

# **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 Details                         |                         |                 |     |                   |
|---|-------------------------|-----------------|-----|-------------------|
| Program Name                            | Program Number          |                 | Pro | ogram Type        |
| Balanced Family Academy of Clintonville | 2220026704              |                 | Chi | ild Care Center   |
| (25 E California)                       |                         |                 |     |                   |
| Address                                 |                         |                 | Co  | unty              |
| 25 East California Ave Columbus         |                         |                 | FR/ | ANKLIN            |
| OH 43202                                |                         |                 |     |                   |
|   |                         |                 |     |                   |
|   |                         |                 |     |                   |
| Building Approval Date                  | Use Group/Code          | Occupancy Limit |     | Maximum Under 2 ½ |
|   |                         |                 |     |                   |
| Fire Inspection Approval Date           | Food Service Risk Level |                 |     |                   |
|   |                         |                 |     |                   |

| Inspection Information        |                                |                  |                   |              |
|-------------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type               | Inspection So                  | соре             | Inspection Notice |              |
| Annual                        | Full                           |                  | Unannounced       |              |
| Inspection Date 12/06/2023    | Begin Time 9                   | :00 AM           | End Time 1:00 PM  |              |
| Inspection Date<br>12/06/2023 | Begin Time 9                   | :20 AM           | End Time 1:00 PM  |              |
| Reviewer:                     | · · · · · ·                    |                  |                   |              |
| Bradie McAfee                 |                                |                  |                   |              |
| Reviewer:                     |                                |                  |                   |              |
| SUSANNE ZIMMERER              |                                |                  |                   |              |
| Summary of Findings           |                                |                  |                   |              |
| No. Rules Verified            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                            | 6                              | 0                | 2                 | 5            |

| 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)                                 |                  | 39         | 2         | 41    |
| Young Toddler   |                  | 22         | 0         | 22    |
| Total Under 2 ½ Years                                     | 63               | 61         | 2         | 63    |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |



| P                         |    |   |   |    |
|---------------------------|----|---|---|----|
| Total Capacity/Enrollment | 63 | 0 | 0 | 63 |

| Staff-Child Ratios at the Time of Inspection |                          |                |         |  |
|--|--------------------------|----------------|---------|--|
| Group  | Age Group/Range          | Ratio Observed | Comment |  |
| Bees   | 0 to < 12 months         | 2 to 9         |         |  |
| Bees   | 0 to < 12 months         | 3 to 10        |         |  |
| Bees   | 0 to < 12 months         | 3 to 10        |         |  |
| Bears  | 0 to < 12 months         | 3 to 9         |         |  |
| Bears  | 0 to < 12 months         | 2 to 8         |         |  |
| Tigers                                       | 0 to < 12 months         | 2 to 9         |         |  |
| Tigers                                       | 0 to < 12 months         | 3 to 9         |         |  |
| Tigers                                       | 0 to < 12 months         | 3 to 9         |         |  |
| Bunnies                                      | 12 months to < 18 months | 2 to 10        |         |  |
| Piglets                                      | 18 months to < 30 months | 2 to 13        |         |  |
| Piglets                                      | 18 months to < 30 months | 3 to 13        |         |  |
| Piglets                                      | 18 months to < 30 months | 2 to 13        |         |  |

#### **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

No Serious Risk Non-Compliances were observed during this inspection

#### **Moderate Risk Non-Compliances**

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to store chemicals and machinery in a place that is inaccessible to children. The program is required to provide an outdoor play area away from machinery in operation.



<u>Finding</u>: During the inspection, a potentially hazardous item or toxic substance was used or stored in an unlocked diaper changing station cabinet where children had access to it, as noted in number 2 below.

- 1. Bleach.
- 2. Cleaning agent.
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.
- 7. Flammable substance.
- 8. Windshield washer fluid.
- 9. Aerosol cans.
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: [].

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/05/2024

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in numbers 5, 7, 15, 16 and 17 below:

1. No plan was on file.

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2. Child's name was missing.

- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.



- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.
- (Page 2)
- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

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- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.

28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.

- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.



44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/05/2024

### Low Risk Non-Compliances

### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Handwashing Requirements

<u>Code</u>: The program is required to have all staff and children wash their hands as outlined in rule.

<u>Finding</u>: During the inspection, it was determined that handwashing requirements were not followed as listed in number 12 below, as required in rule.

1. At least one staff/child did not wash their hands upon arrival for the day.

2. At least one staff/child did not wash their hands prior to departure.

3. At least one staff did not wash their hands upon entry into a classroom.

4. At least one staff/child did not wash their hands after toileting or assisting a child with toileting.

5. At least one staff/child did not wash their hands after each diaper change or pull-up change.

6. At least one staff did not wash their hands after contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.

7. At least one child did not wash their hands after contact with bodily fluids.

8. At least one child did not wash their hands after returning inside after outdoor play.

9. At least one staff did not wash their hands after cleaning or sanitizing or using any chemical products.

10. At least one staff/child did not wash their hands after handling pets, pet cages or other pet objects that have come in contact with the pet.

11. At least one staff did not wash their hands before eating, serving or preparing food or bottles or feeding a child.

12. At least one child did not wash their hands before eating or assisting with food preparation.

13. At least one staff did not wash their hands before and after completing a medical procedure or administering medication.

14. At least one child did not wash their hands after water activities.

15. At least one staff/child did not wash their hands when visibly soiled (must use soap and water).

16. Other [ ].



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

Corrective Action Plan Due: 01/05/2024

### 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 label bottles containing formula or breast milk.

<u>Finding</u>: During the inspection, it was determined that bottles containing breast milk and 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: 5101:2-12-07 Administrator Responsibilities/Requirements

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

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in numbers 4, 5 and 6 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: 01/05/2024

### Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-25 Medication Administration <u>Code</u>: The program staff is required to obtain signed written permission prior to administering topical products and lotions other than hand sanitizer to be used by children older than twenty-four months and lip balm.

<u>Finding</u>: During the inspection, it was determined the program did not obtain signed written permission from the parent prior to administering topical products and lotions, other than hand sanitizer to be used by children older than twenty-four months and lip balm. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/05/2024

### Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to have medication, medical foods and topical products labeled with the child's name.

<u>Finding</u>: During the inspection, it was determined that a medication, medical food or topical product was at the program which had not been labeled with the child's name. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/05/2024



## 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                        |           |   |
|                                     | ļ         |   |
| 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 |
| 5101:2-12-04 Food Service           | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| 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 Written Program        | Compliant |   |
| Policies and Procedures             | Compliant |   |
|                                     | 1         |   |
| 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           |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

| 5101:2-12-10 Health Training<br>Requirements             | Compliant           |  |
|--|---------------------|--|
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-10 Professional                                | Compliant           |  |
| Development Requirements                                 |                     |  |
|  |                     |  |
| 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                      | Compliant           |  |
| Under 2 1/2 Years  |                     |  |
|  | 1                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-11 Outdoor Space                               | Compliant           |  |
| Requirements   |                     |  |
|  | 1                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-11 Outdoor Play Equipment                      | Compliant           |  |
|  | 5                   | 2  |
| Rule   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-11 Outdoor Play Fall Zones                     | Compliant           |  |
| the well of the ground brochement is the structure ended |                     |  |
|  | 1                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-12 Safe Equipment                              | Compliant           |  |
| ļ  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-13 Sanitary Equipment and                      | Compliant           |  |
| Environment  |                     |  |
|  | ·                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-13 Smoke Free                                  | Compliant           |  |
| Environment  |                     |  |
|  | C                   |  |
| Rule<br>Rule: 5101:2-12-15 Child Medical and             | Status<br>Compliant | Documenting Statement(s), If applicable                                    |
| Enrollment Records                                       | Compliant           | Documenting Statement: During the inspection, the requirements of the rule |
|  |                     | regarding children's medical statements                                    |
|  |                     | and enrollments forms were discussed.                                      |
|  |                     |  |
|  |                     | ·  |
| Rule   | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-16 Medical, Dental, and                        | Compliant           |  |
| General Emergency Plan                                   |                     |  |



| 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                         |           |   |
| Treductions                         | ļ         |   |
| 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 |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training  |
| Plan                                |           | of the written disaster plan was        |
|                                     |           | completed by staff.                     |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule         | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and          | Compliant |   |
| Equipment                           |           |   |
|                                     |           |   |
| 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 |
| 5101:2-12-18 Attendance Records     | Compliant |   |



|   | 1                                |   |
|---|----------------------------------|---|
|   |                                  |   |
| Rule  | Status                           | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision  | Compliant                        |   |
|   |                                  |   |
| Rule  | Chatur                           | Decumenting Statement(a) If emplicable  |
| 5101:2-12-19 Child Guidance   | 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                        | Documenting Statement(3), in applicable |
|   | Compliant                        |   |
|   |                                  |   |
| Rule  | Status                           | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs  | Compliant                        |   |
|   |                                  |   |
|   |                                  | 1                                       |
| Rule  | Status                           | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack   | Compliant                        |   |
| Requirements  |                                  |   |
|   | Į.                               |   |
| Rule  | Status                           | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements  | Compliant                        |   |
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|   | a.                               |   |
| Rule  | Status                           | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food  | Compliant                        |   |
| Handling/Storage  |                                  |   |
|   | 1                                |   |
| Rule  | Status                           | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care  | Compliant                        |   |
| allen og sin sen for an en som en  |                                  |   |
|   |                                  |   |
| Rule  | Status                           | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet   | Compliant                        |   |
| Training  |                                  |   |
|   |                                  |   |
| Rule  | Status                           | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member  | Compliant                        |   |
| Educational Requirements  |                                  |   |
|   | r                                |   |
|   |                                  |   |
|   |                                  |   |

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