

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	Program Number		Program Type	
MESSIAH CHRISTIAN SCHOOL	000000400190		Child Care Center	
Address			County	
1200 WAGGONER ROAD REYNOLDSBURG			FRANKLIN	
ОН				
43068				
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½	
Fire Inspection Approval Date	Food Service Risk Level			
08/27/2025	Level II			

	Inspection Information				
Inspection Type	Inspection S	cope	Inspection Notice		
Annual	Full		Unannounced		
Inspection Date	Begin Time		End Time		
09/11/2025	9:00 AM		2:00 PM		
Reviewer:					
Colleen Adkinson					
Summary of Findings					
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
58	5	0	1	4	

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		48	12	60
School Age		0	0	0
Total Capacity/Enrollment	88	48	12	60

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



Rm 109/111 Private Kinder.	4 years to < 5 years	1 to 11	
Rm 109/111 Private Kinder.	4 years to < 5 years	1 to 11	
Rm 105 Preschool	3 years to < 4 years	1 to 10	
Rm 105 Preschool	3 years to < 4 years	1 to 10	
Rm. 113/Half Day Prek	3 years to < 4 years	1 to 5	AM Group
Rm. 113/Half Day Prek	3 years to < 4 years	1 to 5	PM Group
Rm 106 Prek	3 years to < 4 years	1 to 11	9
Rm 106 Prek	3 years to < 4 years	1 to 11	
Rm 108/110 Preschool	3 years to < 4 years	1 to 11	
Rm 108/110 Preschool	3 years to < 4 years	1 to 11	

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

<u>Code</u>: 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.

<u>Finding</u>: 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) 24-29 below:



1. No plan was on file.

(Page 1)

- 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.

(Page 2)

- 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.

(Page 3)

- 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.

(Page 4)

- 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: 10/12/2025

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 9, 11 and 22 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Employee(s) purse(s).
- 7. Diaper bags.
- 8. Television not securely anchored.
- 9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 10. Smoke detector needing batteries replaced.
- 11. An area rug did not have a nonskid backing in room 106.
- 12. An area rug presented a tripping hazard.
- 13. A floor surface that was unsafe in that [].
- 14. No platform was provided for the sink or toilet in the [] classroom.
- 15. The platform provided for the sink or toilet in the [] classroom was not sturdy.
- 16. The platform provided for the sink or toilet in the [] classroom posed a safety hazard in that [].



- 17. Telephone cords.
- 18. Staff member stepped over a barrier/gate while holding a child.
- 19. Emergency exits were blocked by the following classroom furniture: [].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. A tall fan was stacked on top of a large shelf and not secured.

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/12/2025

Domain: 03 Postings & Equipment

Rule: 5180:2-12-17 Materials and Equipment

<u>Code</u>: The program is required to provide equipment appropriate for the children in the program in sufficient quantities that all children can be actively involved. Play materials must be accessible to the children and arranged in an orderly manner.

<u>Finding</u>: During the inspection, it was determined that equipment, materials and furnishings provided for indoor and outdoor play did not meet the requirement of the rule as noted in number(s) 3 below.

- 1. Equipment and materials were not varied and adequate to meet the developmental needs of the children.
- 2. Equipment and materials were not provided in a sufficient quantity that each child can be actively involved in an activity.
- 3. Play materials were not readily accessible to the children in the PreK classroom.
- 4. Play materials were not arranged in an orderly manner so that children have opportunities to select, remove and replace play materials with minimal assistance during the day in the [] classroom.
- 5. Durable, child-sized or safely adapted furniture was not provided for children in the [] classroom.

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: 08 Staff Files

Rule: 5180:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.



<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 5 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: []

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

Corrective Action Plan Due: 10/12/2025

Domain: 08 Staff Files

Rule: 5180:2-12-08 Medical Statement

<u>Code</u>: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 5b below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies 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);
- 6. Tuberculosis (TB) screening/test information was missing:
- 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 6a.
- 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: 10/12/2025

Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Written Disaster Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Building Department	Compliant	
Inspection		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 Current Information	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-03 Inspection	Compliant	
Requirements	*	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Fire Inspection	Compliant	



Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-04 Food Service	Compliant	Documenting Statement: The food service
Requirements	34	license was observed posted. Following is
~		the audit number and date of expiration:
		APEE-DDMS6X; 3/1/.
P. L.		
Rule 5180:2-12-07 Administrator	Status	Documenting Statement(s), If applicable
Qualifications	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Written Program	Compliant	
Policies and Procedures		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Child Care Staff Member	Compliant	
Educational Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Orientation Training &	Compliant	Documenting Statement(s), if applicable
Whistle Blower Protection	Compilant	
Williams Blower Frotestion		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-09 Background Check	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Health Training	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Professional	Compliant	
Development Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Indoor Space	Compliant	
Requirements		
Rule	Chatus	Decumenting Statement(s) If and inchi-
5180:2-12-11 Outdoor Space	Status Compliant	Documenting Statement(s), If applicable
Requirements	Compilant	
	l	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Equipment	Compliant	
D. J.	Chahira	Decumenting Chatenage (A) If any Paul I
Rule 5180:2-12-11 Outdoor Play Equipment	Status	Documenting Statement(s), If applicable
2100.2-12-11 Outdoor Play Equipment	Compliant	



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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Outdoor Play Fall Zones	Compliant	
2.1		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Sanitary Equipment and	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Handwashing	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Smoke Free	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-15 Child Medical and	Compliant	
Enrollment Records		
	•	-
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-16 Medical, Dental,	Compliant	Documenting Statement: During the
and General Emergency Plan		inspection, the requirements of the rule
and concrar time geney man		regarding medical, dental and general
		emergencies were discussed.
		emergencies were discussed.
		I
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Emergency Drills	Compliant	bocumenting statement(s), it approase
5100.2-12-10 Linergency Drills	Compilant	
	1	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 First Aid/Standard	Compliant	bocumenting statement(s), if applicable
Precautions	Compliant	
riecautions		
Rule	Status	Documenting Statement(s) If applicable
500-5000000		Documenting Statement(s), If applicable
5180:2-12-16 Management of Communicable Disease	Compliant	
Communicable Disease		
2.1		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Incident/Injury	Compliant	
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Daily Schedule	Compliant	



Rule	Chahua	Decumenting Statement/s) If applicable
**************************************	Status	Documenting Statement(s), If applicable
5180:2-12-18 Attendance Records	Compliant	
~ /		
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	
3100.2 12 10 Electise capacity	Compilant	
	J.	
Rule	Status	Documenting Statement(s), If applicable
		Documenting Statement(s), if applicable
5180:2-12-18 Ratio	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-20 Cots and Napping	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-19 Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-19 Child Guidance	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Meal and Snack	Compliant	Decame general (e), in approach
Requirements	Compilant	
Requirements		
B.1	6	B () () ()
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Safe Food	Compliant	
Handling/Storage		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-22 Fluid Milk Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-25 Medication	Compliant	b d d d d d d d d d d d d d d d d d d d
Administration	Compliant	
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