



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 Trumpet Behavioral Health | Program Number 2170016286 | Program Type Child Care Center | |
| Address 1750 Commerce Center Blvd Fairbron OH 45324 | | County GREENE | |
| Summary of Program Details | | | |
| Building Approval Date | Use Group/Code E | Occupancy Limit 200 | Maximum Under 2 ½ 0 |
| Fire Inspection Approval Date 03/03/2025 | Food Service Risk Level Exempt | | |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Annual | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 02/19/2026 | Begin Time 11:30 AM | End Time 1:30 PM |
| Reviewer: MARGARET CONRAD | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 58 | No. Rules with Non-compliances 3 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 3 |

| 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 | | 5 | 0 | 5 |
| School Age | | 8 | 0 | 8 |
| Total Capacity/Enrollment | 154 | 13 | 0 | 13 |

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

| | | | |
|----------------|--------------------------|--------|----------|
| Elementary | School-Age to < 11 years | 2 to 2 | 12:45 PM |
| Elementary | School-Age to < 11 years | 1 to 2 | 11:30 AM |
| Early Learners | Mixed Age Group | 1 to 1 | 11:45 AM |
| Early Learners | Mixed Age Group | 1 to 1 | 12:45 PM |
| Orange | 11 years + | 1 to 1 | |
| Purple | School-Age to < 11 years | 1 to 1 | 11:30 AM |
| Purple | School-Age to < 11 years | 1 to 1 | 12:45 PM |
| Violet | School-Age to < 11 years | 1 to 2 | 12:45 PM |
| Violet | School-Age to < 11 years | 1 to 2 | 11:30 AM |

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: 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: 03/21/2026

Domain: 08 Staff Files

Rule: 5180:2-12-08 Child Care Staff Member Educational Requirements

Code: The program staff is required to have educational verification on file at the program.

Finding: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number 1 below:

1. Verification of completion of a high school education was not on file.
2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/21/2026

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 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: 03/21/2026

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: 5180:2-12-02 License Posted | Compliant | |
| Rule: 5180:2-12-04 Building Department Inspection | Compliant | |
| Rule: 5180:2-12-02 Current Information | Compliant | |
| Rule: 5180:2-12-03 Inspection Requirements | Compliant | |
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the program had documentation of a current fire inspection without any uncorrected violations at the time of the licensing inspection, the program did not have the fire inspection completed within 12 |

| | | months from the date of the last fire inspection without any uncorrected violations. Please ensure that fire inspections are completed in accordance with the rule requirements. |
|---|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service Requirements | Compliant | |
| 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 |
| 5180:2-12-07 Written Program Policies and Procedures | 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 |
| 5180:2-12-09 Background Check Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional Development Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| | | |
|--|---------------|---|
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | 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 2/17/26. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care Plans | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| 5180:2-12-16 First Aid/Standard Precautions | Compliant | |
| 5180:2-12-16 Management of Communicable Disease | Compliant | |
| 5180:2-12-16 Incident/Injury Reporting | Compliant | |
| 5180:2-12-17 Materials and Equipment | Compliant | |
| 5180:2-12-17 Daily Schedule | Compliant | |
| 5180:2-12-18 Attendance Records | Compliant | |
| 5180:2-12-18 Group Size | Compliant | |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
| 5180:2-12-18 License Capacity | Compliant | |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection surpassed those required by the rule. |
| 5180:2-12-20 Cots and Napping | Compliant | |
| 5180:2-12-19 Supervision | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-12-19 Child Guidance | Compliant | |
| 5180:2-12-22 Meal and Snack Requirements | Compliant | |
| 5180:2-12-22 Safe Food Handling/Storage | Compliant | |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| 5180:2-12-25 Medication Administration | Compliant | |