

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 Deta | ils | |
|-------------------------------------|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| TRINITY CHRISTIAN PRESCHOOL & CHILD | 000000100158 | | Child Care Center |
| CARE CENTER. INC | | | |
| Address | No. | | County |
| 1556 REX DRIVE ORRVILLE | | | WAYNE |
| ОН | | | |
| 44667 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 09/13/2022 | E | 155 | |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 08/12/2024 | Exempt | | |

| | Inspection Information | | | | |
|---------------------|--------------------------------|------------------|-------------------|------------------|--|
| Inspection Type | Inspection S | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 10/10/2024 | 9:35 AM | 9:35 AM | | 9:35 AM 11:20 AM | |
| Reviewer: | | | | | |
| MATTHEW PIGNATO | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 0 | 0 | 0 | 0 | |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|--------------|-----------|-------|
| Age Group | License Capacity | y 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 | | 5 | 37 | 42 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 112 | 5 | 37 | 42 |

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



| Bears T, Th | 3 years to < 4 years | 1 to 7 | 2nd |
|-------------------|----------------------|---------|-----|
| Bears T, Th | 3 years to < 4 years | 1 to 7 | 1st |
| Butterflies T, Th | 3 years to < 4 years | 1 to 9 | 1st |
| Busy Bees M-F | 3 years to < 4 years | 2 to 10 | 2nd |
| Busy Bees M-F | 3 years to < 4 years | 1 to 10 | 1st |

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 | |
| | |
| No Moderate Risk Non-Compliances were observed during this inspection | |
| | |



| Low Risk Non-Compliances |
|--|
| No Low Risk Non-Compliances were observed during this inspection |
| |
| |
| |
| |
| |
| |
| |
| |

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 |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| 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 8/12/25. |
| | | |
| | | , |
| 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 | Compliant | Social mental greatest and of the approach |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | (-// |
| Responsibilities/Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | (-), |
| Policies and Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | (-// |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| | | |
| Rule: 5101:2-12-09 Background Check | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the |
| Requirements | Compliant | inspection, the required documentation |
| Requirements | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | 3 |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | bocumenting statement(3), if applicable |
| Requirements | | |
| Bule | Chatus | Declimenting Statement (a) If |
| Rule 5101:2-12-11 Outdoor Space | Status Compliant | Documenting Statement(s), If applicable |
| Requirements | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
|---------------------------------------|---------------------|---|
| 3101.2 12 11 Outdoor Flay Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | (7) |
| | | |
| Dolo | | B C//) If |
| Rule 5101:2-12-12 Safe Environment | Status Compliant | Documenting Statement(s), If applicable |
| | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | Documenting Statement(3), if applicable |
| Requirements | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| Rule | Status | Description Chateman and a) If a multiplia |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement: The program |
| Field Trip Procedures | Compilant | uses the ODJFS sample trip permission |
| | | form for routine trips to secure written |
| | | permission from parents or guardians. |
| | | |
| | | |
| Rule 5101:2-12-15 Child Medical and | Status Compliant | Documenting Statement(s), If applicable |
| Enrollment Records | Compilant | |
| Emolificite Records | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|---|---|
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | * | |
| | ₩ | * |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| - | 2 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| Dula | Chabus | Decumenting States |
| Rule 5101:2-12-17 Materials and | Status | Documenting Statement(s), If applicable |
| 5527-45-1-25-1-25-1-25-1-25-1-25-1-25-1-25-1 | Compliant | |
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement(s), if applicable |
| 3101.2-12-17 Daily Outdool Flay | Compliant | |
| | | |
| 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 |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| D. II- | Charles | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | 50 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | promotive and an analysis of the second | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack Requirements | Compliant | |
| | | · |
| 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 | | |
| | C | S |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | bocumenting statement(3), if applicable |
| Educational Requirements | Compliant | |
| | - VENOSES SS | - |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | * |