

# **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 Deta            | nils            |                   |
|---------------------------------------|-------------------------|-----------------|-------------------|
| Program Name                          | Program Number          |                 | Program Type      |
| All About Kids Childcare and Learning | 2170014676              |                 | Child Care Center |
| Center                                |                         |                 |                   |
| Address                               |                         |                 | County            |
| 4850 Edwards Farms Road Hilliard      |                         |                 | FRANKLIN          |
| OH 43026                              |                         |                 |                   |
|                                       |                         |                 |                   |
|                                       |                         |                 |                   |
| Building Approval Date                | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 06/29/2017                            | E                       | 286             |                   |
| Fire Inspection Approval Date         | Food Service Risk Level |                 |                   |
| 06/20/2017                            | Level III               |                 |                   |

| Inspection Information              |                               |                  |                   |              |  |
|-------------------------------------|-------------------------------|------------------|-------------------|--------------|--|
| Inspection Type                     | Inspectio                     | n Scope          | Inspection Notice |              |  |
| Incident / Injury /                 | Illness Partial               |                  | Unannounced       |              |  |
| Inspection Date 11/03/2021          | Begin Tim                     | e 10:53 AM       | End Time 11:20 AM |              |  |
| Reviewer:<br>JO ELLEN MORTON-CONRAD |                               |                  |                   |              |  |
|                                     |                               |                  |                   |              |  |
| Summary of Findings                 |                               |                  |                   |              |  |
| No. Rules Verified                  | No. Rules with Non-compliance | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 1                                   | 1                             | 1                | 0                 | 0            |  |

| 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                                     | 70               | 0          | 0         | 0     |  |
| Older Toddler   |                  | 0          | 0         | 0     |  |
| Preschool   |                  | 0          | 0         | 0     |  |
| School Age  |                  | 0          | 0         | 0     |  |
| Total Capacity/Enrollment                                 | 180              | 0          | 0         | 0     |  |

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



#### **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

### Serious Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program staff are not permitted to leave children unattended.

<u>Finding</u>: During the inspection, it was determined that children were not supervised while outside the program as noted in number(s) 1 below:

- 1. Child(ren) left unattended outside the facility building.
- 2. Child(ren) left unattended outside the facility building more than once.
- 3. Child(ren) left unattended off the program's premises.
- 4. Child(ren) left unattended during a swimming activity.
- 5. Child(ren) left unattended in a vehicle.
- 6. Child(ren) left unattended inside the building and no adults were present in the building.
- 7. Other [ ].

Children must be supervised and within sight and hearing of a child care staff member at all times. 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: 11/10/2021

### Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection



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| Low Risk Non-Compliances   |  |  |  |  |  |
|--|--|--|--|--|--|
| No Low Risk Non-Compliances were observed during this inspection |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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|  |  |  |  |  |  |

## **Rules In-Compliance/Not Verified**

| Rule                             | Status       | Documenting Statement(s), If applicable |
|----------------------------------|--------------|---|
| 5101:2-12-02 License Posted      | Not Verified |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection          | Not Verified |   |
| Requirements                     |              |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified |   |
| Inspection                       |              |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection     | Not Verified |   |



| · · ·                                |              |   |
|--------------------------------------|--------------|---|
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service            | Not Verified |   |
| Requirements                         |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and  | Not Verified |   |
| Suspension                           |              |   |
| · · · · ·                            |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator           | Not Verified |   |
| Qualifications                       |              |   |
| Quaimentions                         |              |   |
| Rule                                 | Status       | Documenting Statement(c) If applicable  |
| 5101:2-12-07 Administrator           |              | Documenting Statement(s), If applicable |
|                                      | Not Verified |   |
| Responsibilities/Requirements        |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program         | Not Verified |   |
| Policies and Procedures              |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement       | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified |   |
| Educational Requirements             |              |   |
| · · ·                                |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training &  | Not Verified |   |
| Whistle Blower Protection            |              |   |
|                                      | 1            |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
|                                      | Not Verified | bocumenting statement(s), if applicable |
| 5101:2-12-09 Background Check        |              |   |
| Requirements                         |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training         | Not Verified |   |
| Requirements                         |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional            | Not Verified |   |
| Development Requirements             |              |   |
| · · ·                                | 1            |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Not Verified |   |
| Requirements                         |              |   |
| nequirements                         |              |   |



| Rule  | Status                 | Documenting Statement(s), If applicable |
|---|------------------------|---|
| 5101:2-12-11 Separation of Children           | Not Verified           |   |
| Under 2 1/2 Years                             |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space                    | Not Verified           |   |
| Requirements                                  |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment           | Not Verified           |   |
|   |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones          | Not Verified           |   |
|   |                        |   |
|   | -                      |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment                   | Not Verified           |   |
|   |                        |   |
| Rule  | Chatura                |   |
|   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment                 | Not Verified           |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and           | Not Verified           |   |
| Environment                                   | Not vermeu             |   |
| Linvironment                                  |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing                      | Not Verified           |   |
| Requirements                                  | Not vermeu             |   |
| Requirements                                  |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free                       | Not Verified           |   |
| Environment                                   | Not vermed             |   |
| Livionnent                                    |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing                    | Not Verified           | Documenting statement(s), it applicable |
| Requirements                                  |                        |   |
| nequilements                                  |                        |   |
| Pulo  | Statuc                 | Documenting Statement(c) If applicable  |
| Rule<br>5101:2-12-14 Transportation and Field | Status<br>Not Verified | Documenting Statement(s), If applicable |
| •   |                        |   |
| Trip Procedures                               |                        |   |
| Dula  | Chatur                 |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver          | Not Verified           |   |
| Requirements                                  |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |



| 5101:2-12-14 Transportation - Vehicle  | Not Verified           |   |
|--|------------------------|---|
| Requirements                           |                        |   |
|  |                        |   |
| Rule<br>5101:2-12-15 Child Medical and | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Enrollment Records                     | Not vermed             |   |
|  |                        |   |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care     | Not Verified           |   |
| Plans                                  |                        |   |
|  |                        |   |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and      | Not Verified           |   |
| General Emergency Plan                 |                        |   |
|  | -                      |   |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills          | Not Verified           |   |
| L                                      | 1                      | I                                       |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard        | Not Verified           |   |
| Precautions                            |                        |   |
|  |                        | i                                       |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of             | Not Verified           |   |
| Communicable Disease                   |                        |   |
| Rule                                   | Status                 | Desumanting Statement(s) If applicable  |
| 5101:2-12-16 Incident/Injury           | Not Verified           | Documenting Statement(s), If applicable |
| Reporting                              | Not vermeu             |   |
| Reporting                              |                        |   |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan     | Not Verified           |   |
|  |                        |   |
|  |                        |   |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule            | Not Verified           |   |
| L                                      | 1                      | I                                       |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and             | Not Verified           |   |
| Equipment                              |                        |   |
|  |                        |   |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play        | Not Verified           |   |
|  | 1                      |   |
| Rule                                   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity          | Not Verified           |   |
|  |                        |   |
|  |                        |   |



| Dula                                 | Chabura                |   |
|--------------------------------------|------------------------|---|
| Rule                                 | Status<br>Not Varified | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                   | Not Verified           |   |
|                                      | I                      | I                                       |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size              | Not Verified           |   |
| •                                    |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records      | Not Verified           |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision             | Not Verified           |   |
| · .                                  |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Not Verified           |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping        | Not Verified           |   |
|                                      | -                      |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                   | Not Verified           |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight   | Not Verified           |   |
| Care                                 |                        |   |
|                                      | 1                      |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Not Verified           |   |
| Requirements                         |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified           |   |
|                                      | I                      | I                                       |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Not Verified           |   |
| Handling/Storage                     |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care       | Not Verified           |   |
|                                      |                        |   |
| Dula                                 | Chatura                |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

| 5101:2-12-23 Infant Bottle and Food | Not Verified |   |
|-------------------------------------|--------------|---|
| Preparation                         |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet   | Not Verified |   |
| Training                            |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water     | Not Verified |   |
| Safety Requirements                 |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication             | Not Verified |   |
| Administration                      |              |   |
|                                     |              |   |
|                                     |              |   |