

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 | |
| LEARNERS ACADEMY PLUS | 2230029218 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 5870 CLEVELAND AVE COLUMBUS | | | FRANKLIN | |
| OH 43231 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Und | der 2 ½ |
| 10/08/2020 | E | 70 | 45 | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 01/08/2024 | Level III | | | |

| | Inspection Information | | | | |
|--|------------------------|---------------|-------------------|-------------------|--------------|
| Inspection Type | Ĩ | Inspection Sc | cope | Inspection Notice | |
| Pre-license | ı | Full | | Unannounced | |
| Inspection Date Begin Time 10 01/25/2020 | | 0:30 AM | End Time 12:30 PM | | |
| Reviewer: | | | | | |
| JO ELLEN MORTO | JO ELLEN MORTON-CONRAD | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-co | mpliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 0 | V4 | 0 | 0 | 0 |

| Li | 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) | | 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 |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances |
| No Low Risk Non-Compliances were observed during this inspection |



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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 | Decumenting Chatemant/s) If and inchis |
| | | 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 | 0 (7/ |
| Inspection | Proportion of the Association of | |
| Rule | Status | Decumenting Statement/s\ If applicable |
| This delication | (((((((((((((((((((| 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 |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| - Caspension | | 1 |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|------------------|---|
| 5101:2-12-07 Administrator | Compliant | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | 55 | 4 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | I - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| | I . | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | 2.2.2 |
| Whistle Blower Protection | - Compilario | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | | |
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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 | | |
| Pule | Chatus | Decumenting Statement of If and inclinate |
| Rule 5101:2-12-11 Indoor Space | Status Compliant | Documenting Statement(s), If applicable |
| Requirements | Compliant | |
| ancidan cinents | I. | |
| Rule | Status | 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 |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| | * | |
| 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 |
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| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), it applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | 1 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | Amountaine material and a substant a | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 13.300.00 | 90 | 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 Handwashing | Compliant | О |
| | Complaint | |
| Requirements | 1 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | ' | |
| Environment | 1 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| * | | bocumenting statement(s), it applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | Simplication | |
| General Linergency Flatt | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | 2 3 danienting 3 datement (5), it 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 | | |
| Communicable Disease | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-16 Incident/Injury | Compliant | |
|------------------------------------|-----------|---|
| Reporting | Compilant | |
| | | - |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement(s), if applicable |
| 3101.2 12 17 Bully Schedule | Compilant | |
| | | |
| 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 | Documenting Statement(3), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | (-), |
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| D.L. | C | D (1) If I' II |
| Rule 5101:2-12-18 Group Size | Status | Documenting Statement(s), If applicable |
| 3101.2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| ļ. | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | , |
| | | |
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| Rule 5101:2-12-19 Child Guidance | Status | Documenting Statement(s), If applicable |
| J101,2-12-15 Cilila Galdance | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | boodificiting statement(s), it applicable |
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| Rule | Ctatus | Desumenting Statement(s) If as alicely |
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| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | 55 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
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| | | |
| 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 | |
| 440 | | |
| | 57 | |
| 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 | The second section of the second seco | |
| Control Contro | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | (-1) |
| Administration | - Compilarit | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | <u>I</u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | bocumenting statement(s), it applicable |
| | Compliant | |
| Educational Requirements | | |