

# **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      |
| perfect childcare             | 2240030506          |                 | Child Care Center |
|                               |                     |                 |                   |
| Address                       |                     |                 | County            |
| 5084 cleveland ave columbus   |                     |                 | FRANKLIN          |
| ОН                            |                     |                 |                   |
| 43231                         |                     |                 |                   |
|                               |                     |                 |                   |
| Building Approval Date        | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 08/09/2024                    | E                   | 27              |                   |
| Fire Inspection Approval Date | Food Service Risk L | evel            |                   |
| 10/15/2024                    | Exempt              |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | cope               | Inspection Notice |              |
| Pre-license        | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 10/31/2024         | 12:45 PM                       |                    | 3:20 PM           |              |
| Reviewer:          |                                |                    |                   |              |
| Jada Hightower     |                                |                    |                   |              |
|                    | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                 | 7                              | 0                  | 1                 | 6            |

| Li                        | cense Capacity ar | nd Enrollme | ent at the Time of In | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group                 | License Capacity  |             | Enr                   | 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        |

| S     | taff-Child Ratios at the Time of I | nspection      |         |
|-------|------------------------------------|----------------|---------|
| 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**

Domain: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number 1 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/05/2024



### **Low Risk Non-Compliances**

### Domain: 03 Postings & Equipment

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan Code: The program is required to post the fire and weather plans.

<u>Finding</u>: During the inspection, it was determined that the following information was not posted for item number 2 below:

- 1. Fire alert plan, including a diagram indicating evacuation routes.
- 2. Weather alert plan was missing details for Fire and Weather Written Plan.
- 3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 12/05/2024

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-12-17 Materials and Equipment

Code: The program is required to have an area for children to store their belongings.

<u>Finding</u>: During the inspection, it was determined that the program did not have designated storage areas for children's personal belongings. The rule requires that an area be designated where children can individually store their personal belongings. This area shall not block walkways or evacuation routes. 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: 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 3 below:

- 1. The chart was not posted.
- 2. In a location readily available to program staff and parents.
- 3. 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 not required at this time.

#### 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 1 below:

- 1. 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 not required at this time.



#### Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

<u>Code</u>: The program staff is required to prepare bottles in a safe and sanitary manner, shake the contents of the bottle, and test the temperature of the bottle before serving. Frozen breast milk must be thawed under cold running water or in the refrigerator.

<u>Finding</u>: During the inspection, it was determined that a bottle was not prepared appropriately as noted in number 7 below:

- 1. The bottle was heated in the microwave.
- 2. The container of water used to warm bottles was heated to a temperature hotter than 120 degrees Fahrenheit.
- 3. The container used for heating bottles was not emptied and cleaned each day.
- 4. The bottle was not shaken well before feeding.
- 5. The temperature of the bottle was not tested before feeding.
- 6. Frozen breast milk was not thawed under cold running water or in the refrigerator.
- 7. Other (Bottle warmer).

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: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in numbers 1, 4, 5 & 6 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.



|   | Corrective Action Plan Due: 12/05/2024 |     |
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## Rules In-Compliance/Not Verified

| Status    | Documenting Statement(s), If applicable                                |
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|           | Documenting Statement(s), If applicable                                |
| Compliant |  |
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| Status    | Documenting Statement(s), If applicable                                |
| Compliant |  |
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|           | Documenting Statement(s), If applicable                                |
| Compliant |  |
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|           | December 11 - Chat and All If and I all a                              |
|           | Documenting Statement(s), If applicable                                |
| Compilant |  |
|           |  |
| Status    | Documenting Statement(s), If applicable                                |
| Compliant | Documenting Statement: The off-site                                    |
|           | food processing establishment's current                                |
|           | Ohio Department of Agriculture   |
|           | registration information was observed                                  |
|           | during the inspection.   |
|           |  |
| Ctatus    | Documenting Statement(s), If applicable                                |
|           | Documenting Statement(s), it applicable                                |
| Compilant |  |
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|           | Status Compliant  Status Compliant  Status Compliant  Status Compliant |



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| 5101:2-12-07 Administrator   | Compliant  |  |
| Responsibilities/Requirements  |  |  |
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| Dula   | Chahira  | Decumenting Statement (-) If!: -             |
| Rule   | Status   | Documenting Statement(s), If applicable      |
| 5101:2-12-07 Written Program   | Compliant  |  |
| Policies and Procedures  |  |  |
|  | I.   | 1  |
| Dulo   | Ctatus   | Desumenting Statement/s) If and isolate      |
| 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  | - Compilation  |  |
| Availistic plower Frotection   | 1  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable      |
| 5101:2-12-10 Professional  | Compliant  |  |
| Development Requirements   | The second secon |  |
| Development negatients   | L  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Indoor Space  | Compliant  |  |
| Requirements   |  |  |
|  | 1  | <u>.                                    </u> |
| Dolo   | Chahira  | Description Chairman (1) If It I I           |
| Rule   | Status   | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Separation of Children  | Compliant  |  |
| Under 2 1/2 Years  |  |  |
|  | It.  | 1  |
| Pulo   | Chatus   | Desumenting Statement/s) If and isolate      |
| Rule   | Status   | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Outdoor Space   | Compliant  |  |
| Requirements   |  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable      |
|  |  | bocamenting statement(s), if applicable      |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant  |  |
| <u> </u>   | 1  |  |
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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  |  |
| 25. 2  | *  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable      |
| AND CONTROL OF THE CO | - Control Cont | bocumenting statement(s), if applicable      |
| 5101:2-12-12 Safe Environment  | Compliant  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable      |



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|---|-----------|--|
| 5101:2-12-13 Sanitary Equipment and   | Compliant |  |
| Environment   |           |  |
|   | *         | *  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing  | Compliant | Decame and a second of the sec |
| Requirements  | Compliant |  |
| Requirements  |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Smoke Free   | Compliant | Documenting Statement: A notice was  |
| Environment   |           | observed posted stating that smoking is  |
|   |           | prohibited at the program.   |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Child Medical and  | Compliant | 2004. Total Botato Horica (5), it approache  |
|   | Compliant |  |
| Enrollment Records  |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care  | Compliant |  |
| Plans   |           |  |
|   |           | ·  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills   | Compliant |  |
| 3101.2 12 10 Emergency Dims   | Compilant |  |
|   | k         |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard   | Compliant | bocamenting statement(s), it applicable  |
| 9931  | Compliant |  |
| Precautions   | 1         |  |
| - 02 <u>V</u>   | T 355     |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury  | Compliant |  |
| Reporting   |           |  |
|   |           | ·  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule   | Compliant | 0 (7)  |
|   |           |  |
|   | 1         |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 10 CO | 70 V-90   | Documenting Statement(s), if applicable  |
| 5101:2-12-17 Daily Outdoor Play   | Compliant |  |
|   |           |  |
| - 1   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
|   | 9000 100  |  |
| 5101:2-12-18 License Capacity   | Compliant |  |
|   | Compliant |  |
|   | Compliant |  |
|   | Compliant | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity   |           | Documenting Statement(s), If applicable  |



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| 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 | 3 (7, 1)                                 |
|  |           |  |
|  | 1         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision   | Compliant | bootimenting statement(s), it approase   |
| 5101.2-12-15 Supervision   | Compliant |  |
|  | I.        |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance  |           | bocumenting statement(3), it applicable  |
| 5101:2-12-19 Child Guidance  | Compliant |  |
|  | I         |  |
| Pule   | Chatus    | Decumenting Statement (a) If a will also |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cots and Napping  | Compliant | Documenting Statement: During the        |
|  |           | inspection, the requirements of the rule |
|  |           | regarding sleeping and napping were      |
|  |           | discussed.                               |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack  | Compliant |  |
| Requirements   | 1         |  |
|  | 1         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements   | Compliant | bootimenting statement(s), it applicable |
| 5101.2-12-22 Hald Wilk Requirements  | Compliant |  |
|  | 1         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food   |           | Documenting Statement(3), if applicable  |
| participation residence — the end of the control of | Compliant |  |
| Handling/Storage   | <u> </u>  |  |
|  |           |  |
| 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   |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-25 Medication  | Compliant |  |
| Administration   |           |  |
| , isininger action   | L         |  |
| Rule   | Status    | Documenting Statement(s) If applicable   |
|  |           | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Child Care Staff Member   | Compliant |  |
| Educational Requirements   |           |  |



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| 5101:2-12-16 Written Disaster Plan Compliant |       |