

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 | ils | |
|----------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Primrose School of Dublin Jerome | 2230028919 | | Child Care Center |
| | | | |
| Address | | | County |
| 11833 Ewing Road Plain City | | | UNION |
| OH 43064 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 12/01/2023 | E | 261 | 100 |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 11/20/2023 | Level II | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Pre-license | Full | | Unannounced | |
| Inspection Date | Begin Time 1 | 1:10 AM | End Time 2:50 PM | |
| 12/11/2023 | | | | |
| Reviewer: | | | | |
| CRYSTAL LUSE | | | | |
| C CELLI | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 2 | 0 | 0 | 2 |

| 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 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | | 0 | 0 | 0 |

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

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: 08 Staff Files |



Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

Code: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/10/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 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 numbers 4 & 6 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 (missing phone number);
- 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: 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 will |
| | | be in a location visible to parents as |
| | | required. |
| | | 1.54 |
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| 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). |
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| | 1 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-03 Inspection | Status Compliant | Documenting Statement(s), If applicable |
| The state of the s | * comp | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | * comp | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | * comp | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Compliant | |
| 5101:2-12-03 Inspection Requirements | Compliant | |
| 5101:2-12-03 Inspection Requirements Rule 5101:2-12-04 Building Department | Compliant | |
| 5101:2-12-03 Inspection Requirements Rule 5101:2-12-04 Building Department | Compliant | |
| S101:2-12-03 Inspection Requirements Rule 5101:2-12-04 Building Department Inspection | Compliant Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements Rule 5101:2-12-04 Building Department Inspection Rule | Compliant Status Compliant Status | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | #CWHE-CY3Q4B, exp 3/1/25. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | Documenting Statement(s), if applicable |
| Responsibilities/Requirements | Compliant | |
| responsibilities/requirements | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | , |
| Policies and Procedures | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | * | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | Compilant | had at least one Child Care Staff Member |
| nequirements | | 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 | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| | 2000.00 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor |
| Requirements | | play area is separated from traffic and |
| | | other hazards by a fence. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: The playground |
| Equipment | o mpiiani | safety kit was used to verify the outdoor |
| | | play equipment was free from |
| | | entrapment hazards and unsafe and |
| | | protruding bolts. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was artificial turf. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | Compilant | observed to be in good condition. |
| | | observed to be in Seed contained. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | 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. |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | Joniphant | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | O |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Designating: | | |
|--|-----------|--|
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The driver(s) |
| Field Trip Procedures | | had current and valid training in first aid, |
| ** | | management of communicable disease, |
| | | and CPR. |
| | | objective. One specie |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The driver(s) |
| Driver Requirements | | had completed the required ODJFS driver |
| Enver negan enterte | | training. |
| | | training. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: An annual |
| Vehicle Requirements | Compilant | safety check of the vehicle(s), using the |
| verilcie Requirements | | 1 |
| | | JFS 01230 "Vehicle Inspection Report For |
| | | Child Care Centers" form, was verified |
| | | and dated 5/31/23. |
| | 8 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| ~ | 7 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | | |
| 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 |
| The state of the s | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | posted in the program as required. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | Dodamenting Statement(3), it applicable |
| 2101.2-12-10 Filler Believ Dillis | Compilant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | 9 | Documenting Statement: During the |
| The state of the s | Compliant | |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| | 1 | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------------------------|---|
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | O Maria Maria | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| and the second s | | were observed posted. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | | equipment was observed in all categories. |
| (SSE) - FF | | A 0 |
| | 7 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | Documenting Statement(s), if applicable |
| 3101.2-12-10 Licelise Capacity | Compliant | |
| | ı | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| | ** | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | N |
| | 1 3-3 | |
| 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 | Compliant | Documenting Statement(s), if applicable |
| 5101.2-12-10 Attenualite records | Compliant | |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| AND THE PROPERTY OF THE PROPER | Seminary and Internation (1) - | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| 5101:2-12-19 Child Guidance | Compliant | Bocamenting statement(s), it applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | bocumenting statement(s), if applicable |
| | Somphane | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-12-22 Safe Food | Compliant | Documenting Statement(s), If applicable |
| Handling/Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | Journal of the state of the sta |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet Training | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | Booding Statement(5), it applicable |
| Administration | Somphanic | |