

## 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 Details                                              |                                      |                                   |                    |
|--------------------------------------------------------------|--------------------------------------|-----------------------------------|--------------------|
| Program Name<br>Tee Tee's Playhouse Too LLC                  | Program Number<br>2190020806         | Program Type<br>Child Care Center |                    |
| Address<br>6415 E Livingston Ave Reynoldsburg<br>OH<br>43068 |                                      |                                   | County<br>FRANKLIN |
| Building Approval Date<br>12/17/2018                         | Use Group/Code<br>E                  | Occupancy Limit<br>211            | Maximum Under 2 ½  |
| Fire Inspection Approval Date<br>08/25/2025                  | Food Service Risk Level<br>Level III |                                   |                    |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>09/03/2025 | Begin Time<br>10:30 AM   | End Time<br>4:15 PM              |
| Reviewer:<br>Alicia Anker     |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                    |
|--------------------------|-------------------------------------|-----------------------|------------------------|--------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>8 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>10 |

| 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)                                 |                  | 9          | 0         | 9     |
| Young Toddler                                             |                  | 16         | 0         | 16    |
| <b>Total Under 2 ½ Years</b>                              | 100              | 25         | 0         | 25    |
| Older Toddler                                             |                  | 5          | 0         | 5     |
| Preschool                                                 |                  | 29         | 0         | 29    |
| School Age                                                |                  | 58         | 0         | 58    |
| <b>Total Capacity/Enrollment</b>                          | 179              | 92         | 0         | 117   |

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

|                                   |                          |         |               |
|-----------------------------------|--------------------------|---------|---------------|
| Raven Askew /Infants              | 0 to < 12 months         | 2 to 13 |               |
| Raven Askew /Infants              | 0 to < 12 months         | 2 to 9  |               |
| Dominique Williams /Head Start PS | Mixed Age Group          | 1 to 12 | 3-5 year olds |
| Dominique Williams /Head Start PS | Mixed Age Group          | 1 to 12 | 3-5 year olds |
| Latonya Mock /Toddler             | 18 months to < 30 months | 2 to 16 |               |
| Latonya Mock /Toddler             | 18 months to < 30 months | 1 to 14 |               |
| Olivia Ortiz /Pre-K               | Mixed Age Group          | 1 to 8  | 3-school age  |
| Olivia Ortiz /Pre-K               | Mixed Age Group          | 1 to 9  | 3-school age  |
| DeAnha Payne /School Age          | School-Age to < 11 years | 1 to 14 |               |

### 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**

### Low Risk Non-Compliances

**Domain: 02 Safe & Sanitary Environment**

Rule: 5180:2-12-12 Safe Environment

Code: 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.

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

Corrective Action Plan Due: 10/09/2025

**Domain: 02 Safe & Sanitary Environment**

Rule: 5180:2-12-12 Safe Environment

Code: 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.

Finding: 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(s) 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).
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: 10/09/2025

#### **Domain: 05 Health & Safety**

Rule: 5180:2-12-16 First Aid/Standard Precautions

Code: The program is required to have a first aid kit onsite.

Finding: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) 4 below:

1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
2. One roll of hypoallergenic first-aid tape.
3. Individually wrapped sterile gauze squares in assorted sizes.
4. Sterile adhesive bandages in assorted sizes.
5. Tweezers.
6. Gauze rolled bandage.
7. Triangular bandage.
8. Rounded end scissors.
9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).
10. A working digital thermometer.
11. Disposable non-latex gloves.
12. A working flashlight.
13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.
16. Soap or waterless sanitizer (field trip or transporting away from the program only).
17. Bottled water (field trip or transporting away from the program only).

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.

Corrective Action Plan Due: 10/09/2025

**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.

Finding: 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: 10/09/2025

**Domain: 08 Staff Files**

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

**Code:** 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.

**Finding:** 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: 10/09/2025

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

**Rule:** 5180:2-12-08 Child Care Staff Member Educational Requirements

**Code:** The program staff is required to have educational verification on file at the program.

**Finding:** In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number(s) 1 below:

1. Verification of completion of a high school education was not on file.
2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/09/2025

**Domain: 08 Staff Files**

Rule: 5180:2-12-10 Health Training Requirements

Code: 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.

Finding: 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, 5, 6 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: 10/09/2025

**Domain: 08 Staff Files**

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

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

Finding: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 2, 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: 10/09/2025

#### **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" .

Finding: 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) 14 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.

Corrective Action Plan Due: 10/09/2025

**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.

Finding: 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) 2,8 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: 10/09/2025

**Rules In-Compliance/Not Verified**

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-16 Written Disaster Plan | Compliant |                                         |

| 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 Inspection                   | Compliant |                                         |
| 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 Requirements                          | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection                                  | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service Requirements                        | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Qualifications                     | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and Suspension                | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program Policies and Procedures          | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check Requirements                    | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space Requirements                        | Compliant |                                         |

| Rule                                                  | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space Requirements               | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment                           | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment                   | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones                  | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment       | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing Requirements                 | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment                   | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Toothbrushing Requirements               | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field Trip Procedures | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Driver Requirements     | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Vehicle Requirements    | Compliant |                                         |

| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-15 Medical/Physical Care Plans                 | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills                            | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease          | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury Reporting                   | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment                     | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule                              | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records                          | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size                                  | Compliant |                                         |
| Rule                                                     | Status    | 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 |                                         |
| 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 |                                         |

|                                                 |               |                                                |
|-------------------------------------------------|---------------|------------------------------------------------|
|                                                 |               |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-19 Supervision                        | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-19 Child Guidance                     | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-20 Cribs                              | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-22 Meal and Snack Requirements        | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-22 Safe Food Handling/Storage         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-22 Fluid Milk Requirements            | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-23 Infant Daily Care                  | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-23 Infant Bottle and Food Preparation | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-23 Diapering and Toilet Training      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-25 Medication Administration          | Compliant     |                                                |