

## 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>HERITAGE CHRISTIAN PRESCHOOL           |  | Program Number<br>000000400746    |                                      |
|  |  | Program Type<br>Child Care Center |                                      |
| Address<br>7413 MAXTOWN RD. WESTERVILLE<br>OH<br>43082 |  | County<br>DELAWARE                |                                      |
|  |  |                                   |                                      |
| Building Approval Date<br>10/24/2005                   |  | Use Group/Code<br>E               | Occupancy Limit<br>Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>08/21/2025            |  | Food Service Risk Level<br>Exempt |                                      |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>12/03/2025 | Begin Time<br>9:30 AM    | End Time<br>12:25 PM             |
| Reviewer:<br>Catherine Moerch |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>5 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>5 |

| 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     |
| <b>Total Under 2 ½ Years</b>                              | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 5          | 0         | 5     |
| Preschool   |                  | 39         | 0         | 39    |
| School Age  |                  | 8          | 0         | 8     |
| <b>Total Capacity/Enrollment</b>                          | 90               | 52         | 0         | 52    |

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

|              |                          |         |         |
|--------------|--------------------------|---------|---------|
| Pre-K        | 4 years to < 5 years     | 2 to 12 | Arrival |
| Pre-K        | 4 years to < 5 years     | 2 to 12 |         |
| Room 126     | 30 months to < 36 months | 2 to 6  | Arrival |
| Room 126     | 30 months to < 36 months | 2 to 6  |         |
| Room 124     | 3 years to < 4 years     | 2 to 12 | Arrival |
| Room 124     | 3 years to < 4 years     | 2 to 12 |         |
| Kindergarten | School-Age to < 11 years | 1 to 8  | Arrival |
| Kindergarten | School-Age to < 11 years | 1 to 8  |         |
| Room 147     | 3 years to < 4 years     | 3 to 7  | Arrival |
| Room 147     | 3 years to < 4 years     | 2 to 7  |         |

### 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

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

### Low Risk Non-Compliances

**Domain: 00 License & Approvals**

Rule: 5180:2-12-02 Current Information

Code: The rule requires the program to keep their information current in OCLQS.

Finding: During the inspection, it was determined the information in number(s) 7 below was not up to date in the Ohio Child Licensing and Quality System (OCLQS):

1. Mailing address
2. Telephone number
3. Email address
4. Days and hours of operation
5. Services offered
6. Name of program
7. Private pay rates

Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

**Domain: 08 Staff Files**

Rule: 5180:2-12-08 Medical Statement

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

Finding: 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) 3 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: 01/02/2026

#### **Domain: 08 Staff Files**

Rule: 5180:2-12-10 Health Training Requirements

Code: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

Finding: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 4 below:

1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
2. First aid training was not completed within ninety days of hire.
3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
4. The child abuse and neglect recognition and prevention training was expired.
5. The first aid training was expired.
6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/02/2026



**Domain: 08 Staff Files**

Rule: 5180:2-12-10 Professional Development Requirements

Code: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

Finding: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.
2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
3. Training topic did not meet the requirements listed in appendix A of this rule.
4. Documentation of training did not meet the requirements of this rule.
5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
6. Other [ ].

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

Corrective Action Plan Due: 01/02/2026

**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 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: 01/02/2026

### Rules In-Compliance/Not Verified

| 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: 5180:2-12-16 Written Disaster Plan    | Compliant | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements. |
| 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 Inspection | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-03 Inspection Requirements        | Compliant |   |
| 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 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  |
| 5180:2-12-07 Administrator Qualifications                     | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-05 Denial, Revocation and Suspension                | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator Responsibilities/Requirements      | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-07 Written Program Policies and Procedures    | Compliant | Documenting Statement: The written policies and procedures reviewed on the day of the inspection were verified as complete.                |
| 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  |
| 5180:2-12-11 Indoor Space Requirements                        | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-11 Outdoor Space Requirements                 | Compliant | Documenting Statement: The quarterly playground inspections were completed   |

|  |               |  |
|--|---------------|--|
|  |               | and documented, as required. The most recent inspection report form was dated 8/14/25.   |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-12 Safe Equipment                              | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-11 Outdoor Play Equipment                      | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-11 Outdoor Play Fall Zones                     | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-12 Safe Environment                            | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-13 Sanitary Equipment and Environment          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-13 Handwashing Requirements                    | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-13 Smoke Free Environment                      | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-15 Medical/Physical Care Plans                 | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5180:2-12-16 Emergency Drills                      | Compliant     | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |



|   |               |   |
|---|---------------|---|
| Rule: 5180:2-12-16 First Aid/Standard Precautions | Compliant     | Documenting Statement: During the inspection, the program had complete first aid kits available as required.  |
| <b>Rule</b>                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-16 Management of Communicable Disease   | Compliant     |   |
| <b>Rule</b>                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-16 Incident/Injury Reporting            | Compliant     |   |
| <b>Rule</b>                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-17 Materials and Equipment              | Compliant     |   |
| <b>Rule</b>                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| Rule: 5180:2-12-17 Daily Schedule                 | Compliant     | Documenting Statement: Daily schedules were observed posted.  |
| <b>Rule</b>                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 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. |
| <b>Rule</b>                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-18 Group Size                           | Compliant     |   |
| <b>Rule</b>                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-17 Daily Outdoor Play                   | Compliant     |   |
| <b>Rule</b>                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| 5180:2-12-18 License Capacity                     | Compliant     |   |
| <b>Rule</b>                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>  |
| Rule: 5180:2-12-18 Ratio                          | Compliant     | Documenting Statement: Staff/child ratios observed during the inspection were in compliance.  |

|  |               |  |
|--|---------------|--|
|  |               |  |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                     |
| 5180:2-12-19 Supervision                       | Compliant     |  |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                     |
| 5180:2-12-19 Child Guidance                    | Compliant     |  |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                     |
| Rule: 5180:2-12-22 Meal and Snack Requirements | Compliant     | Documenting Statement: Snacks were provided at intervals as required by this rule. |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                     |
| 5180:2-12-22 Safe Food Handling/Storage        | Compliant     |  |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                     |
| 5180:2-12-22 Fluid Milk Requirements           | Compliant     |  |
| <b>Rule</b>                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                     |
| 5180:2-12-25 Medication Administration         | Compliant     |  |