

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 Deta | ils | | |
|-------------------------------|----------------------|-----------------|-------|-------------------|
| Program Name | Program Number | | Prog | gram Type |
| METHODIST CREATIVE PRESCHOOL | 000000401287 | | Chile | d Care Center |
| | | | | |
| Address | | | Cou | nty |
| 207 S COURT ST MARYSVILLE | | | UNI | ON |
| ОН | | | | |
| 43040 | | | | |
| | | | 0. | |
| Building Approval Date | Use Group/Code | Occupancy Limit | 16 | Maximum Under 2 ½ |
| | | | | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | | |
| 07/23/2024 | | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection S | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 10/09/2024 | 9:30 AM | 9:30 AM | | 10:30 AM | |
| Reviewer: | | | | | |
| JO ELLEN MORTON-CONRAD | | | | | |
| 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 | | 0 | 30 | 30 | |
| School Age | | 0 | 0 | 0 | |
| Total Capacity/Enrollment | 72 | 0 | 30 | 30 | |

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



| 4's | 4 years to < 5 years | 2 to 14 | |
|-----|----------------------|---------|--|
| 3's | 3 years to < 4 years | 1 to 3 | |
| 3's | 3 years to < 4 years | 2 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 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 |
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| Serious hisk from compilatives |
| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
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| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances |



| No Low F | sk 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 | Compliant | |
| | F | |
| 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 |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| - | | |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-07 Administrator | Compliant | bootinenting statement(s); it approach |
| Qualifications | | |
| | * | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | bootimenting statement(s), it approases |
| Responsibilities/Requirements | Compilant | |
| responsibilities/requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | - Compilation | |
| Tonicio dila Procedares | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | bootimenting statement(s), it approasie |
| | Compliant | |
| | P | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| | <u>I</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | SSEC + CONSERVE, ■SSEC ENCONFRIENCE | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|--|
| 5101:2-12-13 Smoke Free | Compliant | bocumenting statement(3), if applicable |
| Environment | Compilant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | Documenting Statement(3), if applicable |
| Enrollment Records | Compilant | |
| Lindilitett Records | Į. | |
| Rule | Chahua | Decumenting Statement(s) If applicable |
| 5101:2-12-15 Medical/Physical Care | Status Compliant | Documenting Statement(s), If applicable |
| Plans | Compilant | |
| Fidits | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | | Documenting statement(s), if applicable |
| General Emergency Plan | Compliant | |
| General Emergency Plan | | |
| Pula | Chatus | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | Documenting statement(s), if applicable |
| Precautions | Compliant | |
| Frecautions | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-12-16 Management of | | Documenting Statement(s), If applicable |
| Communicable Disease | Compliant | |
| Communicable Disease | | |
| Rule | Status | Decree anting Chatamagnet/a) If a multiple |
| 5101:2-12-16 Incident/Injury | | Documenting Statement(s), If applicable |
| 100 100 100 100 100 100 100 100 100 100 | Compliant | |
| Reporting | | |
| P. J. | Chat | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | bocumenting statement(s), it applicable |
| Equipment | Compliant | |
| Ечариси | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | bocumenting statement(s), it applicable |
| 3101.2-12-10 License capacity | Compliant | |
| | <u>I</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | bounding statement(s), it applicable |
| STOTIE TE TO HAND | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| - Constitution of the Cons | | O |



| 5101:2-12-18 Group Size | Compliant | |
|--------------------------------------|-----------|---|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| Rule | Status | Decumenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
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| 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 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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