

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 |
| Clever Bee Academy- Harrisburg Pike | 000000411340 | | Child Care Center |
| | | | |
| Address | | | County |
| 660 HARRISBURG PIKE COLUMBUS | | | FRANKLIN |
| ОН | | | |
| 43223 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | | | |
| Fire Inspection Approval Date | Food Service Risk Lo | evel | |
| 02/28/2024 | Level II | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | соре | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 12/09/2024 | 9:00 AM | | 1:20 PM | | |
| Reviewer: | | | | | |
| Jada Hightower | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 5 | 1 | 0 | 5 | |

| 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) | | 12 | 0 | 12 |
| Young Toddler | | 24 | 0 | 24 |
| Total Under 2 ½ Years | 58 | 36 | 0 | 36 |
| Older Toddler | | 1 | 0 | 1 |
| Preschool | | 32 | 0 | 32 |
| School Age | | 31 | 0 | 31 |
| Total Capacity/Enrollment | 162 | 64 | 0 | 100 |

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



| Pre-Kindergarten | 4 years to < 5 years | 2 to 11 | |
|------------------|--------------------------|---------|--|
| Pre-Kindergarten | 4 years to < 5 years | 2 to 11 | |
| Infant | 0 to < 12 months | 1 to 4 | |
| Infant | 0 to < 12 months | 1 to 4 | |
| Infant 3 | 12 months to < 18 months | 1 to 4 | |
| Infant 3 | 12 months to < 18 months | 1 to 4 | |
| Toddler 2 | 30 months to < 36 months | 1 to 6 | |
| Toddler 2 | 18 months to < 30 months | 1 to 5 | |
| Toddler 4 | 18 months to < 30 months | 2 to 10 | |
| Toddler 4 | 18 months to < 30 months | 2 to 12 | |
| Preschool | 3 years to < 4 years | 1 to 10 | |
| Preschool | 3 years to < 4 years | 1 to 10 | |

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

Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements

<u>Code</u>: The program administrator and owner are required to provide true and accurate information.

<u>Finding</u>: During the inspection, it was determined that the program provided false information, in that a child's first day at the program date on the enrollment was altered and the program verbally provided false information in regards to the child's start date. The rule requires the program to provide accurate and truthful information to the Department. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/15/2024

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: 5101:2-12-12 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 (School age). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/09/2025

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 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 6 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) (Infant 3 & Preschool).
- 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: 01/09/2025

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Space Requirements

Code: The program is required to have an outdoor play space free from trash and foreign objects.

<u>Finding</u>: During the inspection, it was determined that the outdoor play space was not free of trash or foreign objects as noted in number 15 below:

- 1. The outdoor area was littered with trash.
- 2. The trash can was missing a lid.
- 3. The trash can was not emptied from the day(s) before.
- 4. The trash can was overflowing with trash.
- 5. The trash can was infested with insects.
- 6. The trash can was visibly dirty.
- 7. There was broken glass.
- 8. There were tall weeds.
- 9. There was poison ivy.
- 10. There were tree branches.
- 11. There was mold visible.
- 12. There were thistles with prickers.
- 13. There were bird droppings.
- 14. The sandbox was contaminated.
- 15. Other (Feces) (Outdoor ramp to Playground).



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

Corrective Action Plan Due: 01/09/2025

Domain: 09 Children's Files

Rule: 5101:2-12-15 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 1 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: 01/09/2025

Domain: 09 Children's Files



Rule: 5101:2-12-25 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: 01/09/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | in a location visible to parents as |
| | | required. |
| | | requireur |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | ** | |
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| 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 |
| Continues and Section Continues (Continues Continues Con | | the audit number and date of expiration: |
| | | PR0041719-PT0039609 Exp: 3/1/25 |
| | | 1 100 117 15 1 10003003 Exp. 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 | 100 C Control 100 C Control C | |
| | | <u>'</u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | | had current medical statements on file. |
| | | nad darrent medical statements on mer |
| | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | 5 |
| Whistle Blower Protection | | |
| The second of th | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | Compilation | inspection, the required documentation |
| Negarieries | | regarding background checks was on file |
| | | for all employees listed. |
| | | Tor an employees natear |
| | I: | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | 5 (7, 1) |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | (-), |
| Development Requirements | Sompliant | |
| Name and Languages and an action | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | 2 - Carrier Grant Control of the Con |
| Requirements | Jamphanie | |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | bootheriding statement(3), ii applicable |
| Under 2 1/2 Years | Compilant | |
| Officer 2 1/2 rears | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement(s), if applicable |
| 5101.2-12-11 Outdoor Play Equipment | Compilant | |
| L | L | |
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| Pule | Ctatus | Decumenting Statement(s) If applicable |
|--|---------------------------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was playground turf. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | Dodamenting Statement (o), in approach |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | Compilant | |
| Livinoimient | l . | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | Security Debates Proceeds on April 17 | children were observed washing hands as |
| | | required by the rule. |
| | | and the first of the second se |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | | observed posted stating that smoking is |
| | | prohibited at the program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | 8 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: An annual |
| Vehicle Requirements | Compilant | safety check of the vehicle(s), using the |
| venicie nequirements | | JFS 01230 "Vehicle Inspection Report For |
| | | Companies Companies and Compan |
| | | Child Care Centers" form, was verified |
| | | and dated 12/28/23 (#9149). |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | .1 | |
| | I and an | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: On the day of |
| | I | the inspection, the complete prescribed |



| T | IEC 01242 "Medical Dental and Constal |
|---------------------|--|
| | JFS 01242 "Medical, Dental, and General |
| | Emergency Plan For Child Care" were |
| | posted in the program as required. |
| | |
| I SOMETHINGS OF | Documenting Statement(s), If applicable |
| Compliant | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: During the |
| | inspection, the program had complete |
| | first aid kits available as required. |
| Status | Documenting Statement(s), If applicable |
| · | bocamenting statement(s), it applicable |
| Compilant | |
| Status | Documenting Statement(s), If applicable |
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| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: Daily schedules |
| | were observed posted. |
| Charles | Decumenting Chaterrent/s) If anylinghis |
| | Documenting Statement(s), If applicable |
| Compliant | |
| Status | Documenting Statement(s), If applicable |
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| Status | Documenting Statement(s), If applicable |
| Compliant | |
| Status | Documenting Statement(s), If applicable |
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| Johnson | |
| | D 21 62 1/2 15 11 |
| Status | Documenting Statement(s), If applicable |
| Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The group sizes |
| | |
| | Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant |



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|--------------------------------------|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | S = 12.00 (1.0) (1.0) |
| 3101.2-12-13 Supervision | Compliant | |
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| Dula | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: The rest area |
| | | had adequate lighting, which allowed for |
| | | the visual supervision of children. |
| | | |
| <u> </u> | I. | <u>i</u> |
| Rule | Chatus | Decumenting Statement/s\ If smileship |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Compliant | |
| Care | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | | bocamenting statement(s), if applicable |
| | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | F | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | () |
| Handling/Storage | | |
| Tranding/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate |
| | | daily written records for all infants were |
| | | viewed. |
| | | |
| | I. | |
| Pulo | Status | Decumenting Statement/s) If and itself |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | * | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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