

Center Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| | Program Deta | ils | |
|--|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Maandeeq Childcare Learning Center LLC | 2210025000 | | Child Care Center |
| | | | |
| Address | | | County |
| 1997 E. Dublin Granville Road Columbus | | | FRANKLIN |
| OH 43229 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 04/27/2016 | E | 33 | 18 |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 07/22/2021 | Level II | | |

| | Insp | ection Information | | |
|--------------------------------|--------------------------------|--------------------|----------------------------------|--------------|
| Inspection Type Provisional | Inspection S Full | соре | Inspection Notice Unannounced | |
| Inspection Date 03/22/2022 | Begin Time S | 9:00 AM | End Time 10:00 AM | |
| Inspection Date 03/22/2022 | Begin Time 2 | 1:10 AM | End Time 1:00 PM | |
| Inspection Date 03/24/2022 | Begin Time 8 | 3:35 AM | End Time 10:00 AM | |
| Reviewer: HEATHER WARES | | | | |
| Reviewer: HEATHER WARES | | | | |
| Reviewer: HEATHER WARES | | | | |
| | Su | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 6 | 0 | 0 | 9 |

| L | icense Capacity ar | nd Enrollme | ent at the Time of Ir | spection |
|---------------------------|--------------------|-------------|-----------------------|----------|
| Age Group | License Capacity | | Enr | ollment |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 6 | 0 | 6 |
| Young Toddler | | 9 | 0 | 9 |
| Total Under 2 ½ Years | 16 | 15 | 0 | 15 |



Department of Education Department of Job and Family Services

| Older Toddler | | 4 | 0 | 4 |
|---------------------------|----|----|---|----|
| Preschool | | 14 | 0 | 14 |
| School Age | | 7 | 0 | 7 |
| Total Capacity/Enrollment | 33 | 25 | 0 | 40 |

| 9 | Staff-Child Ratios at the Time of Ins | pection | |
|---------|---------------------------------------|----------------|------------------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infant | Mixed Age Group | 1 to 3 | Over 12 months-4 |
| | | | years |
| Infant | 12 months to < 18 months | 1 to 1 | Naptime |
| Toddler | Mixed Age Group | 1 to 2 | 18 months - 4 |
| | | | years @ Naptime |

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

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: 03 Postings & Equipment

Rule: 5101:2-12-17 Materials and Equipment

<u>Code</u>: The program is required to have enough equipment for all children in care.

<u>Finding</u>: During the inspection, it was determined that equipment, materials, and furnishings provided for indoor and outdoor play did not meet the requirement of the rule as noted in number(s) 1 below:

1. Not varied and adequate to meet the developmental needs of the children;

2. Not sufficient that each child can be actively involved in an activity.

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 required at this time.

Corrective Action Plan Due: 04/23/2022

Domain: 03 Postings & Equipment

Rule: 5101:2-12-17 Materials and Equipment

<u>Code</u>: The program is required to have play materials accessible and orderly.

<u>Finding</u>: During the inspection, it was determined that play materials were not accessible/orderly for the following reason(s) as noted in number(s) 2 below:

1. Play materials were not readily accessible to the children in the [] classroom;

2. Play materials were not arranged in an orderly manner so that children have opportunities to select, remove and replace play materials with minimal assistance during the day in the Infant classroom.

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 required at this time.

Corrective Action Plan Due: 04/23/2022



Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 1 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 04/23/2022

Domain: 05 Health & Safety

<u>Rule</u>: 5101:2-12-22 Meal and Snack Requirements <u>Code</u>: The program is required to provide food that does not pose as a choking hazard and is appropriate for the age of the children.

<u>Finding</u>: During the inspection, it was determined that the mixed group with an infant and toddler was served food that was too large, which posed a choking hazard. 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 required at this time.

Corrective Action Plan Due: 04/23/2022

Domain: 07 Diapering & Infant Care

<u>Rule</u>: 5101:2-12-23 Diapering and Toilet Training <u>Code</u>: The program staff is required to use only non-latex gloves during diaper changes.

<u>Finding</u>: During the inspection, it was determined staff used latex gloves during a diaper change. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 04/23/2022

Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-08 Medical Statement <u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 4a.

1. Date of examination;

2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;

- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test

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 4a;

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: 04/23/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

<u>Finding</u>: In review of the staff records, it was determined that medical examination statement(s) on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed



on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/23/2022

Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to have all children's records available.

<u>Finding</u>: During the inspection, it was determined that children's records had not been available to the Department and/or the Ohio Department of Health. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/23/2022

Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: 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) 4, 5, 8, 10, 12, 13 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 administrator15. Enrollment form for at least one child was not signed by the administrator16. 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 required at this time.

Corrective Action Plan Due: 04/23/2022

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 |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | APEE-CBKW4K 3/1/23. |
| | | |



| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The off-site food processing establishment's current Ohio Department of Agriculture registration information was observed during the inspection. |
|---|--------------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| nesponsionales, negan ements | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | compliant | |
| rolicles and rocedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | Documenting statement(s), if applicable |
| | Compliant | |
| Educational 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 |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | | and readily accessible during all hours of |
| | | operation. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |

| Rule Status Documenting Statement(s), If applicable | itement(s), If applicable |
|---|---------------------------|
|---|---------------------------|



| S101:2-12-11 Separation of Children Under 2 1/2 Years Compliant Rule Status Documenting Stater 5101:2-12-11 Outdoor Space Requirements Compliant Documenting Stater Rule Status Documenting Stater Rule: Store Compliant Rule: Status Documenting Stater Rule: Store Compliant Rule: Store Compliant Rule: Status Documenting Stater Rule: Store Compliant Documenting Stater Compliant Documenting Stater Rule: Store Status Documenting Sta | nent(s), If applicable ement: Outdoor ewed to be safe and |
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| clean environmen Appendix A of this | ement: On the day of |
| Appendix A of this | program provided a |
| | in accordance with |
| the furniture, mat | rule, which included |
| | erials and equipment. |
| | |
| Rule Status Documenting Stater | nent(s), If applicable |
| Rule: 5101:2-12-13 Handwashing Compliant Documenting Stat | |
| | erved washing hands as |
| required by the ru | |
| | - |
| Dulo Ctotus Desurvative State | - |
| | le. |
| | e. nent(s), If applicable |
| | hent(s), If applicable ement: No smoking was |
| | nent(s), If applicable ement: No smoking was emises, and the notice |
| observed posted i | hent(s), If applicable ement: No smoking was emises, and the notice ng is prohibited was |
| | nent(s), If applicable ement: No smoking was emises, and the notice |



| | | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: At the time of |
| Care Plans | - | the inspection, there were no children |
| | | currently enrolled who had health |
| | | conditions. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | 1 |
| 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 | compliant | |
| communicable Discase | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| Rule | Ctature | Desumenting Statement(c) If emplicable |
| 5101:2-12-16 Written Disaster Plan | Status Compliant | Documenting Statement(s), If applicable |
| SIOI.2-12-16 WHILEH DISASLEI Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the |
| | | inspection, developmentally-appropriate |
| | | practices were observed in the |
| | | classroom(s). |
| | | 1 |
| 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 | |
| | | |
| 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 |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: During the |
| Records | | inspection, attendance records were |
| | | reviewed. Child Care Staff Members were |
| | | viewed recording the attendance for each |
| | | child upon arrival and departure. All |
| | | attendance records met the requirements |
| | | of the rule and were kept with the group |
| | | at all times. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| | | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were |
| | | placed appropriately and safely during |
| | | nap time. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were |
| | | labeled with the assigned infant's name. |
| | | |
| Pula | Status | Decumenting Statement(s) If applicable |
| Rule 5101:2-12-22 Fluid Milk Requirements | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food | Compliant | Documenting Statement: Food was stored |
| Handling/Storage | | in a safe and sanitary manner. |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate |
| | | daily written records for all infants were |
| | | viewed. |
| | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: There were no |
| Administration | | children on medication at the time of the |
| | | inspection. |
| | | |