



## 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>Brighteyes Christian Preschool | Program Number<br>2230028179 | Program Type<br>Child Care Center |                   |
| Address<br>12 Neal ave newark<br>OH<br>43055   |                              | County<br>LICKING                 |                   |
| Building Approval Date                         | Use Group/Code               | Occupancy Limit                   | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>08/14/2025    | Food Service Risk Level      |                                   |                   |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Follow-up  | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>04/16/2026 | Begin Time<br>9:30 AM    | End Time<br>10:45 AM             |
| Reviewer:<br>Andrea Clark     |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>12 | No. Rules with Non-compliances<br>2 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>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)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 8          | 0         | 8     |
| <b>Total Under 2 ½ Years</b>                              | 5                | 8          | 0         | 8     |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 17         | 0         | 17    |
| School Age  |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 33               | 19         | 0         | 27    |

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

|           |                          |         |   |
|-----------|--------------------------|---------|---|
| Toddler   | 18 months to < 30 months | 2 to 11 | Arrival ratio @ 9:30 AM.                              |
| Toddler   | 3 years to < 4 years     | 2 to 11 | Departure ratio @ 10:45 AM.                           |
| Preschool | 3 years to < 4 years     | 1 to 10 | Split group for restroom, departure ratio @ 10:45 AM. |
| Preschool | 3 years to < 4 years     | 2 to 12 | Arrival ratio @ 9:30 AM.                              |
| Preschool | 3 years to < 4 years     | 1 to 2  | Split group for restroom, departure ratio @ 10:45 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(s) 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: 05/16/2026

**Domain: 08 Staff Files**

Rule: 5180:2-12-10 Health Training Requirements

Code: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

Finding: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 4, 5, 6 below:

1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
2. First aid training was not completed within ninety days of hire.
3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
4. The child abuse and neglect recognition and prevention training was expired.
5. The first aid training was expired.
6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/16/2026

**Rules In-Compliance/Not Verified**

| Rule  | Status       | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-16 Written Disaster Plan          | Not Verified |   |
| 5180:2-12-02 License Posted                 | Not Verified |   |
| 5180:2-12-04 Building Department Inspection | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable |

|   |               |  |
|---|---------------|--|
| 5180:2-12-02 Current Information                              | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-03 Inspection Requirements                          | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-04 Fire Inspection                                  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-04 Food Service Requirements                        | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-07 Administrator Qualifications                     | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-07 Administrator Responsibilities/Requirements      | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-07 Written Program Policies and Procedures          | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-09 Background Check Requirements                    | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-10 Professional Development Requirements            | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-11 Outdoor Play Fall Zones                          | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |

|   |               |  |
|---|---------------|--|
| 5180:2-12-11 Indoor Space Requirements                | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-11 Outdoor Space Requirements               | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-11 Outdoor Play Equipment                   | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-12 Safe Equipment                           | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-12 Safe Environment                         | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-13 Sanitary Equipment and Environment       | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-13 Handwashing Requirements                 | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-13 Toothbrushing Requirements               | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-13 Smoke Free Environment                   | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-14 Transportation - Driver Requirements     | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-14 Transportation and Field Trip Procedures | Not Verified  |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |

|  |               |  |
|--|---------------|--|
| 5180:2-12-14 Transportation - Vehicle Requirements       | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-15 Child Medical and Enrollment Records        | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-15 Medical/Physical Care Plans                 | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 Emergency Drills                            | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 Incident/Injury Reporting                   | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 First Aid/Standard Precautions              | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-16 Management of Communicable Disease          | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-17 Materials and Equipment                     | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-18 License Capacity                            | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-18 Ratio                                       | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-17 Daily Schedule                              | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-12-17 Daily Outdoor Play                          | Not Verified  |  |

| Rule  | Status       | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-18 Group Size                             | Not Verified |   |
| 5180:2-12-18 Attendance Records                     | Not Verified |   |
| 5180:2-12-20 Cots and Napping                       | Not Verified |   |
| 5180:2-12-19 Child Guidance                         | Not Verified |   |
| 5180:2-12-19 Supervision                            | Compliant    |   |
| 5180:2-12-22 Fluid Milk Requirements                | Not Verified |   |
| 5180:2-12-22 Meal and Snack Requirements            | Not Verified |   |
| 5180:2-12-22 Safe Food Handling/Storage             | Not Verified |   |
| 5180:2-12-23 Diapering and Toilet Training          | Not Verified |   |
| 5180:2-12-24 Swimming and Water Safety Requirements | Not Verified |   |
| 5180:2-12-25 Medication Administration              | Not Verified |   |