

# **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 Deta	ils	
Program Name	Program Number		Program Type
The Learning ToTs Academy LLC	2230029135		Child Care Center
Address			County
5125 W. Broad Street Columbus			FRANKLIN
OH 43228			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
11/16/2023	E	71	
Fire Inspection Approval Date	Food Service Risk Level		
11/20/2023	Level III		

	Inspection Information				
Inspection Type	Inspection So	соре	Inspection Notice		
Pre-license	Full		Unannounced		
Inspection Date 12/15/2023					
Reviewer:					
ANNE BLANKESTYN					
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	

Li	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)		0	0	0	
Young Toddler		0	0	0	
Total Under 2 ½ Years		0	0	0	
Older Toddler		0	0	0	
Preschool		0	0	0	
School Age		0	0	0	
Total Capacity/Enrollment		0	0	0	

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

## **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
No Moderate Risk Non-Compliances were observed during this inspection
Low Risk Non-Compliances
Domain: 05 Health & Safety

Rule: 5101:2-12-16 First Aid/Standard Precautions

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

<u>Finding</u>: 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) 12 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 required at this time.

Corrective Action Plan Due: 01/14/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-12-16 Management of Communicable Disease

Code: The program is required to post the JFS 08087 "Ohio Communicable Disease Chart".

<u>Finding</u>: During the inspection, it was determined that the JFS 08087 "Ohio Communicable Disease Chart" was not posted as required, as indicated in number(s) 4 below:

- 1. The chart was not posted.
- 2. In a location readily available to program staff and parents.

- 3. The posted chart was not the current version, and the Child Care Manual Procedural Letter No. 159 was not attached.
- 4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

Technical assistance was provided at the time of 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: 01/14/2024

#### Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program is required to provide a safe and sufficient barrier to separate the play and sleeping space.

<u>Finding</u>: During the inspection, it was determined that the barrier between the play and sleeping space did not meet the requirements as noted in number(s) 1 below:

- No barrier had been provided
- 2. The barrier did not prevent the infants from entering the sleeping area.
- 3. The barrier was not safe.
- 4. The barrier was not sturdy.
- 5. The barrier impaired staff's ability to see and hear all sleeping infants in their cribs.
- 6. The barrier was inadequate.
- 7. 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: 01/14/2024

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

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: 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: 01/14/2024

### 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	bocamenting statement(s), it applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Compliant	
Requirements	40	

Status   Documenting Statement(s), If applicable			
Status   Documenting Statement(s), If applicable	Rule	Status	Documenting Statement(s), If applicable
Inspection	5101:2-12-04 Building Department	Compliant	
Rule   Status   Documenting Statement(s), if applicable		,	
Status   Documenting Statement(s), if applicable			
Rule	Rule	Status	Documenting Statement(s), If applicable
Status   Documenting Statement(s), If applicable	5101:2-12-04 Fire Inspection	Compliant	
Status   Documenting Statement(s), If applicable			
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Rule		T. 7. 7. 7. 7. 7.	Documenting Statement(s), If applicable
Rule	5101:2-12-04 Food Service	Compliant	
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Rule Status Documenting Statement(s), If applicable S101:2-12-07 Administrator Responsibilities/Requirements Documenting Statement(s), If applicable S101:2-12-07 Written Program Compliant Policies and Procedures Documenting Statement(s), If applicable S101:2-12-08 Orientation Training & Compliant Whistle Blower Protection Documenting Statement(s), If applicable S101:2-12-09 Background Check Compliant Requirements Documenting Statement(s), If applicable S101:2-12-10 Health Training Compliant Requirements Documenting Statement(s), If applicable S101:2-12-10 Professional Compliant Development Requirements Documenting Statement(s), If applicable S101:2-12-11 Indoor Space Compliant Requirements Documenting Statement(s), If applicable S101:2-12-11 Indoor Space Compliant Documenting Statement(s), If applicable S101:2-12-11 Indoor Space Requirements Documenting Statement(s), If applicable S101:2-12-11 Indoor Space Compliant Documenting Statement(s), If applicable S101:2-12-11 Separation of Compliant Documenting Statement(s), If applicable Rule S101:2-12-11 Separation of Compliant Documenting Statement: During the		Compliant	
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Rule: 5101:2-12-11 Separation of Compliant Documenting Statement: During the	Rule	Status	Documenting Statement(s), If applicable
Inspection, the program demonstrated	Children Under 2 1/2 Years	,	inspection, the program demonstrated

		knowledge of the Rule requirements and has procedures in place to meet those requirements.
Rule 5101:2-12-11 Outdoor Space Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Compliant	Bocumenting statement(3), if applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	, , , , , , , , , , , , , , , , , , ,
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing Requirements	Compliant	bocumenting statement(3), if applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free Environment	Compliant	Documentally ocacement(a), it approaches
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Child Medical and	Compliant	Documenting Statement: During the
Enrollment Records	1	inspection, the program demonstrated
		knowledge of the Rule requirements and
		has procedures in place to meet those requirements.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Medical/Physical Care Plans	Compliant	Documenting Statement: During the inspection, the program demonstrated knowledge of the Rule requirements and

		has procedures in place to meet those requirements.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Compliant	Documenting Statement(s), if applicable
General Emergency Plan	Compilant	
	1	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Emergency Drills	Compliant	Documenting Statement: During the
		inspection, the program demonstrated
		knowledge of the Rule requirements and
		has procedures in place to meet those
		requirements.
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Incident/Injury	Compliant	Documenting Statement: During the
Reporting		inspection, the program demonstrated
		knowledge of the Rule requirements and
		has procedures in place to meet those
		requirements.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	
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Rule 5101:2-12-17 Daily Schedule	Status Compliant	Documenting Statement(s), If applicable
Jioi.2 12 17 Daily Schedule	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Compliant	
Equipment		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-17 Daily Outdoor Play	Compliant	Documenting Statement: During the
		inspection, the program demonstrated
		knowledge of the Rule requirements and
		has procedures in place to meet those
		requirements.
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Rule 5101:2-12-18 License Capacity	Status Compliant	Documenting Statement(s), If applicable
	Compilant	
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Rule	Status	Documenting Statement(s), If applicable

Rule: 5101:2-12-18 Ratio	Compliant	Documenting Statement: During the inspection, the program demonstrated knowledge of the Rule requirements and has procedures in place to meet those requirements.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 Group Size	Compliant	Documenting Statement: During the inspection, the program demonstrated knowledge of the Rule requirements and has procedures in place to meet those requirements.
Rule: 5101:2-12-18 Attendance Records	Compliant	Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the program demonstrated knowledge of the Rule requirements and has procedures in place to meet those requirements.
Rule: 5101:2-12-19 Supervision	Status Compliant	Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the program demonstrated knowledge of the Rule requirements and has procedures in place to meet those requirements.
Rule	Status	Desumenting Statement/a) If applicable
Rule: 5101:2-12-19 Child Guidance	Compliant	Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the program demonstrated knowledge of the Rule requirements and has procedures in place to meet those requirements.
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Rule 5101:2-12-20 Cots and Napping	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack Requirements	Compliant	bocumenting statement(s), ii applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	Documenting Statement(5), it applicable

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 Infant Bottle and Food	Compliant	
Preparation		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Diapering and Toilet	Compliant	
Training		
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-25 Medication	Compliant	Documenting Statement: During the
Administration		inspection, the program demonstrated
		knowledge of the Rule requirements and
		has procedures in place to meet those
		requirements.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Compliant	
<b>Educational Requirements</b>		