



## 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<br>SECOND BAPTIST CHURCH PRESCHOOL<br>CENTER |                                      | Program Number<br>000000301779 | Program Type<br>Child Care Center |
| Address<br>1510 MAIN AVE SW WARREN<br>OH<br>44483         |                                      |                                | County<br>TRUMBULL                |
| Building Approval Date<br>05/01/1993                      | Use Group/Code<br>A-4                | Occupancy Limit<br>147         | Maximum Under 2 1/2               |
| Fire Inspection Approval Date<br>12/12/2017               | Food Service Risk Level<br>Level III |                                |                                   |

| Inspection Information        |                                     |                          |                                  |                   |
|-------------------------------|-------------------------------------|--------------------------|----------------------------------|-------------------|
| Inspection Type<br>Annual     |                                     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |                   |
| Inspection Date<br>01/20/2026 |                                     | Begin Time<br>1:30 PM    | End Time<br>3:20 PM              |                   |
| Reviewer:<br>REBECCA KOTEWICZ |                                     |                          |                                  |                   |
| Summary of Findings           |                                     |                          |                                  |                   |
| No. Rules Verified<br>58      | No. Rules with Non-compliances<br>2 | No. Serious Risk<br>0    | No. Moderate Risk<br>1           | No. Low Risk<br>2 |

| 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          | 2         |           | 2         |
| Young Toddler   |                  | 1          | 0         |           | 1         |
| <b>Total Under 2 1/2 Years</b>                            | <b>4</b>         | <b>1</b>   | <b>2</b>  |           | <b>3</b>  |
| Older Toddler   |                  | 2          | 0         |           | 2         |
| Preschool   |                  | 10         | 0         |           | 10        |
| School Age  |                  | 0          | 2         |           | 2         |
| <b>Total Capacity/Enrollment</b>                          | <b>50</b>        | <b>12</b>  | <b>2</b>  |           | <b>17</b> |

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

|    |                      |        |              |
|----|----------------------|--------|--------------|
| PS | 3 years to < 4 years | 2 to 5 |              |
| PS | 3 years to < 4 years | 2 to 5 | arrival, nap |

### 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 5180:2-12-03 and 5180:2-13-03 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

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

Finding: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 1 below:

1. No plan was on file.  
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2. Child's name was missing.
3. Name of the condition was missing.
4. Indication if medication or medical food is required was missing.
5. Signs, symptoms or situations that require staff to take action were missing.
6. Activities, foods, environmental conditions to avoid were missing.
7. Training instructions for procedures for staff to follow were missing or incomplete.

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8. Child's name was missing or not attached.
9. Child's date of birth was missing or not attached.
10. Child's weight was missing or not attached.
11. Name of the medication/medical food was missing or not attached.
12. Dosage of medication/medical food to be administered was missing or not attached.
13. Time for medication/medical food to be administered was missing or not attached.
14. Expiration date for medication/medical food was missing or not attached.
15. Symptoms that require staff to administer medication/medical food were missing or not attached.
16. Specific instructions to administer the medication/medical food were missing or not attached.
17. Actions to be taken if the symptoms do not subside were missing or not attached.
18. Physician's signature was missing or not attached.
19. The date of the physician's signature was missing or not attached.

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20. Child's name was missing.
21. Instructions regarding emergency evacuation, if applicable, were missing.
22. Signature of parent granting permission to implement the plan and verifying training was missing.
23. Date of parent signature was missing.
24. Certified Professional Trainer information was missing.
25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
26. Date of trainer signature was missing.
27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
29. Date of staff signature was missing.
30. Administrator/Provider signature was missing
31. Date of administrator/Provider was missing.

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32. Child's name was missing.
33. Name of medication or medical food was missing.
34. Date the medication/medical food was administered was missing.
35. Time medication/medical food was administered was missing.
36. Dosage of medication/medical food that was administered was missing.
37. Signature of person administering medication/medical food was missing.
38. The plan was not followed or implemented.
39. The plan was not able to be implemented due to conflicting information.
40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/19/2026

### **Low Risk Non-Compliances**

#### **Domain: 09 Children's Files**

Rule: 5180:2-12-15 Child Medical and Enrollment Records

Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

Finding: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 2, 6, 13, 14, 16 below.

1. No enrollment form was completed for at least one child
2. The current JFS 01234 was not completed for at least one child
3. Complete child information
4. Complete parent information
5. Complete emergency contact information
6. Complete physician information
7. Information regarding the parent list
8. Health information
9. Additional information for all boxes checked "yes"
10. Emergency transportation information
11. Parent/guardian's signature
12. Diapering Statement
13. Acknowledgement of Policies and Procedures
14. Enrollment form for at least one child was not updated by either the parent or the administrator
15. Enrollment form for at least one child was not signed by the administrator
16. Other [ ]

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

**Domain: 09 Children's Files**

Rule: 5180:2-12-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file at the program for each child enrolled.

Finding: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1, 2 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed.
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
11. Other [ ]

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

Corrective Action Plan Due: 02/19/2026

| Rule   | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| Rule: 5180:2-12-16 Written Disaster Plan                 | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff.   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-02 License Posted                              | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-04 Building Department Inspection        | Compliant | Documenting Statement: A copy of the certificate of occupancy was available on-site for review.   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-02 Current Information                         | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-03 Inspection Requirements                     | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-04 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 9/29/26. |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-04 Food Service Requirements             | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9961891, March 1, 2026.                                  |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-07 Administrator Qualifications                | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-07 Administrator Responsibilities/Requirements | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |



|   |           |   |
|---|-----------|---|
| 5180:2-12-07 Written Program Policies and Procedures          | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-08 Medical Statement                                | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-09 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(s), If applicable   |
| Rule: 5180:2-12-10 Health Training Requirements               | Compliant | Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-10 Professional Development Requirements      | Compliant | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training.  |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-11 Indoor Space Requirements                        | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years         | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |



|  |                     |  |
|--|---------------------|--|
| 5180:2-12-11 Outdoor Space Requirements                          | Compliant           |  |
| Rule<br>5180:2-12-12 Safe Equipment                              | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-12-12 Safe Environment                            | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-12-13 Sanitary Equipment and Environment          | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-12-13 Handwashing Requirements                    | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-12-13 Smoke Free Environment                      | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-12-16 Medical, Dental, and General Emergency Plan | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>Rule: 5180:2-12-16 Emergency Drills                      | Status<br>Compliant | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. |
| Rule<br>5180:2-12-16 First Aid/Standard Precautions              | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-12-16 Management of Communicable Disease          | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-12-16 Incident/Injury Reporting                   | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>Rule: 5180:2-12-17 Materials and Equipment               | Status<br>Compliant | Documenting Statement: Sufficient equipment was observed in all categories.  |

|                                       |           |   |
|---------------------------------------|-----------|---|
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-17 Daily Schedule           | Compliant |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-18 Attendance Records | Compliant | Documenting Statement: During the inspection, attendance records were reviewed. Child Care Staff Members were viewed recording the attendance for each child upon arrival and departure. All attendance records met the requirements of the rule and were kept with the group at all times. |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-18 Group Size               | Compliant |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-17 Daily Outdoor Play       | Compliant |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-18 License Capacity         | Compliant |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-18 Ratio                    | Compliant |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-20 Cots and Napping   | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time.   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-19 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   |
| 5180:2-12-19 Child Guidance           | Compliant |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |



|   |           |   |
|---|-----------|---|
| 5180:2-12-20 Cribs                              | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-22 Meal and Snack Requirements        | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-22 Safe Food Handling/Storage         | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-22 Fluid Milk Requirements            | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-23 Infant Daily Care                  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-23 Infant Bottle and Food Preparation | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-23 Diapering and Toilet Training      | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-25 Medication Administration    | Compliant | Documenting Statement: There were no children on medication at the time of the inspection; however, the method of storage and practices for the administration were reviewed. |