

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	ails	
Program Name	Program Number		Program Type
Chosen Kids SE	2250032397		Child Care Center
Address	7,0		County
2525 Petzinger Rd COLUMBUS			FRANKLIN
ОН			
43209			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
Fire Inspection Approval Date	Food Service Risk L	evel	
07/15/2025	Level III		

		Insp	ection Information		
Inspection Type	Ins	spection Sc	оре	Inspection Notice	
Provisional	Ful	ıll		Unannounced	
Inspection Date	Вед	gin Time		End Time	
11/06/2025	8:1	10 AM		12:40 PM	
Reviewer:					
Andrea Clark					
		C			
		Sun	nmary of Findings		
No. Rules Verified	No. Rules with Non-comp	pliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
58	1		0	0	1

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)		5	0	5
Young Toddler		10	0	10
Total Under 2 ½ Years	100	15	0	15
Older Toddler		1	0	1
Preschool		39	0	39
School Age		1	0	1
Total Capacity/Enrollment	106	41	0	56

S	taff-Child Ratios at the Time of I	nspection	
Group	Age Group/Range	Ratio Observed	Comment



Head Start 1	5 years to < Kindergarten	1 to 1	Split group.
Head Start 1	3 years to < 4 years	1 to 7	Split group.
Head Start 1	3 years to < 4 years	2 to 15	Nap.
Head Start 2	3 years to < 4 years	2 to 8	
Head Start 2	3 years to < 4 years	3 to 12	
MAG-A	0 to < 12 months	3 to 12	Combined with
			MAG-B in AM.
MAG-A	0 to < 12 months	2 to 10	Nap.
MAG- B	0 to < 12 months	3 to 12	Combined with
			MAG- A in AM.
MAG- B	0 to < 12 months	2 to 5	Nap.

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

	Moderate Risk Non-Compliances
No Moderate Ris	k Non-Compliances were observed during this inspection



Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5180:2-12-08 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) 2 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: 12/06/2025



Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Written Disaster Plan	Compliant	
	1	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 License Posted	Compliant	
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Rule	C+-+	D
5180:2-12-02 Current Information	Status	Documenting Statement(s), If applicable
5180:2-12-02 Current information	Compliant	
	<u> </u>	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-03 Inspection	Compliant	
Requirements		
	F	1
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Fire Inspection	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Food Service	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	
Qualifications		
	T	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
	-	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Written Program	Compliant	
Policies and Procedures		
D. J.	Chatana	Description (1) (1)
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Child Care Staff Member	Compliant	
Educational Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection		



Rule	Status	Documenting Statement(s), If applicable
5180:2-12-09 Background Check	Compliant	<u> </u>
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Health Training	Compliant	
Requirements		
	- Aram	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Professional	Compliant	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Outdoor Space	Compliant	Documenting Statement(s), if applicable
Requirements	Compilant	
	1	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Indoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Separation of Children	Compliant	
Under 2 1/2 Years		
	T	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Outdoor Play Equipment	Compliant	
	2	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Outdoor Play Fall Zones	Compliant	Booding State Menteloy, it approaches
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Environment	Compliant	bocumenting statement(s), it applicable
STORE TE TE SUITE ENVIRONMENT	Compilario	
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	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable



5180:2-12-13 Smoke Free	Compliant	
Environment	3	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-15 Child Medical and	Compliant	
Enrollment Records		
D.I.	Char	D '' C' '/) If
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-15 Medical/Physical Care	Compliant	
Plans		
	-	
Dula	Chahua	Designation Chatamant/a) If amplicable
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
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Rule	Status	Documenting Statement(s), If applicable
	10 V00	bocumenting statement(s), if applicable
5180:2-12-16 Emergency Drills	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 First Aid/Standard	Compliant	
Precautions	3311.	
Frecautions		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Management of	Compliant	
Communicable Disease		
Communicable Bisease		
D. I.	6	D C/ \ If
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Incident/Injury	Compliant	
Reporting		
	1	
Rule	Status	Documenting Statement(s), If applicable
		Bocumenting Statement(s), if applicable
5180:2-12-18 Attendance Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Group Size	Compliant	
	1	
Rule	Status	Documenting Statement(s) If applicable
	In View	Documenting Statement(s), If applicable
5180:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Materials and	Compliant	
60x719-1810 - 10-1810 - Vermier Mariniste - 1910 -	Simpliant	
Equipment		
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 License Capacity	Compliant	
3100.2 12 10 Elective capacity	Compilant	
D. J.	Ctation	D
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Ratio	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-19 Supervision	Compliant	
	-	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-20 Cots and Napping	Compliant	
3100.2 12 20 Cots and Napping	Compilant	
	1	
Della	Chahara	D
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-20 Cribs	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-19 Child Guidance	Compliant	
Handa free Control Con	Semination of the grant of modern trade	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Meal and Snack	Compliant	Documenting states in end(a)) it applicable
	Compilant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Safe Food	Compliant	
Handling/Storage		
<u> </u>	•	'
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Fluid Milk Requirements		bocamenting statement(3), it applicable
5180:2-12-22 Fluid Wilk Requirements	Compliant	
= 1		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-23 Diapering and Toilet	Compliant	0
o Look Le Lo Diapernia and Tollet	Compliant	
	I .	İ
Training	<u>l</u>	<u> </u>
Training		
Training Rule	Status	Documenting Statement(s), If applicable
Training	Status Compliant	Documenting Statement(s), If applicable
Training Rule		Documenting Statement(s), If applicable



Rule	Status	Documenting Statement(s), If applicable
5180:2-12-25 Medication	Compliant	
Administration	3.5	
Rule	Status	Documenting Statement(s), If applicable
Rule 5180:2-12-04 Building Department	Status Compliant	Documenting Statement(s), If applicable