

## **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            | nils            |                    |
|--|-------------------------|-----------------|--------------------|
| Program Name   | Program Number          |                 | Program Type       |
| Kidventure Christian Childcare Center                          | 2170016169              |                 | Child Care Center  |
| Address<br>5542 Columbus Pike Suite A Lewis Center<br>OH 43035 |                         |                 | County<br>DELAWARE |
| Building Approval Date 02/08/2019                              | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date 02/08/2021                       | Food Service Risk Level |                 |                    |

| Inspection Information     |                             |               |                  |                   |              |
|----------------------------|-----------------------------|---------------|------------------|-------------------|--------------|
| Inspection Type            |                             | Inspection So | cope             | Inspection Notice |              |
| Amendment - cha            | nge of capacity             | Partial       |                  | Unannounced       |              |
| Inspection Date 12/16/2021 |                             | Begin Time 1  | :25 PM           | End Time 2:05 PM  |              |
| Reviewer:<br>SARENA POWHID | Reviewer:<br>SARENA POWHIDA |               |                  |                   |              |
| Summary of Findings        |                             |               |                  |                   |              |
| No. Rules Verified         | No. Rules with Non          | -compliances  | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 6                          | 0                           |               | 0                | 0                 | 0            |

| 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                                     | 15               | 0         | 0          | 0     |  |
| Older Toddler   |                  | 0         | 0          | 0     |  |
| Preschool   |                  | 0         | 0          | 0     |  |
| School Age  |                  | 0         | 0          | 0     |  |
| Total Capacity/Enrollment                                 | 46               | 0         | 0          | 0     |  |

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



## **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   |
| and the state of t |
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| Moderate Risk Non-Compliances  |
| No Moderate Risk Non-Compliances were observed during this inspection  |
| No woderate Kisk Non-Comphances were observed during this hispection   |
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|  |
| Low Risk Non-Compliances   |
| No Low Risk Non-Compliances were observed during this inspection   |
|  |
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|--|---|

## **Rules In-Compliance/Not Verified**

| Rule                                | Status       | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|---|
| 5101:2-12-02 License Posted         | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information    | Not Verified | bocumenting statement(s), ii applicable |
|                                     |              |   |
| Rule                                | Status       | Decumenting Statement(s) If applicable  |
| 5101:2-12-03 Inspection             | Not Verified | Documenting Statement(s), If applicable |
| Requirements                        | Not verified |   |
| negan ements                        |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department    | Compliant    |   |
| Inspection                          |              |   |
| Rule                                | Status       | Decumenting Statement(s) If applicable  |
|                                     |              | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection        | Compliant    |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service           | Not Verified |   |
| Requirements                        |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | Documenting Statement(s), it applicable |
| Suspension                          | Not vermed   |   |
|                                     | <u> </u>     |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator          | Not Verified |   |
| Qualifications                      |              |   |
|                                     |              |   |



| DEGITATION                           |              |  |
|--------------------------------------|--------------|--|
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator           | Not Verified |  |
| Responsibilities/Requirements        |              |  |
| , ,                                  | L            |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program         | Not Verified | bocumenting statement(3), ii applicable  |
| Policies and Procedures              | NOT VEHILLA  |  |
| Policies and Procedures              |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Medical Statement       | Not Verified |  |
|                                      |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Child Care Staff Member | Not Verified |  |
| Educational Requirements             |              |  |
| '                                    |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation Training &  | Not Verified | bocumenting statement(3), if applicable  |
| _                                    | Not verified |  |
| Whistle Blower Protection            |              |  |
|                                      | T            |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check        | Not Verified |  |
| Requirements                         |              |  |
| -                                    |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training         | Not Verified | and a second sec |
| Requirements                         | Not vermed   |  |
| Requirements                         |              |  |
| 2.1                                  |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional            | Not Verified |  |
| Development Requirements             |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space            | Not Verified |  |
| Requirements                         |              |  |
| - 4                                  |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children  | Not Verified | bocamenting statement(s), it applicable  |
| •                                    | NOT VEHILLA  |  |
| Under 2 1/2 Years                    |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space           | Not Verified |  |
| Requirements                         |              |  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment  | Not Verified | 0 (7)  |
|                                      | 1.50.15764   |  |
|                                      | ı            |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| Nuie                                 | Status       | Documenting Statement(s), it applicable  |

| 5101:2-12-11 Outdoor Play Fall Zones  | Not Verified |   |
|---------------------------------------|--------------|---|
| <u> </u>                              |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Equipment           | Not Verified |   |
|                                       |              | •   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-12 Safe Environment   | Compliant    | Documenting Statement: A safe 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   |
| 5101:2-12-13 Sanitary Equipment and   | Not Verified | Documenting statement(s), if applicable   |
| Environment                           |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Handwashing              | Not Verified | bocamenting statement(s), it applicable   |
| Requirements                          |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free               | Not Verified | <u> </u>  |
| Environment                           |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Toothbrushing            | Not Verified |   |
| Requirements                          |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation and Field | Not Verified |   |
| Trip Procedures                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation - Driver  | Not Verified |   |
| Requirements                          |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation - Vehicle | Not Verified |   |
| Requirements                          |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-15 Child Medical and        | Not Verified |   |
| Enrollment Records                    |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
|                                       |              | 5 1,11  |

| Designating.                        | I            |   |
|-------------------------------------|--------------|---|
| 5101:2-12-15 Medical/Physical Care  | Not Verified |   |
| Plans                               |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant    | Documenting Statement: On the day of  |
| and General Emergency Plan          |              | the inspection, the complete prescribed   |
|                                     |              | JFS 01242 "Medical, Dental, and General   |
|                                     |              | Emergency Plan For Child Care" were   |
|                                     |              | posted in the program as required.  |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Emergency Drills       | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard     | Not Verified |   |
| Precautions                         |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of          | Not Verified |   |
| Communicable Disease                |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury        | Not Verified |   |
| Reporting                           |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan  | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule   | Compliant    | Documenting Statement: Daily schedules  |
|                                     |              | were observed posted.   |
|                                     |              |   |
|                                     | Ta           |   |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and    | Compliant    | Documenting Statement: Sufficient   |
| Equipment                           |              | equipment was observed in all categories.   |
|                                     |              |   |
| D. J.                               | Chatana      | Decrease of the second of the |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play     | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement/s) If applicable  |
|                                     | Not Verified | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity       | Not verified |   |
|                                     | <u> </u>     |   |
| Rule                                | Status       | Documenting Statement(s), If applicable   |
| nule                                | Status       | Documenting Statement(s), if applicable   |

| 5101:2-12-18 Ratio                          | Not Verified        |   |
|---|---------------------|---|
| Pol-  | Chahura             | Decimenting Statement(e) If applicable  |
| Rule<br>5101:2-12-18 Group Size             | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size                     | Not verified        |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records             | Not Verified        |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision                    | Not Verified        | J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| D. da                                       | Chatus              | Desumenting Statement(c) If applicable  |
| Rule 5101:2-12-19 Child Guidance            | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance                 | Not verilled        |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping               | Not Verified        |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                          | Not Verified        |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight          | Not Verified        | Documenting statement(s), it approach   |
| Care  | Troc vermes         |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack<br>Requirements | Not Verified        |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements        | Not Verified        |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food                      | Not Verified        | Documenting statement(3), it applicable |
| Handling/Storage                            | NOU VEHILLA         |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care              | Not Verified        |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food         | Not Verified        | Documenting Statement(3), it applicable |
| Preparation                                 | NOT VEHICA          |   |



| Rule                              | Status       | Documenting Statement(s), If applicable |
|-----------------------------------|--------------|---|
| 5101:2-12-23 Diapering and Toilet | Not Verified |   |
| Training                          |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water   | Not Verified |   |
| Safety Requirements               |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication           | Not Verified |   |
| Administration                    |              |   |
|                                   |              |   |
|                                   |              |   |