



## 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 DUBLIN LATCHKEY - DANIEL WRIGHT	Program Number 000000403336	Program Type Child Care Center	
Address 2335 W CASE ROAD COLUMBUS OH 43235		County FRANKLIN	
Building Approval Date	Use Group/Code E	Occupancy Limit	Maximum Under 2 ½
Fire Inspection Approval Date 08/11/2016	Food Service Risk Level Level III		

Inspection Information		
Inspection Type Annual	Inspection Scope Full	Inspection Notice Unannounced
Inspection Date 09/16/2021	Begin Time 3:30 PM	End Time 5:40 PM
Reviewer: Bradie McAfee		

Summary of Findings				
No. Rules Verified 55	No. Rules with Non-compliances 5	No. Serious Risk 0	No. Moderate Risk 2	No. Low Risk 5

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	0
Older Toddler		0	0	0
Preschool		0	0	0
School Age		17	0	17
<b>Total Capacity/Enrollment</b>	60	17	0	17

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
School Age	School-Age to < 11 years	2 to 15	



School Age	School-Age to < 11 years	2 to 12	
School Age	School-Age to < 11 years	1 to 5	Group Outside
School Age	School-Age to < 11 years	2 to 2	Group Inside

### Summary of Non-Compliances

*If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.*

#### Serious Risk Non-Compliances

**No Serious Risk Non-Compliances were observed during this inspection**

#### Moderate Risk Non-Compliances

**Domain: 08 Staff Files**

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

Code: The program is required to have all staff request background checks as required.

Finding: In review of the staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number 1 below:

1. Submitting the JFS 01175 "Request for a Background Check for Child Care" to the Department or the OPR;
2. Submitting fingerprints electronically according to the process established by BCI.

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

Corrective Action Plan Due: 10/16/2021

**Domain: 09 Children's Files**



**Rule: 5101:2-12-15 Medical/Physical Care Plans**

**Code:** The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 "Child Medical/Physical Care Plan" for a child with a health condition.

**Finding:** A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan" must be on file for any child having health conditions which require monitoring for symptoms or a medical procedure be performed at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 18 below:

1. No plan was on file.
2. Child's name was missing.
3. Child's date of birth was missing.
4. Name of the condition was missing.
5. Symptoms to watch for were missing.
6. Action to be taken if symptoms to occur were missing.
7. Activities/foods/environmental conditions to avoid, if applicable, were missing.
8. Medical procedures to be followed were missing.
9. Expected benefit was missing.
10. Name of any applicable medication was missing.
11. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
12. Instructions regarding emergency evacuation, if applicable, were missing.
13. Training instructions were missing.
14. Dated signature of parent or certified professional who trained the program staff was missing.
15. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
16. Directions regarding additional services, if applicable, were missing.
17. Dated signature of parent giving permission to perform the procedure was missing.
18. Dated signature of program administrator was missing.
19. The plan was not implemented.
20. The plan was not able to be implemented due to conflicting information.
21. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236 "Child Medical/Physical Care Plan", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/16/2021



**Domain: 01 Ratio & Supervision**

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

Finding: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 4 and 5 below:

1. There was no method in place;
2. The method did not include each child's name;
3. The method did not include each child's date of birth;
4. The tracking method did not remain with the group at all times;
5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 10/16/2021

**Domain: 01 Ratio & Supervision**

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the attendance record for a period of one year.

Finding: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 2 below:

1. No attendance record was being maintained;
2. The attendance record was not being consistently completed; (Children were not being signed out upon departure)
3. The attendance documentation was not kept at the program for a period of one year.

Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/16/2021

**Domain: 08 Staff Files**



**Rule:** 5101:2-12-08 Medical Statement

**Code:** The program staff medicals are required to include all information.

**Finding:** In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number 3.

1. Date of examination;
2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
3. A statement that verifies that 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);
4. Tuberculosis (TB) screening/test
  - 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 4a;
  - 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: 10/16/2021

**Domain: 08 Staff Files**

**Rule:** 5101:2-12-08 Medical Statement

**Code:** The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

**Finding:** In review of the staff records, it was determined that medical examination statement(s) on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/16/2021



**Domain: 08 Staff Files**

**Rule:** 5101:2-12-10 Professional Development Requirements

**Code:** The program staff is required to obtain at least 6 hours of professional development annually.

**Finding:** In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

1. The child care staff member(s) had not completed at least 6 hours of professional development.
2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
3. Training topic did not meet the requirements listed in appendix A of this rule.
4. Documentation of training did not meet the requirements of this rule.
5. Other [ ].

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

Corrective Action Plan Due: 10/16/2021

**Rules In-Compliance/Not Verified**

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack Requirements	Compliant	
5101:2-12-13 Handwashing Requirements	Compliant	
Rule: 5101:2-12-04 Fire Approval	Compliant	Documenting Statement: This program serves only school age children in a public or chartered non-public school building.



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of Communicable Disease	Compliant	
5101:2-12-13 Smoke Free Environment	Compliant	
5101:2-12-07 Administrator Qualifications	Compliant	
5101:2-12-08 Child Care Staff Member Educational Requirements	Compliant	
5101:2-12-16 Written Disaster Plan	Not Verified	
Rule: 5101:2-12-04 Food License	Compliant	Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9913018; 3/1/2022.
5101:2-12-13 Sanitary Equipment and Environment	Compliant	
5101:2-12-19 Child Guidance	Compliant	
5101:2-12-22 Fluid Milk Requirements	Compliant	
5101:2-12-16 First Aid/Standard Precautions	Compliant	
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
5101:2-12-18 License Capacity	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food Handling/Storage	Compliant	
5101:2-12-07 Written Program Policies and Procedures	Not Verified	
5101:2-12-11 Indoor Space Requirements	Compliant	
5101:2-12-16 Emergency Drills	Compliant	
5101:2-12-17 Materials and Equipment	Compliant	
5101:2-12-11 Outdoor Play Equipment	Compliant	
5101:2-12-17 Daily Outdoor Play	Compliant	
5101:2-12-04 Building Approval	Compliant	
5101:2-12-02 License Posted	Compliant	
5101:2-12-11 Outdoor Space Requirements	Compliant	
5101:2-12-19 Supervision	Compliant	
5101:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable





5101:2-12-17 Daily Schedule	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-15 Child Medical and Enrollment Records	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-12 Safe Equipment	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-08 Orientation and Staff Records	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-10 Health Training Requirements	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-12 Safe Environment	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-16 Incident/Injury Reporting	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-16 Medical, Dental, and General Emergency Plan	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-18 Group Size	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-18 Ratio	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-25 Medication Administration and Food Supplements	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-03 Inspection Requirements	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-07 Administrator Responsibilities/Requirements	Compliant	



Department of Education  
Department of Job and Family Services

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