



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 SAINT CHRISTOPHER CENTER FOR CHILDREN	Program Number 000000201666	Program Type Child Care Center	
Address 401 E NATIONAL RD VANDALIA OH 45377		County MONTGOMERY	
Building Approval Date 07/14/1997	Use Group/Code E	Occupancy Limit 170	Maximum Under 2 ½
Fire Inspection Approval Date 12/17/2020	Food Service Risk Level Level II		

Inspection Information		
Inspection Type Annual	Inspection Scope Full	Inspection Notice Unannounced
Inspection Date 06/01/2021	Begin Time 10:15 AM	End Time 11:45 AM
Reviewer: MARGARET CONRAD		

Summary of Findings				
No. Rules Verified 60	No. Rules with Non-compliances 2	No. Serious Risk 0	No. Moderate Risk 0	No. Low Risk 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	0
Older Toddler		0	0	0
Preschool		36	0	36
School Age		0	0	0
Total Capacity/Enrollment	104	36	0	36

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Songbirds	Mixed Age Group	3 to 8	



Owls	Mixed Age Group	1 to 5	
School Age	School-Age to < 11 years	1 to 7	

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

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: 00 License & Approvals

Rule: 5101:2-12-04 Food License



Code: The program is required to maintain their food license and not allow it to expire.

Finding: During the inspection, it was determined that the posted food service license had expired. A current food service license must be obtained. Submit the program's corrective action plan, which includes a copy of the updated food service license, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/03/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

Finding: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number 3 & 4.

1. Date of examination;
2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
3. A statement that verifies that 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);
4. Tuberculosis (TB) screening/test
 - 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 4a;
 - 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: 07/03/2021



Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack Requirements	Compliant	
5101:2-12-13 Handwashing Requirements	Compliant	
5101:2-12-04 Fire Approval	Compliant	
5101:2-12-16 Management of Communicable Disease	Compliant	
5101:2-12-13 Smoke Free Environment	Compliant	
5101:2-12-07 Administrator Qualifications	Compliant	
5101:2-12-08 Child Care Staff Member Educational Requirements	Compliant	
5101:2-12-14 Transportation - Driver Requirements	Compliant	
5101:2-12-16 Written Disaster Plan	Compliant	
5101:2-12-13 Sanitary Equipment and Environment	Compliant	
5101:2-12-19 Child Guidance	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
5101:2-12-16 First Aid/Standard Precautions	Compliant	
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
5101:2-12-18 License Capacity	Compliant	
5101:2-12-22 Safe Food Handling/Storage	Compliant	
5101:2-12-07 Written Program Policies and Procedures	Compliant	
5101:2-12-11 Indoor Space Requirements	Compliant	
Rule: 5101:2-12-16 Emergency Drills	Compliant	Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.
5101:2-12-17 Materials and Equipment	Compliant	
5101:2-12-11 Outdoor Play Equipment	Compliant	
5101:2-12-17 Daily Outdoor Play	Compliant	
Rule	Status	Documenting Statement(s), If applicable



5101:2-12-04 Building Approval	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Space Requirements	Compliant	Documenting Statement: The quarterly playground inspection(s) [was/were] completed and documented, as required. The most recent inspection report form was dated 3/6/21.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Child Medical and Enrollment Records	Compliant	Documenting Statement: In review of 25% of the records, at the time of the inspection, children's medical statements were complete and on file, as required by the rule.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Medical/Physical Care Plans	Compliant	Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.
Rule	Status	Documenting Statement(s), If applicable



5101:2-12-11 Separation of Children Under 2 1/2 Years	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation and Staff Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional Development Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury Reporting	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and General Emergency Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Compliant	
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 Ratio	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication Administration and Food Supplements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection Requirements	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Responsibilities/Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02.2 Transitional Pandemic Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
CCCM TL No. 25	Compliant	