

## 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<br>Wildflower Child & Family Center |  | Program Number<br>2240030176         |                       |
|                                                  |  | Program Type<br>Child Care Center    |                       |
| Address<br>7800 Shull Road Dayton<br>OH<br>45424 |  | County<br>MONTGOMERY                 |                       |
|                                                  |  |                                      |                       |
| Building Approval Date                           |  | Use Group/Code                       | Occupancy Limit<br>55 |
|                                                  |  | Maximum Under 2 ½                    |                       |
| Fire Inspection Approval Date<br>07/18/2025      |  | Food Service Risk Level<br>Level III |                       |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/09/2025 | Begin Time<br>10:00 AM   | End Time<br>12:30 PM             |
| Reviewer:<br>BRENDA MEYER     |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>1 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>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     |
| <b>Total Under 2 ½ Years</b>                              | 0                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 15         | 15        | 30    |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 50               | 15         | 15        | 30    |

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

|          |  |        |  |
|----------|--|--------|--|
| Full Day |  | 2 to 4 |  |
| Full Day |  | 3 to 4 |  |

### 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 Risk 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.

Finding: 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 3, 5ab 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: 11/08/2025

**Rules In-Compliance/Not Verified**

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-16 Written Disaster Plan | Compliant |                                         |

| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
|---------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------|
| Rule: 5180:2-12-02 License Posted                                   | Compliant | Documenting Statement: The license was in a location visible to parents as required.                                     |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| 5180:2-12-04 Building Department Inspection                         | Compliant |                                                                                                                          |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| 5180:2-12-02 Current Information                                    | Compliant |                                                                                                                          |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| 5180:2-12-03 Inspection Requirements                                | Compliant |                                                                                                                          |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| 5180:2-12-04 Fire Inspection                                        | Compliant |                                                                                                                          |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| 5180:2-12-04 Food Service Requirements                              | Compliant |                                                                                                                          |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| 5180:2-12-07 Administrator Qualifications                           | Compliant |                                                                                                                          |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| 5180:2-12-05 Denial, Revocation and Suspension                      | Compliant |                                                                                                                          |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| 5180:2-12-07 Administrator Responsibilities/Requirements            | Compliant |                                                                                                                          |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| 5180:2-12-07 Written Program Policies and Procedures                | Compliant |                                                                                                                          |
| Rule                                                                | Status    | Documenting Statement(s), If applicable                                                                                  |
| Rule: 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program. |



| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
|---------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |                                                                                                                                                                     |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| 5180:2-12-09 Background Check Requirements                    | Compliant |                                                                                                                                                                     |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| 5180:2-12-10 Health Training Requirements                     | Compliant |                                                                                                                                                                     |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| 5180:2-12-10 Professional Development Requirements            | Compliant |                                                                                                                                                                     |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| 5180:2-12-11 Indoor Space Requirements                        | Compliant |                                                                                                                                                                     |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years         | Compliant |                                                                                                                                                                     |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| Rule: 5180:2-12-11 Outdoor Space Requirements                 | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 9/12/2025. |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| 5180:2-12-12 Safe Equipment                                   | Compliant |                                                                                                                                                                     |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| 5180:2-12-11 Outdoor Play Equipment                           | Compliant |                                                                                                                                                                     |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| 5180:2-12-11 Outdoor Play Fall Zones                          | Compliant |                                                                                                                                                                     |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                             |
| 5180:2-12-12 Safe Environment                                 | Compliant |                                                                                                                                                                     |

| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
|----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rule: 5180:2-12-13 Sanitary Equipment and Environment    | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
| Rule: 5180:2-12-13 Handwashing Requirements              | Compliant | Documenting Statement: Children were viewed washing their hands, as required by the rule.                                                                                                        |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
| 5180:2-12-13 Smoke Free Environment                      | Compliant |                                                                                                                                                                                                  |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
| 5180:2-12-14 Transportation and Field Trip Procedures    | Compliant |                                                                                                                                                                                                  |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
| 5180:2-12-15 Child Medical and Enrollment Records        | Compliant |                                                                                                                                                                                                  |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
| Rule: 5180:2-12-15 Medical/Physical Care Plans           | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.                                        |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |                                                                                                                                                                                                  |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
| 5180:2-12-16 Emergency Drills                            | Compliant |                                                                                                                                                                                                  |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
| 5180:2-12-16 First Aid/Standard Precautions              | Compliant |                                                                                                                                                                                                  |
| Rule                                                     | Status    | Documenting Statement(s), If applicable                                                                                                                                                          |
| 5180:2-12-16 Management of Communicable Disease          | Compliant |                                                                                                                                                                                                  |

| Rule                                   | Status    | Documenting Statement(s), If applicable                                                                                                                                  |
|----------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5180:2-12-16 Incident/Injury Reporting | Compliant |                                                                                                                                                                          |
| Rule                                   | Status    | Documenting Statement(s), If applicable                                                                                                                                  |
| 5180:2-12-17 Materials and Equipment   | Compliant |                                                                                                                                                                          |
| Rule                                   | Status    | Documenting Statement(s), If applicable                                                                                                                                  |
| 5180:2-12-17 Daily Schedule            | Compliant |                                                                                                                                                                          |
| Rule                                   | Status    | Documenting 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 |                                                                                                                                                                          |
| Rule                                   | Status    | Documenting Statement(s), If applicable                                                                                                                                  |
| Rule: 5180:2-12-17 Daily Outdoor Play  | Compliant | Documenting Statement: Outdoor play was observed.                                                                                                                        |
| Rule                                   | Status    | Documenting Statement(s), If applicable                                                                                                                                  |
| 5180:2-12-18 License Capacity          | Compliant |                                                                                                                                                                          |
| Rule                                   | Status    | Documenting Statement(s), If applicable                                                                                                                                  |
| Rule: 5180:2-12-18 Ratio               | Compliant | Documenting Statement: Staff/child ratios observed during the inspection surpassed those required by the rule.                                                           |
| Rule                                   | Status    | Documenting Statement(s), If applicable                                                                                                                                  |
| Rule: 5180:2-12-20 Cots and Napping    | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time.                                                                                        |
| Rule: 5180:2-12-20 Cots and Napping    | Compliant | Documenting Statement: Children who did not fall asleep were permitted to engage in the following quiet activities: Center has 1/2-hour rest/nap time right after lunch. |
| Rule                                   | Status    | Documenting Statement(s), If applicable                                                                                                                                  |
| 5180:2-12-19 Supervision               | Compliant |                                                                                                                                                                          |

| Rule                              | Status    | Documenting Statement(s), If applicable                                                                                    |
|-----------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------|
| Rule: 5180:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection. |

| Rule                                     | Status    | Documenting Statement(s), If applicable |
|------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-22 Meal and Snack Requirements | Compliant |                                         |

| Rule                                          | Status    | Documenting Statement(s), If applicable                                                 |
|-----------------------------------------------|-----------|-----------------------------------------------------------------------------------------|
| Rule: 5180:2-12-22 Safe Food Handling/Storage | Compliant | Documenting Statement: Sack lunches were served from home and the center provided milk. |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-22 Fluid Milk Requirements | Compliant |                                         |

| Rule                                                | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-24 Swimming and Water Safety Requirements | Compliant |                                         |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|----------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-25 Medication Administration | Compliant |                                         |