

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 |
| Faith Early Learning Academy | 000000402704 | | Child Care Center |
| Address 2610 W FAIR AVE LANCASTER OH 43130 | | | County FAIRFIELD |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 10/07/1992 | E | 263 | 32 |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 03/07/2023 | Level II | | |

| Inspection Information | | | | |
|------------------------|-------------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Inspection Date Begin Time End Time | | | |
| 02/08/2024 | 8:17 AM | | 11:03 AM | |
| Reviewer: | | | | |
| Sara Goke | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 2 | 0 | 0 | 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) | | 14 | 0 | 14 |
| Young Toddler | | 7 | 0 | 7 |
| Total Under 2 ½ Years | 40 | 21 | 0 | 21 |
| Older Toddler | | 5 | 0 | 5 |
| Preschool | | 39 | 0 | 39 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 178 | 44 | 0 | 65 |

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

| Young Infant | 0 to < 12 months | 1 to 2 | |
|--------------|--------------------------|---------|--|
| Older Infant | 12 months to < 18 months | 3 to 9 | |
| Owls | 12 months to < 18 months | 2 to 7 | |
| Turtles | 18 months to < 30 months | 2 to 5 | |
| Sunflowers | 3 years to < 4 years | 2 to 5 | |
| PS 1 | 3 years to < 4 years | 2 to 10 | |
| PS 2 | 3 years to < 4 years | 1 to 10 | |
| Pre- K | 4 years to < 5 years | 1 to 9 | |

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 | | |
|---|---|--|
| No Serious Risk Non-Compliances were observed during this inspection | | |
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| Madayata Diak Nay Cawaliayaa | | |
| Moderate Risk Non-Compliances | | |
| No Moderate Risk Non-Compliances were observed during this inspection | | |
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Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-12-02 Current Information

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

<u>Finding</u>: 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: 5101:2-12-08 Medical Statement

Code: 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) 5A 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;
- 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: 03/09/2024

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|--|
| 5101:2-12-02 License Posted | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: On the day of |
| Department Inspection | | the inspection, the program was |
| | | operating in compliance with the current |
| | | building approval(s). |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 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 3/7/24. |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|---|---|
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| | Compliant | license was observed posted. Following is |
| Requirements | | · |
| | | the audit number and date of expiration: |
| | | CSHE-CNCQ35, 3/1/24. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | Documenting Statement(s), if applicable |
| Qualifications | Compliant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | Documenting Statement(s), it applicable |
| Policies and Procedures | Compliant | |
| Policies and Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | Documenting Statement(s), it applicable |
| _ | Compilant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| Pula | Status | Documenting Statement of the section is |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | <u>, </u> | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|---|
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 2/7/24 |
| | | |
| Pula | Chahua | Decumenting Statements of Smillschild |
| Rule 5101:2-12-11 Outdoor Play Equipment | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-11 Outdoor Flay Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | bocumenting statement(s), if applicable |
| 5101.2 12 12 Sale Equipment | Compliant | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | bocamenting statement(s), ii applicable |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | C: . | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Compliant | |
| LIIVII OIIIIIEIIL | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| • | ı | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: An annual |
| Vehicle Requirements | | safety check of the vehicle(s), using the |
| | | JFS 01230 "Vehicle Inspection Report For |

| - Onnomico | Г | T - 1 |
|---------------------------------------|-----------|---|
| | | Child Care Centers" form, were verified |
| | | and dated 5/25/23. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | , , , , , , , , , , , , , , , , , , , |
| General Emergency Plan | | |
| Concrat Emergency Flam | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| Rule. 3101.2-12-10 Efficiency Diffis | Compliant | <u> </u> |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| 5101:2-12-17 Materials and | Compliant | |
| 5101:2-12-17 Materials and Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play |
| | | was observed for the Prechool group(s). |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | bocumenting statement(s), it applicable |
| 3101.2 12 10 Group 3120 | Compilant | |
| | ı | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| 0.1 | C | |
| 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 |
| 5101:2-12-20 Cots and Napping | Compliant | (-), |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| Pula | Ctatus | Decumenting States and all If a will as he |
| Rule E101:2.12.22 Fluid Milk Paguiraments | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | 20 | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-23 Infant Daily Care | Compliant | |
|--------------------------------------|-----------|---|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Compliant | |
| Safety Requirements | | |
| | | |
| 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 | | |
| | | |