

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 |
| Eversole Run Middle School - Dublin | 2230028614 | | Child Care Center |
| Latchkey | | | |
| Address | | | County |
| 9015 Gardenia Drive Plain City | | | UNION |
| OH 43064 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | School Building | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| | Level III | | |

| | Inspection Information | | | | |
|-----------------------------|--------------------------------|------------------|-------------------------------|--------------|--|
| Inspection Type Provisional | Inspection So Full | cope | Inspection Notice Unannounced | | |
| Inspection Date 12/11/2023 | Begin Time 3 | :00 PM | End Time 4:10 PM | | |
| Reviewer: CRYSTAL LUSE | Reviewer: | | | | |
| | Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 1 | 0 | 0 | 1 | |

| 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 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 10 | 10 |
| Total Capacity/Enrollment | 23 | 0 | 10 | 10 |

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



| Latchkey | School-Age to < 11 years | 1 to 8 | |
|----------|--------------------------|--------|--|
| | | | |

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 |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances |
| Domain: 09 Children's Files |

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number 4 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other []

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

Corrective Action Plan Due: 01/10/2024

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| Rule: 5101:2-12-02 Current | Compliant | Documenting Statement: The program |
| Information | | had current information entered in the |
| | | Ohio Child Licensing and Quality System |
| | | (OCLQS). |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: This program |
| Department Inspection | | serves only school age children in a public |
| | | or chartered non-public school building. |
| | | |
| Dula | Chahua | Decumenting Chake we said A life well as he |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | 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 |
| Rule: 5101:2-12-04 Food Service | | Documenting Statement(s), If applicable Documenting Statement: The food service |
| | Compliant | license was observed posted. Following is |
| Requirements | | the audit number and date of expiration: |
| | | • |
| | | #SHAN-BSWR87, 3/1/24. |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: Written |
| Requirements | Compliant | permission to operate under the food |
| Requirements | | service license of another entity at the |
| | | same location was observed. |
| | | same location was observed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | 3 |
| Qualifications | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | 3 (7) |
| Responsibilities/Requirements | ' | |
| , | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | ' | |
| 1 | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| | | , , , , , , , |

| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees had current medical statements on file. |
|---|---------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | Documenting Statement(s), if applicable |
| | | |
| Rule 5101:2-12-09 Background Check Requirements | Compliant Compliant | Documenting Statement(s), If applicable |
| Rule | Chahua | Decumenties (tatement) If and inchis |
| Rule: 5101:2-12-10 Health Training Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| | _ | |
| Rule 5101:2-12-10 Professional Development Requirements | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-12-11 Indoor Space Requirements | Compliant Compliant | Documenting Statement(s), If applicable |
| Rule | Ctatus | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 10/1/23. |
| | | |
| Rule: 5101:2-12-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Equipment was observed to be in good condition. |
| | 1 - | |
| Rule: 5101:2-12-12 Safe Environment | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: A safe environment was observed during the inspection. Children were protected from |



| | | items and conditions which threaten their health, safety and well-being. |
|--|------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | Compliant | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Compliant | |
| Dula | Chahua | Decrease which Charles out (a) If a realizable |
| Rule: 5101:2-12-15 Medical/Physical | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program |
| Care Plans | Compliant | had current information on the medical |
| Cale Flatis | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were posted in the program as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | Compliant | inspection, the program had complete |
| recounting | | first aid kits available as required. |
| D. I. | l caracteristic | Decrease the Chat |
| Rule | Status | Documenting Statement(s), If applicable |

| Deditioned. | _ | |
|------------------------------------|-------------|---|
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| STOTIE TE TO WHITEH BISASTER HAIR | Compilation | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | 33 | were observed posted. |
| | | were observed posted. |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | Compliant | equipment was observed in all categories. |
| Equipment | | equipment was observed in an categories. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement(s), it applicable |
| S101.2-12-17 Daily Outdoor Flay | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | Documenting statement(s), it applicable |
| 3101.2 12 10 Electise capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| Naic. 5101.2 12 16 Natio | Compliant | ratios observed during the inspection |
| | | were in compliance. |
| | | were in compliance. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | Documenting Statement(s), it applicable |
| 3101.2-12-18 Group Size | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: Child Care Staff |
| Records | Compliant | Members were observed recording the |
| Necolus | | - |
| | | attendance for each child upon arrival |
| | | and documenting each child's departure. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| 5101:2-12-19 Child Guidance | Compliant | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Snacks served at |
| Requirements | | the program included foods from two of |
| | | the four food groups and provided |
| | | nutritional value in addition to calories. |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |