

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 |
| Balanced Family Academy of Hilliard | 2230028413 | | Child Care Center |
| | | | |
| Address | | | County |
| 5675 Feder Road Columbus | | | FRANKLIN |
| ОН | | | |
| 43228 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | | | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | |
| 07/29/2024 | | | |
| | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection Sc | оре | Inspection Notice | | |
| Follow-up | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 04/03/2025 | 10:30 AM | | 2:45 PM | | |
| Inspection Date | Begin Time | | End Time | | |
| 04/03/2025 | 10:30 AM | | 1:00 PM | | |
| Reviewer: | | | | | |
| Lakesha Williams | | | | | |
| Reviewer: | | | | | |
| HEATHER WARES | HEATHER WARES | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 31 | 1 | 0 | 0 | 1 | |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 43 | 0 | 43 |
| Young Toddler | | 22 | 0 | 22 |
| Total Under 2 ½ Years | 83 | 65 | 0 | 65 |
| Older Toddler | | 27 | 0 | 27 |
| Preschool | | 44 | 0 | 44 |
| School Age | | 0 | 17 | 17 |
| Total Capacity/Enrollment | 209 | 71 | 17 | 153 |



| | Staff-Child Ratios at the Time of Inspection | | | |
|-------------|--|----------------|---------------------------|--|
| Group | Age Group/Range | Ratio Observed | Comment | |
| Bunnies | 18 months to < 30 months | 2 to 11 | | |
| Piglets | 18 months to < 30 months | 3 to 9 | 18 months to 36 months | |
| Tigers 1 | 0 to < 12 months | 1 to 5 | | |
| Tigers 2 | 12 months to < 18 months | 2 to 8 | | |
| Bears | 12 months to < 18 months | 3 to 10 | | |
| Bees | 12 months to < 18 months | 3 to 10 | | |
| Monkeys | 3 years to < 4 years | 2 to 11 | | |
| Beavers | 3 years to < 4 years | 3 to 14 | | |
| Owls | 4 years to < 5 years | 1 to 11 | | |
| Kangaroos | 30 months to < 36 months | 1 to 6 | | |
| Kangaroos 2 | 30 months to < 36 months | 1 to 6 | | |
| Lions | School-Age to < 11 years | 1 to 4 | | |

Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk 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: 05 Health & Safety

Rule: 5180:2-12-22 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 toddler group was served apples, which posed a choking hazard/was not appropriate for their age. 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 |
|------------------------------------|--------------|---|
| 5180:2-12-16 Written Disaster Plan | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



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| 5180:2-12-04 Building Department | Not Verified | |
| Inspection | | |
| - | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Not Verified | g can approximately a special control of the |
| 3100.2 12 02 current information | Not vermed | |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 200 200 | | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the |
| | · | program had documentation of a current |
| | | fire inspection without any uncorrected |
| | | violations at the time of the licensing |
| | | |
| | | inspection, the program did not have the |
| | | fire inspection completed within 12 |
| | | months from the date of the last fire |
| | | inspection without any uncorrected |
| | | violations. Please ensure that fire |
| | | inspections are completed in accordance |
| | | with the rule requirements. |
| | | With the rule regaliements. |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(3), if applicable |
| 5180:2-12-04 Food Service | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| 84 7 (8) (80 pp 8) (8) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8 | | - Į |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Not Verified | bocamenting statement(s), it appreads |
| | Not vermed | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Medical Statement | Not Verified | Southering Statement(S), it applicable |
| J100.2-12-00 MEdical Statement | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Status Not Verified | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5180:2-12-08 Orientation Training & | Not Verified | Bocamenting statement(s), it applicable |
| Whistle Blower Protection | Not vermed | |
| Willstie Blower i Totection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check | Compliant | Documenting Statement(s), it applicable |
| Requirements | Compliant | |
| Requirements | Į. | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5180:2-12-10 Health Training | Compliant | Documenting Statement(s), If applicable |
| Requirements | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Not Verified | Bocamenting Statement(s), it applicable |
| Development Requirements | Not verified | |
| Development nequirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement(s), if applicable |
| 3100.2-12-11 Outdoor Flay Fall Zones | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | (-// |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | 0 (7) |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| 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 | Not Verified | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Not Verified | Documenting Statement(s), it applicable |
| Trip Procedures | Not vermed | |
| The Aresedance | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Vehicle | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care Plans | Compliant | |
| Fidis | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | became many statement (S), in approache |
| General Emergency Plan | | |
| | 50 | <u>.</u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Not Verified | |
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| Dula | Chabina | Decree onting (taken and a) If |
| Rule 5180:2-12-16 Incident/Injury | Status Not Verified | Documenting Statement(s), If applicable |
| Reporting | Not verified | |
| Перогина | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Precautions | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of | Not Verified | |
| Communicable Disease | | |
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| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-17 Materials and Equipment | Compliant | |
|--------------------------------------|-------------------------|---|
| Equipment | 8 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
| | conversed. In contracts | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs | Not Verified | booking statement(s), if applicable |
| 525512 12 25 51155 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5180:2-12-23 Infant Daily Care | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food | Not Verified | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet | Not Verified | |
| | | |
| Training | | |
| Training | | |
| Training | Status | Documenting Statement(s), If applicable |
| | Status Compliant | Documenting Statement(s), If applicable |
| Rule | | Documenting Statement(s), If applicable |
| Rule 5180:2-12-25 Medication | | Documenting Statement(s), If applicable |