

## **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 Details                                    |                         |                 |                   |  |
|--|-------------------------|-----------------|-------------------|--|
| Program Name                                       | Program Number          |                 | Program Type      |  |
| SCHEIN BRIGHT ACADEMY LTD                          | 000000400573            |                 | Child Care Center |  |
| Address<br>14120 ZION RD THORNVILLE<br>OH<br>43076 |                         |                 | County<br>PERRY   |  |
|  |                         |                 |                   |  |
| Building Approval Date                             | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 08/22/2013   | E                       | 74              | 50                |  |
| Fire Inspection Approval Date                      | Food Service Risk Level |                 |                   |  |
| 08/17/2017   | Level III               |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Incident / Injury / II | Iness Partial                  |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 03/01/2024             | 03/01/2024 2:30 PM             |                  | 2:45 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Barbara Smith          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 2                      | 1                              | 1                | 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                                     | 24               | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 68               | 0          | 0         | 0     |

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

## **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**

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

Code: The program staff are not permitted to leave children unattended.

<u>Finding</u>: During the inspection, it was determined that children were not supervised while outside the program as noted in number 1 below:

- 1. Child(ren) left unattended outside the facility building.
- 2. Child(ren) left unattended outside the facility building more than once.
- 3. Child(ren) left unattended off the program's premises.
- Child(ren) left unattended during a swimming activity.
- 5. Child(ren) left unattended in a vehicle.
- 6. Child(ren) left unattended inside the building and no adults were present in the building.
- 7. Other [ ].

Children must be supervised and within sight and hearing of a child care staff member at all times. 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: 03/06/2024

| Moderate Risk Non-Compliances   |  |  |
|---|--|--|
|   |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
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| Low Risk Non-Compliances   |  |
|--|--|
| No Low Risk Non-Compliances were observed during this inspection |  |
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## Rules In-Compliance/Not Verified

| Rule                             | Status       | Documenting Statement(s), If applicable |
|----------------------------------|--------------|---|
| 5101:2-12-02 License Posted      | Not Verified |   |
|                                  |              |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified |   |
|                                  |              |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection          | Not Verified |   |
| Requirements                     |              |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified |   |
| Inspection                       |              |   |

| Rule                                | Status                 | Documenting Statement(s), If applicable  |
|-------------------------------------|------------------------|--|
| 5101:2-12-04 Fire Inspection        | Not Verified           | 0 (7)  |
| ·                                   |                        |  |
|                                     |                        |  |
| Rule                                | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Food Service           | Not Verified           |  |
| Requirements                        |                        |  |
|                                     |                        |  |
| Rule                                | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-05 Denial, Revocation and | Not Verified           |  |
| Suspension                          |                        |  |
|                                     |                        |  |
| Rule                                | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator          | Not Verified           | , , , , , , , , , , , , , , , , , , ,  |
| Qualifications                      |                        |  |
|                                     |                        |  |
| Rule                                | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator          | Not Verified           | bocumenting statement(3), it applicable  |
| Responsibilities/Requirements       | 1vot vermeu            |  |
| responsibilities/requirements       |                        |  |
| Rule                                | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program        | Not Verified           | Documenting Statement(s), it applicable  |
| Policies and Procedures             | Not verified           |  |
| Policies and Procedures             |                        |  |
| Rule                                | Chahua                 | Decumenting Statement(s) If applicable   |
| 5101:2-12-08 Medical Statement      | Status<br>Not Verified | Documenting Statement(s), If applicable  |
| 3101:2-12-08 Medical Statement      | Not verified           |  |
|                                     | . 1                    |  |
| Rule                                | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation Training & | Not Verified           | bocumenting statement(s), it applicable  |
| Whistle Blower Protection           | Not verified           |  |
| Whistie blower i Totection          |                        |  |
| Rule                                | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check       | Not Verified           | Documenting Statement(s), if applicable  |
| Requirements                        | NOT VEHILER            |  |
| Requirements                        |                        |  |
| Rule                                | Status                 | Documenting Statement/s) If applicable   |
|                                     | Status<br>Not Verified | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training        | Not verified           |  |
| Requirements                        |                        |  |
| Dula                                | Chahua                 | Decree with City of the Line of the City o |
| Rule                                | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional           | Not Verified           |  |
| Development Requirements            |                        |  |
|                                     |                        |  |
| Rule                                | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space           | Not Verified           |  |
| Requirements                        |                        |  |

| Rule                                  | Status       | Documenting Statement(s), If applicable  |
|---------------------------------------|--------------|--|
| 5101:2-12-11 Separation of Children   | Not Verified |  |
| Under 2 1/2 Years                     |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment   | Not Verified |  |
|                                       |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones  | Not Verified |  |
|                                       |              |  |
|                                       | Lau          |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment           | Not Verified |  |
| L                                     | <u>I</u>     |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment         | Not Verified | bootheriting statement(3), in applicable |
| 3131.2 12 12 3die Environment         |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and   | Not Verified |  |
| Environment                           |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing              | Not Verified |  |
| Requirements                          |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free               | Not Verified |  |
| Environment                           |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Toothbrushing            | Not Verified |  |
| Requirements                          |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field | Not Verified |  |
| Trip Procedures                       |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Driver  | Not Verified |  |
| Requirements                          |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
|                                       | Not Verified |  |
| 5101:2-12-14 Transportation - Vehicle | Not verified |  |
| Requirements                          | Not vermed   |  |

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|------------------------------------|--------------|---|
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and     | Not Verified |   |
| Enrollment Records                 |              |   |
| [                                  |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Not Verified |   |
| Plans                              |              |   |
|                                    | 1            |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and  | Not Verified | Section 1 (4)                           |
| General Emergency Plan             |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills      | Not Verified | bocamenting statement(s), it applicable |
| 3101.2-12-10 Line gency Dinis      | Not verified |   |
| L                                  | _ <u> </u>   |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard    | Not Verified | bookinshing statement(s), ii applicable |
| Precautions                        | Not verified |   |
| Li recautions                      |              |   |
| Rule                               | Status       | Decumenting Statement/s) If applicable  |
|                                    | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of         | Not verified |   |
| Communicable Disease               |              |   |
|                                    | Τ.           |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury       | Not Verified |   |
| Reporting                          |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule        | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and         | Not Verified |   |
| Equipment                          |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play    | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity      | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                 | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |

| 5101:2-12-18 Group Size                         | Not Verified        |   |
|---|---------------------|---|
| ·   |                     |   |
|   | I c                 |   |
| Rule 5101:2-12-18 Attendance Records            | Status Not Verified | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Attendance Records                 | Not verified        |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Supervision                        | Not Verified        |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance                     | Not Verified        |   |
|   |                     |   |
|   | I -                 |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cots and Napping                   | Not Verified        |   |
|   | l                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cribs                              | Not Verified        |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-21 Evening and Overnight              | Not Verified        | bocumenting statement(s), if applicable   |
| Care  |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Meal and Snack                     | Not Verified        |   |
| Requirements                                    |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements            | Not Verified        | bocumenting statement(s), if applicable   |
| STOTIZ IZ ZZ Haid Willik Negali elifelits       | Troc vermed         |   |
|   |                     |   |
| Rule 5101 2 12 22 5 5 5 5 5 1                   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Safe Food                          | Not Verified        |   |
| Handling/Storage                                |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-23 Infant Daily Care                  | Not Verified        | 0 - 111-11-11-11-11-11-11-11-11-11-11-11- |
|   |                     |   |
|   | l e                 |   |
| Rule  | Status Not Varified | Documenting Statement(s), If applicable   |
| 5101:2-12-23 Infant Bottle and Food Preparation | Not Verified        |   |
| Treparation                                     | <u> </u>            |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
|   |                     | , ,, , , , ,                              |

| 5101:2-12-23 Diapering and Toilet    | Not Verified |   |
|--------------------------------------|--------------|---|
| Training                             |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water      | Not Verified |   |
| Safety Requirements                  |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Not Verified |   |
| Administration                       |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified |   |
| Educational Requirements             |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan   | Not Verified |   |
|                                      |              |   |
|                                      |              |   |