

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 BIBLE TEMPLE DAY CARE | Program Number 00000501794 | Program Type Child Care Center | |
| Address 3327 AIRPORT HWY TOLEDO OH 43609 | | County LUCAS | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 01/06/2025 | Food Service Risk Level | | |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Follow-up | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 04/28/2025 | Begin Time 2:30 PM | End Time 4:15 PM |
| Reviewer: June Zimmerman | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 11 | No. Rules with Non-compliances 2 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 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) | | 5 | 0 | 5 |
| Young Toddler | | 6 | 0 | 6 |
| Total Under 2 ½ Years | 24 | 11 | 0 | 11 |
| Older Toddler | | 7 | 0 | 7 |
| Preschool | | 13 | 0 | 13 |
| School Age | | 20 | 0 | 20 |
| Total Capacity/Enrollment | 142 | 40 | 0 | 51 |

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

| | | | |
|---------------|--------------------------|--------|--|
| infant room | | 1 to 3 | |
| young toddler | 18 months to < 30 months | 1 to 6 | |
| older toddler | 30 months to < 36 months | 1 to 6 | |
| preschool | | 1 to 9 | |
| schoolage | | 1 to 2 | |

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: 01 Ratio & Supervision

Rule: 5180:2-12-18 Attendance Records

Code: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

Finding: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 3 and 5 below:

1. There was no method in place;
2. The method did not include each child's name;
3. The method did not include each child's date of birth;
4. The tracking method did not remain with the group at all times;
5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 05/28/2025

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 1 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: 05/28/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|--|
| 5180:2-12-16 Written Disaster Plan | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 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 1/6/26. |
|---|--------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Qualifications | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Responsibilities/Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program Policies and Procedures | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified | |
| 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 |
| 5180:2-12-10 Health Training Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional Development Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |

| | | |
|---|---------------|--|
| 5180:2-12-11 Indoor Space Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Toothbrushing Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation - Driver Requirements | Compliant | Documenting Statement: The driver(s) had completed the required ODJFS driver training. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field Trip Procedures | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5180:2-12-14 Transportation - Vehicle Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and Enrollment Records | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury Reporting | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard Precautions | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5180:2-12-17 Daily Schedule | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 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 |
| 5180:2-12-20 Cots and Napping | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-21 Evening and Overnight Care | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-23 Infant Bottle and Food Preparation | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet Training | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-24 Swimming and Water Safety Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-25 Medication Administration | Compliant | Documenting Statement: The program had complete written documentation for administering medication. |