

# **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
TRINITY CHRISTIAN PRESCHOOL & CHILD	00000100158		Child Care Center
CARE CENTER. INC			
Address			County
1556 REX DRIVE ORRVILLE			WAYNE
OH 44667			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 1/2
09/13/2022	E	155	
Fire Inspection Approval Date	Food Service Risk Level		
07/28/2022	Exempt		

	Inspection Information				
Inspection Type	Inspection S	соре	Inspection Notice		
Annual	Full		Unannounced		
Inspection Date 10/17/2022	Begin Time 8	3:48 AM	End Time 11:15 AM		
Reviewer: REBECCA KOTEWICZ					
Summary of Findings					
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
58	2	0	0	2	

Li	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	]	14	63	77	
School Age		0	0	0	
Total Capacity/Enrollment	112	14	63	77	

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



Department of Education Department of Job and Family Services

Before Care Group	3 years to < 4 years	1 to 8	
Explorers M-F AM	4 years to < 5 years	1 to 11	Arrival
Explorers M-F AM	4 years to < 5 years	1 to 11	
Stars MWF AM	4 years to < 5 years	1 to 7	
Stars MWF AM	4 years to < 5 years	1 to 7	
Rainbow Fish MWF	4 years to < 5 years	1 to 7	
Rainbow Fish MWF	4 years to < 5 years	1 to 7	

#### **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



#### Low Risk Non-Compliances

#### Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 1 below:

1. Monthly fire drills.

2. Monthly weather emergency drills (March through September).

3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 11/16/2022

### Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: 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(s) 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: 11/16/2022

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

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Building	Compliant	Documenting Statement: On the day of
Department Inspection		the inspection, the program was
		operating in compliance with the current
		building approval(s).
	I	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 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 7/28/23.

Rule	Status	Documenting Statement(s), If applicable



Rule: 5101:2-12-04 Food Service Requirements	Compliant	Documenting Statement: The program has obtained a food service exemption status from the local health department.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Responsibilities/Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program Policies and Procedures	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member Educational Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training & Whistle Blower Protection	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-09 Background Check Requirements	Compliant	Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.
Rule	Status	Documenting Statement(c) If applicable
5101:2-12-10 Health Training Requirements	Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional Development Requirements	Compliant	
Rule	Status	Documenting Statement(c) If applicable
S101:2-12-11 Indoor Space Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space Requirements	Compliant	



Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Play	Compliant	Documenting Statement: Outdoor
Equipment		equipment was viewed to be safe and
		free of rust, sharp points, and other
		hazards.
	-	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Play Fall	Compliant	Documenting Statement: The protective
Zones		material used under outdoor equipment
		was shredded rubbler.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-12 Safe Equipment	Compliant	Documenting Statement: Equipment was
		observed to be in good condition.
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.
		health, safety and wen-being.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-13 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: 5101:2-12-13 Handwashing	Compliant	Documenting Statement: Staff and
Requirements		children were observed washing hands as
		required by the rule.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
		Documenting Statement: At the time of
Rule: 5101:2-12-15 Child Medical and	Compliant	-
	Compliant	the inspection, 25% of the children's
Rule: 5101:2-12-15 Child Medical and	Compliant	-



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
Rule: 5101:2-12-15 Medical/Physical Care Plans	Compliant	Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.
Dula	Chature	
Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan	Status Compliant	Documenting Statement(s), If applicable
Dula	Chatura	Descriptions Chatcase and (a) if any list his
Rule 5101:2-12-16 First Aid/Standard Precautions	Status Compliant	Documenting Statement(s), If applicable
Rule 5101:2-12-16 Management of Communicable Disease	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Incident/Injury Reporting	Compliant	Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-17 Materials and	Compliant	Documenting Statement: Sufficient
Equipment	Compilant	equipment was observed in all categories.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	



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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 Ratio	Compliant	Documenting Statement: Staff/child
	compliant	ratios observed during the inspection
		surpassed those required by the rule.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 Attendance	Compliant	Documenting Statement(s), in applicable
Records		Members were observed recording the
		attendance for each child upon arrival
		and documenting each child's departure.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
Dula	Chattan	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-22 Meal and Snack	Compliant	Documenting Statement: Snacks served a
Requirements		the program included foods from two of
		the four food groups and provided
		nutritional value in addition to calories.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage	-	



Status	Documenting Statement(s), If applicable
Compliant	