

## 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 Details                                        |                                   |                                   |                        |
|--------------------------------------------------------|-----------------------------------|-----------------------------------|------------------------|
| Program Name<br>Healthy Homes and Hearts INC           | Program Number<br>2240031282      | Program Type<br>Child Care Center |                        |
| Address<br>413 E. Home Road Springfield<br>OH<br>45506 |                                   |                                   | County<br>CLARK        |
| Building Approval Date<br>06/01/2016                   | Use Group/Code<br>I-4             | Occupancy Limit<br>31             | Maximum Under 2 ½<br>0 |
| Fire Inspection Approval Date<br>09/30/2024            | Food Service Risk Level<br>Exempt |                                   |                        |

| Inspection Information         |                          |                                  |
|--------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Pre-license | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>09/02/2025  | Begin Time<br>9:00 AM    | End Time<br>10:20 AM             |
| Reviewer:<br>HEATHER STILLION  |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>0 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>0 |

| 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     |
| <b>Total Under 2 ½ Years</b>                              |                  | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          |                  | 0          | 0         | 0     |

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

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### 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 5180:2-12-03 and 5180:2-13-03 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 |
|---------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-16 Written Disaster Plan          | Compliant |                                         |
|                                             |           |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Compliant |                                         |
|                                             |           |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection Requirements        | Compliant |                                         |
|                                             |           |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information            | Compliant |                                         |
|                                             |           |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection                | Compliant |                                         |
|                                             |           |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service Requirements      | Compliant |                                         |
|                                             |           |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Qualifications   | Compliant |                                         |
|                                             |           |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
|                                             |           |                                         |

|                                                               |           |                                         |
|---------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-07 Administrator Responsibilities/Requirements      | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program Policies and Procedures          | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-08 Medical Statement                                | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check Requirements                    | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training Requirements                     | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space Requirements                        | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space Requirements                       | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment                                 | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment                                   | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment               | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |

|                                                          |           |                                         |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-13 Smoke Free Environment                      | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule                              | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease          | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard Precautions              | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment                     | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping                            | Compliant |                                         |