



## 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>RISEN CHRIST LUTHERAN PRESCHOOL   | Program Number<br>000000404322    | Program Type<br>Child Care Center |                   |
| Address<br>41 E POSSUM RD SPRINGFIELD<br>OH 45502 |                                   | County<br>CLARK                   |                   |
| Building Approval Date                            | Use Group/Code                    | Occupancy Limit                   | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>08/25/2021       | Food Service Risk Level<br>Exempt |                                   |                   |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>11/01/2022 | Begin Time 8:50 AM       | End Time 11:35 AM                |
| Reviewer:<br>Rebecca Worrell  |                          |                                  |

| 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>7 |

| 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   |                  | 0          | 0         | 0     |
| Preschool   |                  | 22         | 0         | 22    |
| School Age  |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 29               | 22         | 0         | 22    |

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



|           |                      |        |                     |
|-----------|----------------------|--------|---------------------|
| Pre K M-F | 4 years to < 5 years | 2 to 9 | am group at arrival |
| Pre K M-F | 4 years to < 5 years | 2 to 9 | outdoor play        |

### 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**

#### Moderate Risk Non-Compliances

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

#### Low Risk Non-Compliances



**Domain: 03 Postings & Equipment**

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan  
Code: The program is required to post the fire and weather plans.

Finding: During the inspection, it was determined that the following information was not posted for item number(s) 2 below:

1. Fire alert plan, including a diagram indicating evacuation routes.
2. Weather alert plan was missing details for evacuation routes.
3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 12/02/2022

**Domain: 03 Postings & Equipment**

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan  
Code: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

Finding: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 8 below:

1. The plan was not posted in each classroom.
2. The plan was not posted in other spaces used by children.
3. The name, address and telephone number of the program were not complete.
4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
6. Location of children's records was not complete.
7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
8. The current version of the prescribed form was not used.
9. The plan was not implemented when necessary in that [ ].

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

Corrective Action Plan Due: 12/02/2022



**Domain: 04 Indoor/Outdoor Space**

**Rule:** 5101:2-12-11 Outdoor Play Equipment

**Code:** The program is required to provide equipment that does not pose a safety risk.

**Finding:** During the inspection, it was determined that outdoor play equipment was unsafe as noted in number(s) 1 & 10 below:

1. There was rust exposed; (merry go round)
2. There was protruding bolts;
3. There were cracks;
4. There were holes;
5. There was splintering wood;
6. There were sharp edges or points;
7. There were lead hazards;
8. There were toxic substances;
9. There were tripping hazards;
10. There was chipped and/or peeling paint; (yellow merry go round)
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: 12/02/2022

**Domain: 04 Indoor/Outdoor Space**

**Rule:** 5101:2-12-11 Outdoor Play Fall Zones

**Code:** The program is required to provide adequate fall surface for the outdoor play space.

**Finding:** During the inspection, it was determined that while there was adequate fall surface material in the outdoor play space, proper distribution had not been maintained under and around equipment as required. Submit the program's corrective action plan, which includes a statement that fall surface material has been properly redistributed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/02/2022



**Domain: 08 Staff Files**

**Rule:** 5101:2-12-08 Medical Statement

**Code:** The program staff medicals are required to be completed and on file at the program.

**Finding:** In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/02/2022

**Domain: 09 Children's Files**

**Rule:** 5101:2-12-15 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) 6,8 & 9 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: 12/02/2022

**Domain: 09 Children's Files**

Rule: 5101:2-12-15 Child Medical and Enrollment Records

Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

Finding: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 6 below.

1. No enrollment form was completed for at least one child
2. The current JFS 01234 was not completed for at least one child
3. Complete child information
4. Complete parent information
5. Complete emergency contact information
6. Complete physician information
7. Information regarding the parent list
8. Health information
9. Additional information for all boxes checked "yes"
10. Emergency transportation information
11. Parent/guardian's signature
12. Diapering Statement
13. Acknowledgement of Policies and Procedures
14. Enrollment form for at least one child was not updated by either the parent or the administrator
15. Enrollment form for at least one child was not signed by the administrator
16. Other [ ]

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.



**Rules In-Compliance/Not Verified**

| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| 5101:2-12-02 License Posted                                | Compliant |  |
| 5101:2-12-02 Current Information                           | Compliant |  |
| 5101:2-12-03 Inspection Requirements                       | Compliant |  |
| 5101:2-12-04 Building Department Inspection                | Compliant |  |
| 5101:2-12-04 Fire Inspection                               | Compliant |  |
| Rule: 5101:2-12-04 Food Service Requirements               | Compliant | Documenting Statement: The program has obtained a food service exemption status from the local health department.                      |
| 5101:2-12-07 Administrator Qualifications                  | Compliant |  |
| 5101:2-12-07 Administrator Responsibilities/Requirements   | Compliant |  |
| Rule: 5101:2-12-07 Written Program Policies and Procedures | Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. |
| Rule   | Status    | Documenting Statement(s), If applicable  |



|   |               |  |
|---|---------------|--|
| Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant     | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program.   |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection       | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5101:2-12-09 Background Check Requirements                    | Compliant     | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.                       |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-10 Health Training Requirements                           | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5101:2-12-10 Professional Development Requirements            | Compliant     | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training.       |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-11 Indoor Space Requirements                              | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years               | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5101:2-12-11 Outdoor Space Requirements                       | Compliant     | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 9/6/22. |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-12 Safe Equipment   | Compliant     |  |





| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5101:2-12-12 Safe Environment                         | Compliant | Documenting Statement: Cleaning supplies were viewed stored out of the reach of children.   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and Environment             | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Handwashing Requirements                 | Compliant | Documenting Statement: Children were viewed washing their hands, as required by the rule.   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Smoke Free Environment                   | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program.                                    |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement: The form(s) used by the program for routine and/or field trips were verified to meet the requirements of the rule. |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-15 Medical/Physical Care Plans                    | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills                         | Compliant | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.      |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard Precautions                 | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of Communicable Disease             | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |



| 5101:2-12-16 Incident/Injury Reporting     | Compliant |   |
|--|-----------|---|
| Rule                                       | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 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   |
| 5101:2-12-17 Daily Schedule                | Compliant |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement: Sufficient equipment was observed in all categories.   |
| Rule                                       | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play            | Compliant |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity              | Compliant |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio                   | Compliant | Documenting Statement: Staff/child ratios observed during the inspection surpassed those required by the rule.  |
| Rule: 5101:2-12-18 Ratio                   | Compliant | Documenting Statement: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |
| Rule                                       | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Group Size              | Compliant | Documenting Statement: The group sizes observed on the day of the inspection were in compliance.  |
| Rule                                       | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Attendance Records            | Compliant |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable   |
|  |           |   |



|  |               |  |
|--|---------------|--|
| 5101:2-12-19 Supervision                 | Compliant     |  |
| <b>Rule</b>                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-19 Child Guidance              | Compliant     |  |
| <b>Rule</b>                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-22 Meal and Snack Requirements | Compliant     |  |
| <b>Rule</b>                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-22 Fluid Milk Requirements     | Compliant     |  |
| <b>Rule</b>                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-22 Safe Food Handling/Storage  | Compliant     |  |
| <b>Rule</b>                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-12-25 Medication Administration   | Compliant     |  |