



## 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 TRINITY LUTHERAN CHRISTIAN PRESCHOOL	Program Number 000000403319	Program Type Child Care Center	
Address 135 E MOUND ST BOX 678 CIRCLEVILLE OH 43113		County PICKAWAY	
Building Approval Date	Use Group/Code E	Occupancy Limit	Maximum Under 2 ½
Fire Inspection Approval Date 09/03/2021	Food Service Risk Level Exempt		

Inspection Information		
Inspection Type Annual	Inspection Scope Full	Inspection Notice Unannounced
Inspection Date 09/22/2021	Begin Time 9:00 AM	End Time 11:32 AM
Reviewer: AMY HILLARD		

Summary of Findings				
No. Rules Verified 57	No. Rules with Non-compliances 3	No. Serious Risk 0	No. Moderate Risk 0	No. Low Risk 4

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		0	81	81
School Age		0	0	0
<b>Total Capacity/Enrollment</b>	58	0	81	81

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
3's	3 years to < 4 years	2 to 11	



3's	3 years to < 4 years	2 to 11	
4's	4 years to < 5 years	2 to 18	
4's	4 years to < 5 years	2 to 18	

### 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: 08 Staff Files**



**Rule:** 5101:2-12-08 Orientation and Staff Records

**Code:** The program is required to have staff complete the online staff orientation training.

**Finding:** In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number(s) 1 below:

1. Within 30 days of starting employment at the program as a child care staff member.
2. No documentation of completing the training after December 31, 2016.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/22/2021

**Domain: 08 Staff Files**

**Rule:** 5101:2-12-07 Administrator Responsibilities/Requirements

**Code:** The program administrator is required to maintain current employee records in the Ohio Professional Registry.

**Finding:** During the inspection, it was determined employment records were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in number(s) 3 below:

1. At least one administrator, employee or child care staff member (including substitutes) had not created an employment record in the OPR for the program.
2. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard in the OPR.
3. At least one individual's schedule was not current.
4. At least one individual's position or role was not current.
5. At least one individual's employment had not been end dated.
6. Other: [ ]

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/22/2021

**Domain: 08 Staff Files**

**Rule:** 5101:2-12-10 Health Training Requirements

**Code:** The program is required to maintain a staff schedule with coverage of the required health trainings.



Finding: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 17 below:

1. First Aid – child care staff members scheduled during the hours of [ ] and [ ] had expired training
2. First Aid – child care staff members scheduled during the hours of [ ] and [ ] had not taken First Aid training
3. First Aid – trained child care staff member was not present in each building used by the program.
4. First Aid – child care staff member scheduled during the hours of [ ] and [ ] did not have verification of completion of First Aid
5. CPR – child care staff members scheduled during the hours of [ ] and [ ] had expired training
6. CPR – child care staff scheduled during the hours of [ ] and [ ] had not taken CPR training
7. CPR – trained child care staff member was not present in each building used by children
8. CPR – child care staff member scheduled during the hours of [ ] and [ ] did not have verification of completion of CPR
9. CPR – training taken by staff did not include all age groups the program serves
10. Communicable Disease – child care staff members scheduled during the hours of [ ] and [ ] had expired training
11. Communicable Disease – child care staff scheduled during the hours of [ ] and [ ] had not taken Communicable Disease training
12. Communicable Disease – trained child care staff member was not present in each building used by the program
13. Communicable Disease – child care staff member scheduled during the hours of [ ] and [ ] did not have verification of completion of the full Communicable Disease training
14. Child Abuse – child care staff members scheduled during the hours of [ ] and [ ] had expired training
15. Child Abuse – trained child care staff was not in each building used by the program
16. Child Abuse – child care staff scheduled during the hours of [ ] and [ ] had not taken Child Abuse training
17. Child Abuse – child care staff member scheduled during the hours of 9:00AM and 11:30 AM did not have verification of completion of the full six-hour Child Abuse training
18. Child Abuse – child care staff considered to be providing coverage had only the ODJFS prescribed Child Abuse training, which does not meet this rule compliance

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/22/2021

**Domain: 08 Staff Files**

Rule: 5101:2-12-10 Health Training Requirements

Code: The program is required to have staff complete the required one hour prescribed Child Abuse training.

Finding: In review of the staff records, it was determined that the requirement for the ODJFS one-hour prescribed Child Abuse Training was not met as noted in number(s) 2 below:



1. The training was not completed within sixty days of hire;
2. The training expired, as it is only valid for two years;
3. Not all administrators, Child Care Staff Members, and substitutes have completed the training.

Refer to the Employee Record Chart for the name(s) of the Child Care Staff Member(s) who must complete the ODJFS one-hour prescribed Child Abuse Training. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/22/2021

**Rules In-Compliance/Not Verified**

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack Requirements	Compliant	
Rule: 5101:2-12-13 Handwashing Requirements	Compliant	Documenting Statement: Staff and children were observed washing hands as required by the rule.
Rule: 5101:2-12-04 Fire Approval	Compliant	Documenting Statement: Please Note: An annual fire inspection approval must be secured for the program. Secure a new approval by 2/1/22.
5101:2-12-16 Management of Communicable Disease	Compliant	
5101:2-12-13 Smoke Free Environment	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications	Compliant	
5101:2-12-08 Child Care Staff Member Educational Requirements	Compliant	
5101:2-12-16 Written Disaster Plan	Compliant	
5101:2-12-04 Food License	Compliant	
5101:2-12-13 Sanitary Equipment and Environment	Compliant	
5101:2-12-19 Child Guidance	Compliant	
5101:2-12-22 Fluid Milk Requirements	Compliant	
Rule: 5101:2-12-16 First Aid/Standard Precautions	Compliant	Documenting Statement: During the inspection, 1 first aid kit was reviewed and available as required.
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	



Rule	Status	Documenting Statement(s), If applicable
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.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 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) were completed and documented, as required. The most recent inspection report form was dated 9/3/21.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-19 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
5101:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable



Rule: 5101:2-12-17 Daily Schedule	Compliant	Documenting Statement: Daily schedules were observed posted.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Child Medical and Enrollment Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Medical/Physical Care Plans	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	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-03 Inspection Requirements	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5101:2-12-08 Medical Statement	Compliant	