

# **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            | ils             |     |                   |
|---|-------------------------|-----------------|-----|-------------------|
| Program Name  | Program Number          |                 | Pro | ogram Type        |
| FAITH PRESCHOOL   | 000000200914            |                 | Ch  | ild Care Center   |
| Address<br>5555 CHAMBERSBURG RD HUBER HEIGHTS<br>OH 45424 | <u> </u>                |                 |     | unty<br>ONTGOMERY |
|   |                         |                 |     |                   |
| Building Approval Date                                    | Use Group/Code          | Occupancy Limit |     | Maximum Under 2 ½ |
| 06/29/1978  | BB 61 (1972-            | 115             |     |                   |
|   | 1979)                   |                 |     |                   |
| Fire Inspection Approval Date                             | Food Service Risk Level |                 |     |                   |
| 03/01/2023  | Exempt                  |                 |     |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | соре             | Inspection Notice |              |  |
| Annual              | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time S                   | 9:30 AM          | End Time 11:30 AM |              |  |
| 11/28/2023          |                                |                  |                   |              |  |
| Reviewer:           |                                |                  |                   |              |  |
| Yolonda McIntosh    | 1                              |                  |                   |              |  |
| 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 | 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   |                  | 39         | 0         | 39    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 115              | 39         | 0         | 39    |



| Group       | Age Group/Range | Ratio Observed | Comment |
|-------------|-----------------|----------------|---------|
| Preschool 1 |                 | 2 to 12        |         |
| Preschool 1 |                 | 2 to 12        |         |
| Preschool 2 |                 | 2 to 20        |         |
| Preschool 2 |                 | 2 to 20        |         |

### **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 | <b>Non-Compliances</b> |
|---------|------|------------------------|
|---------|------|------------------------|

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

# 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 |
| 5101:2-12-04 Fire Inspection     | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service        | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

| 5101:2-12-05 Denial, Revocation and          | Compliant           |   |
|--|---------------------|---|
| Suspension                                   |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator                   | Compliant           | bocumenting statement(3), if applicable |
| Qualifications                               |                     |   |
|  | 1                   | ]                                       |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator                   | Compliant           |   |
| Responsibilities/Requirements                |                     |   |
| Dulo   | Status              | Desumanting Statement(s) If applicable  |
| Rule<br>5101:2-12-07 Written Program         | Status<br>Compliant | Documenting Statement(s), If applicable |
| Policies and Procedures                      | compliant           |   |
|  | 1                   |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement               | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(c) If applicable  |
| 5101:2-12-08 Orientation Training &          | Compliant           | Documenting Statement(s), If applicable |
| Whistle Blower Protection                    | compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check                | Compliant           |   |
| Requirements                                 |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training<br>Requirements | Compliant           |   |
| Requirements                                 |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional                    | Compliant           |   |
| Development Requirements                     |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space                    | Compliant           |   |
| Requirements                                 |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space                   | Compliant           | Bocamenting statement(s), it applicable |
| Requirements                                 |                     |   |
| <u> </u>                                     | <u>I</u>            | 1                                       |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment          | Compliant           |   |
|  |                     |   |
| Dula   | Chabua              |   |
| Rule   | Status              | Documenting Statement(s), If applicable |



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| 5101:2-12-11 Outdoor Play Fall Zones        | Compliant           |   |
|---|---------------------|---|
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment                 | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment               | Compliant           |   |
|   |                     |   |
| 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           |   |
| Requirements                                |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free                     | Compliant           |   |
| Environment                                 |                     |   |
|   | ·                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field       | Compliant           |   |
| Trip Procedures                             |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and              | Compliant           |   |
| Enrollment Records                          |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care<br>Plans | Compliant           |   |
| ומווס                                       |                     | <u> </u>                                |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and           | Compliant           |   |
| General Emergency Plan                      |                     |   |
| Dula  | Chatura             |   |
| Rule<br>5101:2-12-16 Emergency Drills       | Status<br>Compliant | Documenting Statement(s), If applicable |
| STOT'S TTA FILE BELICA DUILS                |                     |   |
|   |                     | ·                                       |
| 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               | compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury       | Compliant |   |
| Reporting                          |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 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 |
| 5101:2-12-17 Materials and         | Compliant |   |
| Equipment                          |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play    | Compliant |   |
|                                    | compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity      | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                 | Compliant |   |
|                                    | 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 Attendance Records    | Compliant | Documenting statement(s), if applicable |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision           | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance        | Compliant | Documenting statement(s), if applicable |
|                                    |           |   |
|                                    | ·         |   |
| 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          | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| 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                     |           |   |
|                                      |           |   |
| 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 |   |
| Educational Requirements             |           |   |
|                                      |           |   |