

## **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        | nils            |                    |
|--|---------------------|-----------------|--------------------|
| Program Name   | Program Number      |                 | Program Type       |
| ROMAKE BILINGUAL PRESCHOOL                             | 000000400294        |                 | Child Care Center  |
| Address<br>1357 BRICE ROAD REYNOLDSBURG<br>OH<br>43068 |                     |                 | County<br>FRANKLIN |
|  |                     |                 |                    |
| Building Approval Date                                 | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½  |
| 02/22/2012   | E                   | 38              |                    |
| Fire Inspection Approval Date 09/28/2015               | Food Service Risk L | evel            |                    |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Follow-up              | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 04/30/2024             | 10:45 AM                       |                  | 1 12:00 PM        |              |
| Reviewer:              |                                |                  |                   |              |
| BEVERLY JAMES          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 5                      | 2                              | 0                | 2                 | 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)                                  |                  | 2         | 0          | 2     |  |
| Young Toddler   |                  | 9         | 0          | 9     |  |
| Total Under 2 ½ Years                                     | 44               | 11        | 0          | 11    |  |
| Older Toddler   |                  | 0         | 0          | 0     |  |
| Preschool   |                  | 5         | 0          | 5     |  |
| School Age  |                  | 0         | 15         | 15    |  |
| Total Capacity/Enrollment                                 | 71               | 5         | 15         | 31    |  |

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

| Preschool/PreK | 3 years to < 4 years     | 1 to 4 |  |
|----------------|--------------------------|--------|--|
| Infant         | 0 to < 12 months         | 1 to 1 |  |
| Toddler        | 18 months to < 30 months | 1 to 5 |  |

### **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: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program staff is required to supervise children in their assigned group by sight and hearing. Supervision includes being near enough to respond and reach children immediately and protecting them from harm.

<u>Finding</u>: During the inspection, it was determined that children were left unattended while inside the program as noted in number(s) 2 below:

- 1. Child(ren) were left unattended once.
- 2. Child(ren) were left unattended more than once. (At arrival, preschool group was in room by themselves. Owner left Preschool classroom twice as well.)
- 3. Child(ren) left the group and were unattended.
- 4. Child care staff were using a baby monitor to supervise children.
- 5. Child care staff were using a walkie talkie to supervise children.
- 6. Child care staff were using mirrors to view children in another room.
- 7. Child care staff were using a video camera instead of physically being present in the room.
- 8. Other [ ].

Children must be supervised and within sight and hearing of a child care staff member at all times. Provide staff training. 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: 05/30/2024

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(s) 4 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: 05/30/2024

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

No Low Risk Non-Compliances were observed during this inspection



# Rules In-Compliance/Not Verified

| Rule                                | Status       | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|---|
| 5101:2-12-02 License Posted         | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information    | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection             | Not Verified |   |
| Requirements                        |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department    | Not Verified |   |
| Inspection                          |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection        | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service           | Not Verified |   |
| Requirements                        |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified |   |
| Suspension                          |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |

| - California C                       | 1            |  |
|--------------------------------------|--------------|--|
| 5101:2-12-07 Administrator           | Not Verified |  |
| Qualifications                       |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator           | Not Verified | bootimenting statement(s), it applicable |
|                                      | Not vermed   |  |
| Responsibilities/Requirements        |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program         | Not Verified |  |
| Policies and Procedures              |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Medical Statement       | Not Verified | Doddinenting Statement(S), it applicable |
| 3101.2 12 00 Wedlear Statement       | Not vermed   |  |
|                                      | <u> </u>     |  |
| Pulo                                 | Status       | Decumenting Statement/s) If applicable   |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation Training &  | Not Verified |  |
| Whistle Blower Protection            |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training         | Not Verified |  |
| Requirements                         |              |  |
| Requirements                         |              |  |
| Pula                                 | Chahua       | Decumenting (teta                        |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional            | Not Verified |  |
| Development Requirements             |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space            | Not Verified |  |
| Requirements                         |              |  |
| nequirements                         | <u> </u>     |  |
| Dul                                  | Chahara      | Decree the Chatemant of the multi-life   |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children  | Not Verified |  |
| Under 2 1/2 Years                    |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space           | Not Verified |  |
| Requirements                         |              |  |
| squi ciricito                        | ı            |  |
| Pula                                 | Chahua       | Decumenting (test                        |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment  | Not Verified |  |
|                                      |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified |  |
| ·                                    |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment          | Not Verified | , , , , , , , , , , , , , , , , , , ,    |
| 3101.2-12-12 Sale Equipment          | NOT VEHILLA  |  |

| Beginning!                            |                     |  |
|---------------------------------------|---------------------|--|
|                                       |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-12 Safe Environment         | Not Verified        | 3 (7, 11                                     |
|                                       |                     |  |
|                                       | 1                   |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Sanitary Equipment and   | Not Verified        | 2 comments in good content (o), in approache |
| Environment                           | Not vermed          |  |
| Environment                           |                     |  |
| Dolla                                 | Chahara             | Decree while Chategory with the multi-life   |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Handwashing              | Not Verified        |  |
| Requirements                          |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Smoke Free               | Not Verified        |  |
| Environment                           |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Toothbrushing            | Not Verified        |  |
| Requirements                          |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-14 Transportation and Field | Not Verified        | bocumenting statement(s), if applicable      |
| -                                     | Not verified        |  |
| Trip Procedures                       |                     |  |
|                                       | I o                 |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-14 Transportation - Driver  | Not Verified        |  |
| Requirements                          |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-14 Transportation - Vehicle | Compliant           |  |
| Requirements                          |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-15 Child Medical and        | Not Verified        |  |
| Enrollment Records                    |                     |  |
| Zinominent Records                    | <u> </u>            |  |
| Pulo                                  | Status              | Documenting Statement(s) If applicable       |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-15 Medical/Physical Care    | Not Verified        |  |
| Plans                                 |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-16 Medical, Dental, and     | Not Verified        |  |
| General Emergency Plan                |                     |  |
|                                       |                     |  |
| D 1                                   |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-16 Emergency Drills         | Status Not Verified | Documenting Statement(s), If applicable      |

| Beginning!                                     |               |   |
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| Rule   | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard                | Not Verified  |   |
| Precautions                                    |               |   |
|  | 1             |   |
| Rule   | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of                     | Not Verified  | Bootimenting octatement(5), it approaches |
| Communicable Disease                           | 140t Vermeu   |   |
| Communicable Disease                           |               |   |
| D  | 1 6: 1        | D :: C:                                   |
| Rule   | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury                   | Not Verified  |   |
| Reporting                                      |               |   |
|  |               |   |
| Rule   | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule                    | Not Verified  |   |
| <u>,                                      </u> |               |   |
|  |               |   |
| Rule   | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Materials and                     | Not Verified  |   |
| Equipment                                      | 1100100111100 |   |
| Equipment                                      | I             |   |
| Rule   | Status        | Decumenting Statement/s) If applicable    |
|  |               | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play                | Not Verified  |   |
|  |               |   |
|  | 1             |   |
| Rule   | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity                  | Not Verified  |   |
|  |               |   |
|  |               |   |
| Rule   | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Ratio                             | Compliant     |   |
|  |               |   |
|  |               |   |
| 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                | Not Verified  |   |
|  |               |   |
|  |               | <u></u>                                   |
| Rule   | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance                    | Not Verified  |   |
|  |               |   |
|  |               | ·   |
| Rule   | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cots and Napping                  | Not Verified  | , , , , , , , , , , , , , , , , , , ,     |
| 2 22 2212 2.12 1.12bkii.0                      |               |   |
|  |               | 1   |
|  |               |   |

| Rule                                       | Status                 | Documenting Statement(s), If applicable |
|--|------------------------|---|
| 5101:2-12-20 Cribs                         | Not Verified           |   |
|  |                        |   |
|  |                        |   |
| Rule                                       | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight         | Not Verified           |   |
| Care                                       |                        |   |
|  |                        |   |
| Rule                                       | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack                | Not Verified           |   |
| Requirements                               |                        |   |
|  | Chatana                | Decree the Chateres and I formlies his  |
| Rule  5101:2 12 22 Eluid Milk Paguiraments | Status<br>Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements       | Not verified           |   |
|  |                        |   |
| Rule                                       | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food                     | Not Verified           | bounding statement(s), it approach      |
| Handling/Storage                           | Troc vermes            |   |
| 1101109, 515                               |                        |   |
| Rule                                       | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care             | Not Verified           | ( ) ( )                                 |
|  |                        |   |
|  |                        |   |
| Rule                                       | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food        | Not Verified           |   |
| Preparation                                |                        |   |
|  |                        |   |
| Rule                                       | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet          | Not Verified           |   |
| Training                                   |                        |   |
|  |                        | T                                       |
| Rule                                       | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water            | Not Verified           |   |
| Safety Requirements                        |                        |   |
|  |                        |   |
| Rule                                       | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication                    | Not Verified           |   |
| Administration                             |                        |   |
|  | T                      |   |
| Rule                                       | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member       | Not Verified           |   |
| Educational Requirements                   |                        |   |
| - 1  |                        | Commented to the continue of            |
| Rule                                       | Status<br>Not Verified | Documenting Statement(s), If applicable |
|  | I Not veritied         |   |
| 5101:2-12-16 Written Disaster Plan         | l tot termed           |   |

