

# **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        | ils             |                   |  |
|-------------------------------|---------------------|-----------------|-------------------|--|
| Program Name                  | Program Number      |                 | Program Type      |  |
| Blooming Daisys LLC           | 2240030610          |                 | Child Care Center |  |
| 500                           |                     |                 |                   |  |
| Address                       |                     |                 | County            |  |
| 2100 Alexis Rd #C toledo      |                     |                 | LUCAS             |  |
| ОН                            |                     |                 |                   |  |
| 43613                         |                     |                 |                   |  |
|                               |                     |                 |                   |  |
| Building Approval Date        | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |  |
| 08/02/2024                    | E                   | 71              |                   |  |
| Fire Inspection Approval Date | Food Service Risk L | evel            |                   |  |
| 07/15/2024                    | Exempt              |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection S                   | cope             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/30/2025             | 8:30 AM                        | 8:30 AM          |                   |              |
| Reviewer:              | Reviewer:                      |                  |                   |              |
| SARA DIERKSHEID        | SARA DIERKSHEIDE               |                  |                   |              |
|                        | C                              |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 3                              | 0                | 0                 | 3            |

| 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   |                  | 2         | 0          | 2     |  |
| Total Under 2 ½ Years                                     | 26               | 4         | 0          | 4     |  |
| Older Toddler   |                  | 1         | 0          | 1     |  |
| Preschool   |                  | 4         | 0          | 4     |  |
| School Age  |                  | 3         | 0          | 3     |  |
| Total Capacity/Enrollment                                 | 46               | 8         | 0          | 12    |  |

| S     | taff-Child Ratios at the Time of I | nspection      |         |
|-------|------------------------------------|----------------|---------|
| Group | Age Group/Range                    | Ratio Observed | Comment |



|           |                      | **      |  |
|-----------|----------------------|---------|--|
| Dl        | 2                    | 1 4 - 3 |  |
| Preschool | 3 years to < 4 years | 1 to 2  |  |

### **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  |
|   |
|   |
|   |
|   |
|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
|   |
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|   |
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|   |
|   |
|   |
| 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.

<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 number(s) 4, 5c 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: 03/01/2025

#### **Domain: 08 Staff Files**

Rule: 5180:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 4 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.



- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/01/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 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(s) 6, 10, 15 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 [ ]

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance by submitting a corrective action plan in OCLQS.

Corrective Action Plan Due: 03/01/2025



## Rules In-Compliance/Not Verified

| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
|-------------------------------------|-----------|--|
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's                                       |
| Plan                                |           | written disaster plan was reviewed during                                  |
|                                     |           | the inspection and met the requirements                                    |
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training                                     |
| Plan                                |           | of the written disaster plan was   |
|                                     |           | completed by staff.  |
| - 1                                 |           |  |
| 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.  |
|                                     |           | required.  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| 5180:2-12-02 Current Information    | Compliant | Documenting Statement(s), if applicable                                    |
| 5100.2 12 02 current information    | Compilant |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| 5180:2-12-03 Inspection             | Compliant |  |
| Requirements                        |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5180:2-12-04 Fire Inspection  | Compliant | Documenting Statement: Please Note:  |
| ·                                   | ,         | Documentation of a fire inspection   |
|                                     |           | without any uncorrected violations must                                    |
|                                     |           | be secured for the program. Secure a                                       |
|                                     |           | new fire inspection by 7/15/25.  |
| 1/                                  |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5180:2-12-07 Administrator    | Compliant | Documenting Statement: The   |
| Qualifications                      |           | administrator has until June 2025 to                                       |
|                                     |           | complete the rules review course.  |



| Rule   | Status    | Documenting Statement(s), If applicable                                     |
|--|-----------|---|
| Rule: 5180:2-12-07 Administrator   | Compliant | Documenting Statement: The  |
| Responsibilities/Requirements  |           | administrator's hours of availability to                                    |
|  |           | meet with parents were posted in a  |
|  |           | noticeable location.  |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5180:2-12-07 Written Program   | Compliant | Documenting Statement: No changes   |
| Policies and Procedures  |           | have been made to the written policies                                      |
|  |           | and procedures since it was last approved                                   |
|  |           | by this Department.   |
|  |           | 1   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5180:2-12-08 Child Care Staff  | Compliant | Documenting Statement: All Child Care                                       |
| Member Educational Requirements  | 3         | Staff Members had verification of   |
|  |           | educational requirements on file at the                                     |
|  |           | program.  |
|  |           |   |
|  | Control   |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5180:2-12-08 Orientation   | Compliant | Documenting Statement: On the day of  |
| Training & Whistle Blower Protection   |           | the inspection, all child care staff  |
|  |           | members had met orientation training  |
|  |           | requirements.   |
|  | I         |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5180:2-12-09 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: 5180:2-12-11 Outdoor Space   | Compliant | Documenting Statement(S), if applicable  Documenting Statement: The outdoor |
| Requirements   | Compliant | play area is separated from traffic and                                     |
| Requirements   |           | other hazards by a fence.   |
|  |           | other hazards by a reflect.   |
| Rule: 5180:2-12-11 Outdoor Space   | Compliant | Documenting Statement: The quarterly  |
| Requirements   |           | playground inspections were completed                                       |
| The state of the s |           | and documented, as required. The most                                       |
|  |           | recent inspection report form was dated                                     |
|  |           | 1/6/25.   |
|  |           |   |
|  | Con trans |   |
| Rule   | Status    | Documenting Statement(s), If applicable                                     |



| 5180:2-12-11 Indoor Space<br>Requirements                | Compliant |  |
|--|-----------|--|
| 1  | L         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Separation of Children<br>Under 2 1/2 Years | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-12 Safe Equipment                        | Compliant | Documenting Statement: Equipment was   |
| Naie. 3130.2 12 12 3aie Equipment                        | Compilant | observed to be in good condition.  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-12 Safe Environment                      | Compliant | Documenting Statement: A safe  |
| Naic. 3100.2-12-12 Sale Liviloninelli                    | Compliant | 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: 5180:2-12-13 Sanitary                              | Compliant | Documenting Statement: On the day of   |
| Equipment and Environment                                |           | 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                           | Compliant | Documenting Statement: Children were   |
| Requirements   | '         | viewed washing their hands, as required  |
|  |           | by the rule.   |
| PJ-  | Chahara   | Danisantia Chatanantia) If analiashia  |
| Rule<br>Rule: 5180:2-12-13 Smoke Free                    | Status    | Documenting Statement(s), If applicable  Documenting Statement: No smoking was   |
|  | Compliant | allowed on the premises, and the notice  |
| Environment  |           | - Property of the Control of the Con |
|  |           | stating that smoking is prohibited was   |
|  |           | observed posted in a conspicuous place.  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-15 Medical/Physical                      | Compliant | Documenting Statement: During the  |
| Care Plans   | ,         | inspection, the requirements of the rule   |
|  |           | regarding caring for children with a   |
|  |           | specific health condition were discussed.  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |



| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan   | Compliant        | Documenting Statement: On the day of<br>the inspection, the complete prescribed<br>JFS 01242 "Medical, Dental, and General<br>Emergency Plan For Child Care" were<br>posted in the program as required.  |
|--|------------------|--|
| Rule   | Status           | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 Emergency Drills  | Compliant        | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.   |
|  |                  |  |
| Rule: 5180:2-12-16 First Aid/Standard Precautions  | Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the program had complete first aid kits available as required.  |
|  |                  |  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 Management of Communicable Disease  | Compliant        | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents.   |
| Rule: 5180:2-12-16 Management of Communicable Disease  | Compliant        | Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 2, 5 below:  1. A posted notice; 2. Verbal communication; 3. A written notice sent home; 4. A note posted on the classroom door; 5. Other: text |
|  |                  |  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 Incident/Injury Reporting   | Compliant        | Documenting Statement: The requirements for completing JFS 01299 "Incident/Injury Report For Child Care" reports were discussed during the inspection.   |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| Santial Control of the Control of th |                  | Described in applicable  |



| Rule: 5180:2-12-18 Attendance<br>Records | Compliant | Documenting Statement: During the inspection, attendance records were reviewed. Child Care Staff Members were viewed recording the attendance for each child upon arrival and departure. All |
|--|-----------|--|
|  |           | attendance records met the requirements of the rule and were kept with the group at all times.   |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-18 Group Size            | Compliant | Documenting Statement: The group sizes   |
| Maler 910012 12 10 Group 3126            | Compilant | observed on the day of the inspection were in compliance.  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-17 Daily Schedule        | Compliant | Documenting Statement: Daily schedules were observed posted.   |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-17 Materials and         | Compliant | Documenting Statement: Sufficient  |
| Equipment                                |           | equipment was observed in all categories.  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-17 Daily Outdoor Play    | Compliant | Documenting Statement: During the  |
| , ,                                      | '         | inspection, the requirements of the rule   |
|  |           | regarding daily outdoor play were  |
|  |           | discussed.   |
|  |           |  |
| Rule: 5180:2-12-18 License Capacity      | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-18 License Capacity      | Compliant | Documenting Statement: The program was operating within their license  |
|  |           | capacity limits.   |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-18 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.  |
| Rule: 5180:2-12-18 Ratio                 | Compliant | Documenting Statement: Staff/child   |
| 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -  |           | ratios observed during the inspection  |
|  |           | were in compliance.  |



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|--------------------------------------|-----------|--|
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5180:2-12-19 Supervision       | Compliant | Documenting Statement: Child Care Staff                                |
|                                      |           | Members were supervising the children                                  |
|                                      |           | and were able to intervene as needed.                                  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5180:2-12-20 Cots and Napping  | Compliant | Documenting Statement: The cots were                                   |
|                                      |           | disinfected daily.   |
|                                      |           | *  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5180:2-12-20 Cribs             | Compliant | Documenting Statement: All cribs were                                  |
|                                      |           | placed 2 feet apart.   |
|                                      | 10 100    |  |
| Rule: 5180:2-12-20 Cribs             | Compliant | Documenting Statement: Cribs were                                      |
|                                      |           | separated from the play space by a safe                                |
|                                      |           | and sturdy and physical barrier.                                       |
|                                      |           |  |
| Rule: 5180:2-12-20 Cribs             | Compliant | Documenting Statement: All cribs were                                  |
|                                      |           | labeled with the assigned infant's name.                               |
|                                      |           |  |
| D.I.                                 | CL        | 5  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                |
| 5180:2-12-19 Child Guidance          | Compliant |  |
|                                      | <u> </u>  | I  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5180:2-12-22 Safe Food         | Compliant | Documenting Statement: Food was stored                                 |
| Handling/Storage                     | Johnson   | in a safe and sanitary manner.   |
|                                      |           |  |
| Rule: 5180:2-12-22 Safe Food         | Compliant | Documenting Statement: Sack lunches                                    |
| Handling/Storage                     |           | were stored fridge.  |
| 6, 6 -                               |           |  |
|                                      | - t:      |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5180:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate                                     |
| •                                    | ,         | daily written records for all infants were                             |
|                                      |           | viewed.  |
|                                      |           |  |
|                                      |           |  |
| Boolew                               | Status    | Documenting Statement(s), If applicable                                |
| Rule                                 |           |  |
| Rule: 5180:2-12-23 Diapering and     | Compliant | Documenting Statement: No children in                                  |
|                                      | Compliant | diapers were present during the  |
| Rule: 5180:2-12-23 Diapering and     | Compliant |  |
| Rule: 5180:2-12-23 Diapering and     | Compliant | diapers were present during the  |
| Rule: 5180:2-12-23 Diapering and     | Compliant | diapers were present during the inspection. Child care staff described |



| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|---|
| Rule: 5180:2-12-23 Infant Bottle and | Compliant | Documenting Statement: During the   |
| Food Preparation                     |           | inspection, the requirements of the rule regarding infant bottle and food preparation were discussed. |

| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5180:2-12-25 Medication Administration    | Compliant | Documenting Statement: There were no children on medication at the time of the inspection; however, the method of storage and practices for the administration were reviewed. |
| Rule: 5180:2-12-25 Medication<br>Administration | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding administering medication, food supplements and medical foods were discussed.             |

| Rule   | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| Rule: 5180:2-12-04 Building Department Inspection    | Compliant | Documenting Statement: A copy of the certificate of occupancy was available onsite for review.                                      |
| Rule: 5180:2-12-04 Building<br>Department Inspection | Compliant | Documenting Statement: On the day of the inspection, the program was operating in compliance with the current building approval(s). |