

# **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         | ils             |       |                   |
|-------------------------------|----------------------|-----------------|-------|-------------------|
| Program Name                  | Program Number       |                 | Prog  | gram Type         |
| Tarbiya Learning Center       | 2170015972           |                 | Chile | d Care Center     |
|                               |                      |                 |       |                   |
| Address                       | 9 <del>7</del>       |                 | Cou   | nty               |
| 3163 Cleveland Ave Columbus   |                      |                 | FRA   | NKLIN             |
| ОН                            |                      |                 |       |                   |
| 43224                         |                      |                 |       |                   |
|                               |                      |                 |       |                   |
| Building Approval Date        | Use Group/Code       | Occupancy Limit |       | Maximum Under 2 ½ |
|                               |                      |                 |       |                   |
| Fire Inspection Approval Date | Food Service Risk Le | evel            |       |                   |
| 07/25/2025                    | Level II             |                 |       |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | соре               | Inspection Notice |              |
| Annual             | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 09/10/2025         | 11:00 AM                       |                    | 2:45 PM           |              |
| Reviewer:          |                                |                    |                   |              |
| Kristen Simmons    |                                |                    |                   |              |
|                    | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                 | 6                              | 0                  | 0                 | 7            |

| Li                        | License Capacity and Enrollment at the Time of Inspection |           |           |         |  |
|---------------------------|---|-----------|-----------|---------|--|
| Age Group                 | License Capacity  |           | Enr       | ollment |  |
|                           | Totals  | Full Time | Part Time | Total   |  |
| Infant ( Birth to < 18 m) |   | 2         | 3         | 5       |  |
| Young Toddler             |   | 7         | 0         | 7       |  |
| Total Under 2 ½ Years     | 77  | 9         | 3         | 12      |  |
| Older Toddler             |   | 0         | 0         | 0       |  |
| Preschool                 |   | 29        | 0         | 29      |  |
| School Age                |   | 0         | 11        | 11      |  |
| Total Capacity/Enrollment | 139   | 29        | 11        | 52      |  |

| S     | taff-Child Ratios at the Time of I | nspection      |         |
|-------|------------------------------------|----------------|---------|
| Group | Age Group/Range                    | Ratio Observed | Comment |



| 2 to 10 |
|---------|
| 2 to 9  |
| 1 to 3  |
| 1 to 9  |
| 2 to 6  |
| 1 to 7  |
| 1 to 2  |
| 1 to 2  |
| 1 to 6  |
| 1 to 6  |
| 1 to 3  |
| 0 to 0  |
|         |

## **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5180:2-12-03 and 5180:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances   |
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| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances  |  |
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| No Moderate Risk Non-Compliances were observed during this inspection  |  |
| The Moderate Risk Non-compliances were observed during this hispection |  |
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### **Low Risk Non-Compliances**

#### **Domain: 06 Program Information**

Rule: 5180:2-12-14 Transportation - Driver Requirements

<u>Code</u>: The program is required to have all drivers be an employee of the program, a public transportation driver, or employed by a contracted transportation service company and retain a copy of all licenses for drivers employed by the program.

<u>Finding</u>: During the inspection, it was determined that the requirements for drivers was not met as listed in number(s) 2 below:

- 1. The driver(s) noted on the Employee Record Chart used for trips did not have a copy of a current driver's license on file.
- 2. At least one employee who is responsible for transporting children did not have documentation of completion of the prescribed driver training on file.
- 3. The driver used to transport children was not an employee of the program, a public transportation driver, or employed by a company contracted to provide transportation service.

Remove this individual from transporting children until the requirements are met. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/10/2025

### Domain: 07 Diapering & Infant Care

Rule: 5180:2-12-23 Infant Bottle and Food Preparation

Code: The program staff is required to label bottles containing formula or breast milk.

<u>Finding</u>: During the inspection, it was determined that bottles containing [breast milk/formula] for a particular infant were not labeled with the child's name and date of preparation. 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.



**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, 4 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: 10/10/2025

### **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: 10/10/2025

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) 1, 2, 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: 10/10/2025

#### Domain: 09 Children's Files

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

Code: 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) 10, 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.

**Domain: 10 Written Policies & Procedures** 

Rule: 5180:2-12-16 Written Disaster Plan



Code: The program is required to have a written disaster plan.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number(s) 12, 14, 15, 17 below:

#### Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. The plan was not used to respond to an emergency or disaster situation
- 4. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 5. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
- 6. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 7. Outbreaks, epidemics or other infectious disease emergencies
- 8. Loss of power, water, or heat
- 9. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 10. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 11. A designated safe site where staff and children can safely remain when evacuated.
- 12. Assisting infants, toddlers and children with special needs and/or health conditions
- 13. Emergency contact information for parents and the program
- 14. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 15. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 16. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 17. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 18. Making the plan available to all child care staff members and employees
- 19. Training of staff or reassignment of staff duties as appropriate
- 20. Updating the plan on a yearly basis
- 21. Contact with local emergency management officials

Make the necessary revisions to the disaster plan. Submit the program's corrective action plan, which includes the revised information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/10/2025



# Rules In-Compliance/Not Verified

| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-12-02 License Posted  | Compliant | Bocamenting statement(3), it applicable |
| 3180.2-12-02 Elcense i osted   | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
|  |           | 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 |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection  | Compliant |   |
| Requirements   |           |   |
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| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection   | Compliant | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |
| 3100.2 12 0 THE HISPECTION   | Compilant |   |
| <u></u>  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service  | Compliant | Bocumenting Statement(s), it applicable |
|  | Compliant |   |
| Requirements   |           |   |
|  | 30        |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator   | Compliant |   |
| Qualifications   |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator   | Compliant |   |
| Responsibilities/Requirements  |           |   |
| The state of the s | 1         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program   | Compliant | bocumenting statement(3), it applicable |
| Policies and Procedures  | Compliant |   |
| rollcles and riocedures  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member   | Compliant |   |
| Educational Requirements   |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training &  | Compliant |   |
| Whistle Blower Protection  |           |   |
|  | I         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| isuic  | Status    | bocamenting statement(s), it applicable |



| 5180:2-12-09 Background Check<br>Requirements           | Compliant           |   |
|---|---------------------|---|
| Rule 5180:2-12-10 Professional Development Requirements | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-11 Indoor Space Requirements             | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-11 Separation of Children                | Status<br>Compliant | Documenting Statement(s), If applicable |
| Under 2 1/2 Years  Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space<br>Requirements              | Compliant           |   |
| Rule 5180:2-12-12 Safe Equipment                        | Status Compliant    | Documenting Statement(s), If applicable |
| Rule<br>5180:2-12-11 Outdoor Play Equipment             | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5180:2-12-11 Outdoor Play Fall Zones            | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-12 Safe Environment                      | Status              | Documenting Statement(s), If applicable |
| Rule  | Compliant           | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment         | Compliant           | (-),                                    |
| Rule<br>5180:2-12-13 Handwashing<br>Requirements        | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5180:2-12-13 Smoke Free Environment                | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |



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| 5180:2-12-14 Transportation and Field                          | Compliant  |   |
| Trip Procedures  |  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Vehicle                          | Compliant  |   |
| Requirements   |  |   |
| negarieries  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care                             | Compliant  | Documenting Statement(s), if applicable |
| M  | Compliant  |   |
| Plans  |  |   |
|  |  |   |
| Rule   | Status   | 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  |   |
| ## G   | *  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard                                | Compliant  |   |
| Precautions  |  |   |
|  | '  | · · · · · · · · · · · · · · · · · · ·   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of                                     | Compliant  |   |
| Communicable Disease   |  |   |
| Communicable Disease   | l .  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury                                   | Compliant  | bocumenting statement(s), if applicable |
| N460 E2 050  | Compliant  |   |
| Reporting  |  |   |
| 2.1  |  | 2 (1) (2)                               |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and                                     | Compliant  |   |
| Equipment  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule                                    | Compliant  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records                                | Compliant  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size  | Compliant  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play                                | Compliant  |   |
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| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-18 License Capacity   | Compliant   |  |
| 5100.2 12 10 Electise capacity  | Compilarit  |  |
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| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Ratio  | Compliant   |  |
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| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-20 Cots and Napping   | Compliant   |  |
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| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Supervision  | Compliant   | 2 30 amonthing states mention in applicable                                      |
| 3160.2-12-19 Supervision  | Compilant   |  |
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|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Child Guidance   | Compliant   |  |
|   |   |  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-20 Cribs  | Compliant   |  |
| 5100.2 12 20 CHb3   | Compilant   |  |
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| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Meal and Snack   | Compliant   |  |
| Requirements  |   |  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Safe Food  | Compliant   |  |
| Handling/Storage  |   |  |
| Hallulling/Storage  |   |  |
|   |   |  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
|   |   | Documenting Statement(s), If applicable  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-12-22 Fluid Milk Requirements  | Status<br>Compliant   |  |
| Rule 5180:2-12-22 Fluid Milk Requirements Rule  | Status Compliant Status   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule<br>5180:2-12-22 Fluid Milk Requirements  | Status<br>Compliant   |  |
| Rule 5180:2-12-22 Fluid Milk Requirements Rule  | Status Compliant Status   |  |
| Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  | Status Compliant Status Compliant   | Documenting Statement(s), If applicable  |
| Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule  | Status Compliant Status Compliant Status Status                               |  |
| Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  | Status Compliant Status Compliant   | Documenting Statement(s), If applicable  |
| Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule 5180:2-12-23 Diapering and Toilet                | Status Compliant Status Compliant Status Status                               | Documenting Statement(s), If applicable  |
| Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule  | Status Compliant Status Compliant Status Status                               | Documenting Statement(s), If applicable  |
| Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule 5180:2-12-23 Diapering and Toilet Training       | Status Compliant  Status Compliant  Status Compliant  Status Compliant        | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule 5180:2-12-23 Diapering and Toilet Training  Rule | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant | Documenting Statement(s), If applicable  |
| Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule 5180:2-12-23 Diapering and Toilet Training       | Status Compliant  Status Compliant  Status Compliant  Status Compliant        | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5180:2-12-25 Medication | Compliant |   |
| Administration          |           |   |