

# **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 <u>http://jfs.ohio.gov/CDC/childcare.stm</u>. 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        |
| Giggles and Grins             | 2170016549              |                 | Child Care Center   |
|                               |                         |                 |                     |
| Address                       |                         |                 | County              |
| 800 Jasonway Ave Columbus     |                         |                 | FRANKLIN            |
| OH 43214                      |                         |                 |                     |
|                               |                         |                 |                     |
|                               |                         |                 |                     |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 1/2 |
|                               |                         |                 |                     |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                     |
|                               | Level III               |                 |                     |

| Inspection Information |                            |              |           |                   |              |
|------------------------|----------------------------|--------------|-----------|-------------------|--------------|
| Inspection Type        | Inspe                      | ction Scope  |           | Inspection Notice |              |
| Annual                 | Full                       |              |           | Unannounced       |              |
| Inspection Date        | Begin                      | Time 9:00 AM |           | End Time 12:00 PM |              |
| 03/03/2023             |                            |              |           |                   |              |
| Reviewer:              |                            |              |           |                   |              |
| JO ELLEN MORTON-CONRAD |                            |              |           |                   |              |
| Summary of Findings    |                            |              |           |                   |              |
| No. Rules Verified     | No. Rules with Non-complia | nces No. Ser | ious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 1                          |              | 0         | 0                 | 1            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 14         | 0         | 14    |
| Young Toddler   |                  | 4          | 0         | 4     |
| Total Under 2 ½ Years                                     | 39               | 18         | 0         | 18    |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 13         | 0         | 13    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 81               | 15         | 0         | 33    |

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



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| older inf | 12 months to < 18 months | 1 to 4 |  |
|-----------|--------------------------|--------|--|
| PS        | 3 years to < 4 years     | 1 to 6 |  |
| toddler   | 18 months to < 30 months | 1 to 3 |  |
| infant    | 0 to < 12 months         | 1 to 4 |  |

**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 | <b>Non-Compliances</b> |  |
|---------|------|------------------------|--|
|         |      |                        |  |

No Serious Risk Non-Compliances were observed during this inspection

### Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection



#### Low Risk Non-Compliances

#### Domain: 07 Diapering & Infant Care

<u>Rule</u>: 5101:2-12-23 Infant Bottle and Food Preparation <u>Code</u>: The program staff is required to heat bottles in water 120 degrees or less.

<u>Finding</u>: During the inspection, it was determined the container of water used to warm bottles was heated to a temperature hotter than 120 degrees Fahrenheit. Bottles shall be placed in a container of water not hotter than 120 degrees Fahrenheit or in a commercial bottle warmer. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/03/2023

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

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted      | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant |   |
|                                  |           | · · ·                                   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection          | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant |   |
| Inspection                       |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection     | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |



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| 5101:2-12-04 Food Service<br>Requirements    | Compliant           |   |
|--|---------------------|---|
| Requirements                                 | <u> </u>            | 1                                       |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and          | Compliant           |   |
| Suspension                                   |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator                   | Compliant           |   |
| Qualifications                               |                     |   |
| D. J.  | Chature             |   |
| Rule<br>5101:2-12-07 Administrator           | Status<br>Compliant | Documenting Statement(s), If applicable |
| Responsibilities/Requirements                | Compliant           |   |
| Responsionities/Requirements                 |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program                 | Compliant           |   |
| Policies and Procedures                      |                     |   |
|  | 1                   | 1                                       |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement               | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule<br>5101:2-12-08 Child Care Staff Member | Status              | Documenting Statement(s), If applicable |
| Educational Requirements                     | Compliant           |   |
| Luucational Requirements                     |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training &          | Compliant           |   |
| Whistle Blower Protection                    |                     |   |
|  |                     | ·                                       |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check                | Compliant           |   |
| Requirements                                 |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training                 | Compliant           |   |
| Requirements                                 |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional                    | Compliant           | Documenting statement(s), if applicable |
| Development Requirements                     | Compilate           |   |
|  | 1                   | 1                                       |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space                    | Compliant           |   |
| Requirements                                 |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |



| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years     | Compliant           |  |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space<br>Requirements                   | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment                          | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones                         | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                                  | Compliant           | boounenting statement(s), in applicable  |
|  | <b>e</b>            |  |
| Rule<br>5101:2-12-12 Safe Environment                        | Status<br>Compliant | Documenting Statement(s), If applicable  |
|  |                     |  |
| Rule<br>5101:2-12-13 Sanitary Equipment and<br>Environment   | Status<br>Compliant | Documenting Statement(s), If applicable  |
|  |                     |  |
| Rule<br>5101:2-12-13 Handwashing                             | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Requirements   |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free<br>Environment                       | Compliant           |  |
|  |                     |  |
| Rule<br>5101:2-12-15 Child Medical and<br>Enrollment Records | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Dule   | Status              | Desumenting Statement(a) If any line has |
| Rule<br>5101:2-12-15 Medical/Physical Care<br>Plans          | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and<br>General Emergency Plan  | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills                                | Compliant           |  |



| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-12-16 First Aid/Standard    | Compliant |   |
| Precautions                        |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of         | Compliant |   |
| Communicable Disease               |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury       | Compliant |   |
| Reporting                          |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule        | Compliant |   |
| JIOI.2-12-17 Daily Schedule        | compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and         | Compliant |   |
| Equipment                          | •         |   |
| <u> </u>                           |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play    | Compliant |   |
|                                    | -         |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity      | Compliant |   |
|                                    |           |   |
| Dula                               | Chattan   |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                 | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size            | Compliant |   |
|                                    |           |   |
|                                    | •         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records    | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision           | Compliant |   |
|                                    |           |   |



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|--------------------------------------|---------------------|---|
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping        | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                   | Compliant           |   |
|                                      |                     |   |
| Dulo                                 | Status              | Decumenting Statement/s) If applicable  |
| Rule<br>5101:2-12-22 Meal and Snack  | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                      | Compliant           |   |
| Requirements                         |                     |   |
| Dula                                 | Chatura             |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant           |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant           |   |
|                                      | Compliant           |   |
| Handling/Storage                     |                     |   |
| Dula                                 | Chatura             | Desumenting Statement(s) If emplicable  |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care       | Compliant           |   |
|                                      | I                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet    | Compliant           |   |
| Training                             |                     |   |
| i i anning                           |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant           |   |
| Administration                       | Compliant           |   |
| Aummistration                        |                     |   |
|                                      |                     |   |
|                                      |                     |   |