

# **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      |
| Primrose School of Copley Fairlawn | 2240030922          |                 | Child Care Center |
| one star                           |                     |                 |                   |
| Address                            |                     |                 | County            |
| 4131 Heritage Center Drive Copley  |                     |                 | SUMMIT            |
| ОН                                 |                     |                 |                   |
| 44321                              |                     |                 |                   |
|                                    |                     |                 |                   |
| Building Approval Date             | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 11/25/2024                         | E                   | 473             |                   |
| Fire Inspection Approval Date      | Food Service Risk L | evel            |                   |
| 12/09/2024                         | Level IV            |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | cope               | Inspection Notice |              |
| Provisional        | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 04/17/2025         | 8:30 AM                        | 8:30 AM 12:00 PM   |                   |              |
| Reviewer:          | ·                              |                    |                   |              |
| PATRICIA REMING    | STON                           |                    |                   |              |
|                    | Sur                            | mmary 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)                                 |                  | 3          | 0         | 3     |
| Young Toddler   |                  | 8          | 0         | 8     |
| Total Under 2 ½ Years                                     | 84               | 11         | 0         | 11    |
| Older Toddler   |                  | 5          | 0         | 5     |
| Preschool   |                  | 14         | 0         | 14    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 287              | 19         | 0         | 30    |

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



| Infant group    | 0 to < 12 months         | 1 to 3 |            |
|-----------------|--------------------------|--------|------------|
| Infant group    | 0 to < 12 months         | 1 to 3 |            |
| Toddler 1       | 12 months to < 18 months | 1 to 4 |            |
| Toddler 1       | 12 months to < 18 months | 1 to 4 | Lunch      |
| Toddler 2       |                          | 2 to 7 |            |
| Toddler 2       | 18 months to < 30 months | 2 to 7 | Outside    |
|                 |                          |        | playground |
| Early Preschool | 3 years to < 4 years     | 1 to 5 |            |
| Early Preschool | 30 months to < 36 months | 1 to 5 | Outside    |
|                 |                          |        | playground |

### **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   |
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| 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: 02 Safe & Sanitary Environment

Rule: 5180:2-12-13 Sanitary Equipment and Environment

Code: The program is required to follow the cleaning schedule for equipment.

<u>Finding</u>: During the inspection, it was determined that the program was not providing a clean and healthy environment, furniture, materials and equipment as required by Appendix A, as noted in number(s) 18 below:

- 1. Item(s) soiled with blood or bodily fluids were not cleaned/sanitized immediately.
- 2. Blankets/sheets were not cleaned weekly, when soiled, or before use by another child.
- 3. Children's individual blankets and belongings were stored in an unsanitary manner.
- 4. Bottles, bottle caps, nipples and other equipment used for bottle feeding were not cleaned and sanitized in a dishwasher or by washing, rinsing, and boiling for one minute.
- 5. Carpets were not vacuumed weekly or cleaned when soiled.
- 6. Changing table/pad was not sanitized after each use or cleaned when visibly soiled.
- 7. Reusable cloths were not being washed daily or when visibly soiled.
- 8. Cots/Pads/Mats were not cleaned and sanitized before assigning to a different child, when used by a sick child, when soiled or at least every three months.
- 9. Cribs were not cleaned and sanitized monthly, or when soiled, or before use by another child.
- 10. Diaper Receptables were not cleaned and sanitized daily or more frequently as needed to eliminate odor.
- 11. Dishes/Cups/Silverware were not cleaned and sanitized after each use.
- 12. Water Containers were not labeled with the child's name, or were not cleaned and sanitized before use again on another day.
- 13. Dividers were not cleaned when visibly soiled.
- 14. Dress up clothes and hats (dramatic play) were not cleaned monthly or when soiled.
- 15. Floors were not cleaned weekly or when soiled.
- 16. The food prep area, including sinks, were not cleaned before and after preparing food (including bottle preparation) or between preparing raw or cooked food.
- 17. Potty chairs were not cleaned after each use, rinsed with water, cleaned and sanitized or contents were not emptied into a toilet.
- 18. Food tables, highchair trays were not cleaned before and after each use.
- 19. Tables used for play were not cleaned when visibly soiled or sanitized daily.
- 20. Toilet bowls were not cleaned when visibly soiled or sanitized weekly.
- 21. Toilet seat(s), handle(s) and hand washing sink(s) were not cleaned when visibly soiled or sanitized daily.
- 22. Mouthed toys were not cleaned and sanitized after each child's use.
- 23. Toys, other than those mouthed by children, were not cleaned monthly or when visibly soiled.
- 24. Washable furniture, including fabrics on infant equipment, were not cleaned weekly or when soiled.
- 25. Upholstered furniture was not steam cleaned when soiled.
- 26. Slip covers were not washed at least every six months or when soiled.
- 27. Wastebaskets/rinse buckets, including lids, were not being emptied daily or cleaned and sanitized when visibly soiled.
- 28. The manufacturer's directions for the cleaning product were not followed.



29. The solution used for sanitizing was not a commercial product registered by the United States Environmental Protection Agency as a sanitizer.

30. Other [ ].

Furniture, materials and equipment must be maintained according to the cleaning and sanitizing schedule in Appendix A to this rule. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Corrective Action Plan Due: 05/18/2025

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

Rule: 5180:2-12-08 Medical Statement

<u>Code</u>: 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 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: 05/18/2025



## Rules In-Compliance/Not Verified

| Rule                                | Status    | Documenting Statement(s), If applicable   |
|-------------------------------------|-----------|---|
| 5180:2-12-16 Written Disaster Plan  | Compliant | Bocumenting Statement(3), if applicable   |
| 3180.2-12-10 Willien Disaster Flair | Compliant |   |
|                                     | <u> </u>  |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-02 License Posted         | Compliant |   |
|                                     |           |   |
| D                                   |           | D C                                       |
| 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             | 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 12/9/25.           |
|                                     |           | W W                                       |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-04 Food Service     | Compliant | Documenting Statement: The food service   |
| Requirements                        |           | license was observed posted. Following is |
|                                     |           | the audit number and date of expiration:  |
|                                     |           | KWET-DBSKRJ Level IV, 3/1/26.             |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-07 Administrator          | Compliant | Documenting Statement(3), it applicable   |
| Qualifications                      | Compliant |   |
| Qualifications                      |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Nuic                                | Status    | Documenting Statement(s), if applicable   |



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|--------------------------------------|--|---|
| 5180:2-12-07 Administrator           | Compliant  |   |
| Responsibilities/Requirements        |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program         | Compliant  |   |
| Policies and Procedures              | Compilant  |   |
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|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Compliant  |   |
| Educational Requirements             |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training &  | Compliant  | 0                                       |
| Whistle Blower Protection            | Compilant  |   |
| Willstie blower Frotection           |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check        | Compliant  |   |
| Requirements                         |  |   |
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| Rule                                 | Status   | Documenting Statement(s), If applicable |
|                                      | Compliant  | bocamenting statement(s), it applicable |
| 5180:2-12-10 Health Training         | Compilant  |   |
| Requirements                         |  |   |
|                                      |  | -                                       |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional            | Compliant  |   |
| Development Requirements             |  |   |
|                                      |  | 4                                       |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
|                                      |  | bocumenting statement(s), it applicable |
| 5180:2-12-11 Outdoor Space           | Compliant  |   |
| Requirements                         |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space            | Compliant  |   |
| Requirements                         | Secretaria de la constanción d |   |
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| Pulo                                 | Status   | Documenting Statement/s) If applicable  |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children  | Compliant  |   |
| Under 2 1/2 Years                    |  |   |
|                                      |  | -                                       |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment  | Compliant  |   |
|                                      |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s) If applicable  |
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| 5180:2-12-11 Outdoor Play Fall Zones | Compliant  |   |
| L                                    | <u> </u>   |   |
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| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment          | Compliant  |   |
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| Rule   | Status                  | Documenting Statement(s), If applicable  |
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| 5180:2-12-12 Safe Environment  | Compliant               |  |
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| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Handwashing   | Compliant               |  |
| Requirements   |                         |  |
| Requirements   |                         |  |
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| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Smoke Free  | Compliant               |  |
| Environment  |                         |  |
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|  | 2000 page               |  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-15 Child Medical and   | Compliant               |  |
| Enrollment Records   |                         |  |
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| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-15 Medical/Physical Care   | Compliant               |  |
| Plans  |                         |  |
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|  | -                       |  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Medical, Dental, and  | Compliant               |  |
| General Emergency Plan   |                         |  |
| General Emergency Flan   |                         |  |
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| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Emergency Drills  | Compliant               |  |
| 5040 20  | >4                      |  |
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| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-16 First Aid/Standard  |                         | bootimenting statement(s), it applicable |
| A frame de Caracia Car | Compliant               |  |
| Precautions  |                         |  |
|  |                         |  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Management of   | Compliant               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
|  | Compliant               |  |
| Communicable Disease   |                         |  |
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| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Incident/Injury   | Compliant               |  |
| STATE OF THE STATE |                         |  |
| Reporting  |                         |  |
|  |                         |  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Attendance Records  | Compliant               |  |
| 313012 12 13 Attendance necords  | Compilation             |  |
|  |                         |  |
|  |                         |  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Group Size  | Compliant               |  |
|  | Compliant               |  |



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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Daily Schedule          | Compliant |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Materials and           | Compliant | gottomon(o), ii applicatio   |
| Equipment                            | Compilant |  |
| Equipment                            |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Daily Outdoor Play      | Compliant | bocumenting Statement(s), it applicable  |
| 3180.2-12-17 Daily Outdool Flay      | Compilant |  |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-18 License Capacity        | Compliant | Social Market Ma |
| 3100.2 12 10 Electise capacity       | Compilant |  |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Ratio                   | Compliant | 0 (7)  |
|                                      |           |  |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Supervision             | Compliant |  |
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|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-20 Cots and Napping        | Compliant |  |
| 10 · 10 · 10000                      |           |  |
|                                      | -         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-20 Cribs                   | Compliant |  |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Child Guidance          | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Meal and Snack          | Compliant |  |
| Requirements                         | Į.        |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Safe Food               | Compliant |  |
| Handling/Storage                     |           |  |
|                                      | -         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Fluid Milk Requirements | Compliant |  |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |



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