

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 |
| Kiddie Kove Learning Place, LLC | 2210025252 | | Child Care Center |
| 5000 5107 | | | |
| Address | | | County |
| 2646 W Broad St Columbus | | | FRANKLIN |
| ОН | | | |
| 43204 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 10/24/2014 | E | 16 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 02/07/2024 | Level III | | |

| | Ins | pection Information | | |
|---------------------|--------------------------------|---------------------|-------------------|--------------|
| Inspection Type | Inspection S | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 10/03/2024 | 8:24 AM | | 10:00 AM | |
| Reviewer: | | | | |
| Sara Goke | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 4 | 0 | 0 | 4 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|---------|
| Age Group | License Capacity | Enrollment | | ollment |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 1 | 0 | 1 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 10 | 1 | 0 | 1 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 2 | 0 | 2 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 27 | 2 | 0 | 3 |

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



| Infant | Mixed Age Group | 1 to 3 | combined with 2 |
|-----------|-----------------|--------|------------------|
| | | | PS |
| Infant | Mixed Age Group | 1 to 3 | Combined with PS |
| Preschool | Mixed Age Group | 1 to 3 | Combined with |
| | | | Infant |
| Preschool | Mixed Age Group | 1 to 3 | Combined with |
| | 77007PA NF | | Infant |

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 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 |
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Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: 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.

<u>Finding</u>: 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: 11/06/2024

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, 2, 3 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: 11/06/2024

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program is required to provide cribs with mattresses in good condition and sheets that are not too large or too small for the crib.

<u>Finding</u>: During the inspection, it was determined that sheets, mattresses and/or mattress covers did not meet the rule requirement as noted in number(s) 2 below:

- 1. At least one crib did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. At least one sheet was torn.
- 5. The mattress was not at least one and one-half inches thick.
- 6. The mattress was not firm.
- 7. There was space between the mattress and the sides and end panels of the crib which exceeded one and one-half inches.
- 8. The mattress cover was not waterproof.
- 9. The mattress cover was torn.
- 10. Other: [].

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

Corrective Action Plan Due: 11/06/2024



Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-23 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 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.

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|--|
| 5101:2-12-02 License Posted | Compliant | became ming statement(5), it approaches |
| 310112 12 02 21001130 1 03100 | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: On the day of |
| Department Inspection | | the inspection, the program was |
| | | operating in compliance with the current |
| | | building approval(s). |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| | | Documentation of a fire inspection |



| | | without any uncorrected violations must |
|-------------------------------------|--|--|
| | | be secured for the program. Secure a new fire inspection by 2/7/25. |
| | | new fire inspection by 2/7/25. |
| Rule | Chatus | Desumenting Statement(a) If applicable |
| Rule: 5101:2-12-04 Food Service | Status | Documenting Statement(s), If applicable Documenting Statement: The food service |
| Requirements | Compliant | license was observed posted. Following is |
| Requirements | | the audit number and date of expiration: |
| | | CSHE-D3QKLA, 3/1/25. |
| | | |
| 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 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | Documenting statement(s), if applicable |
| Responsibilities/Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | • Vertical desired in • Vertical desired in the | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | Documenting Statement(3), if applicable |
| Requirements | Compilant | |
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| 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 | |
| Development Requirements | The second secon | |
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| Rule | Status | Documenting Statement(s), If applicable |



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| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | J. Decommonsteller | Documenting Statement(s), if applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| Consistency Theorem is a consistency of the constraint of the cons | | and documented, as required. |
| | | and decamented, as required. |
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| D. I. | Chatan | Downsonting Chatagon and a life and include |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Section 1 to 1 | 100 A D D D D D D D D D D D D D D D D D D | bocumenting statement(s), if applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | bodamenting statement(s), it approasts |
| According to the control of the cont | Compilant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Compliant | |
| Requirements | * | |
| And America • Application of the Control of the Con | <u>.</u> | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | Southertaing statement(s), it applicable |
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | (-1),, |
| General Emergency Plan | Compilation | |
| General Emergency Flam | | |
| Rule | Chatus | Decumenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | 1 | |
| 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 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | - Dodamenta Batatament (o), it approache |
| JIOILE IZ I/ Daily Schedule | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | bocumenting statement(3), if applicable |
| Management of the Control of the Con | Compilant | |
| Equipment | 97 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
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| P.I. | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-12-19 Child Guidance | Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | 2 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | 2 - Samonan Saatomoni(S), in approache |
| 5101.2 12 22 Flata Willik Requirements | Compilant | |
| D. I. | C | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | L | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Compliant | |
| Safety Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | According to the second | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s). If applicable |
| Rule 5101:2-12-16 Written Disaster Plan | Status Compliant | Documenting Statement(s), If applicable |