 Toothbrushing               | Compliant  | Documenting Statement: Tooth brushing  |
| Requirements                                   |  | is practiced by the program and it was   |
|  |  | determined to meet the requirements  |
|  |  |  |
|  |  | outlined in the rule.  |
|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-14 Transportation and Field          | Compliant  |  |
| Trip Procedures                                |  |  |
| The Flocedules                                 |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |



| Rule: 5180:2-12-15 Medical/Physical<br>Care Plans           | Compliant  | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |
|---|------------|---|
| Rule  | Status     | Documenting Statement(s), If applicable   |
| 5180:2-12-16 Medical, Dental, and<br>General Emergency Plan | Compliant  |   |
| Rule  | Status     | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-16 Emergency Drills                         | Compliant  | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.                      |
| D. I.   | Chatana    | Decree Chateman (1) If any Park I   |
| Rule  Dula: F190:2-12-16 First Aid/Standard                 | Status     | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-16 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   |
| 5180:2-12-16 Management of                                  | Compliant  | botamenting statement(s), it applicable   |
| Communicable Disease  | Compilant  |   |
| Rule  | Status     | Documenting Statement(s), If applicable   |
| 5180:2-12-16 Incident/Injury                                | Compliant  |   |
| Reporting   | 30.7480001 |   |
| Rule  | Status     | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-17 Materials and                            | Compliant  | Documenting Statement: Sufficient   |
| Equipment   | Compliant  | equipment was observed in all categories.   |
|   |            |   |
| Rule  | Status     | Documenting Statement(s), If applicable   |
| 5180:2-12-17 Daily Schedule                                 | Compliant  |   |
|   | C          |   |
| Rule  | Status     | Documenting Statement (s), If applicable  |
| Rule: 5180:2-12-18 Attendance                               | Compliant  | Documenting Statement: Child Care Staff   |
| Records   |            | Members were observed recording the   |
|   |            | attendance for each child upon arrival.   |
| Rule  | Status     | Documenting Statement(s), If applicable   |
| 5180:2-12-18 Group Size                                     | Compliant  | Documenting Statement(s), if applicable   |
| 5150.2-12-16 Group Size                                     | Compliant  |   |



| Rule                                   | Status    | Documenting Statement(s), If applicable    |
|--|-----------|--|
|  |           | Documenting Statement(s), if applicable    |
| 5180:2-12-17 Daily Outdoor Play        | Compliant |  |
|  |           | -  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-18 License Capacity          | Compliant |  |
|  | I.        | <u> </u>                                   |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-18 Ratio                     | Compliant |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-20 Cots and Napping          | Compliant |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-19 Supervision               | Compliant |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-19 Child Guidance            | Compliant |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-22 Meal and Snack      | Compliant | Documenting Statement: The program         |
| Requirements                           |           | served the following: breakfast: roll,     |
| ·                                      |           | mixed fruit, milk; lunch:                  |
|  |           | broccoli/cauliflower, Asian chicken noodle |
|  |           | salad, milk.                               |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-22 Safe Food                 | Compliant |  |
| Handling/Storage                       |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-22 Fluid Milk Requirements   | Compliant | Doddinerrang Statement(3), it applicable   |
| 3100.2 12 22 Fluid Willik Requirements | Compilant |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-25 Medication                | Compliant | bocumenting statement(3), it applicable    |
| Administration                         | Compliant |  |
|  | L         | I  |
|  |           |  |