

# **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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      |  |
| Ethos Childcare Center           | 2250031979              |                 | Child Care Center |  |
|                                  |                         |                 |                   |  |
| Address                          |                         |                 | County            |  |
| 6861 Bale Kenyon Rd Lewis Center |                         |                 | DELAWARE          |  |
| ОН                               |                         |                 |                   |  |
| 43035                            |                         |                 |                   |  |
|                                  |                         |                 |                   |  |
| Building Approval Date           | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 09/29/2017                       | E                       | 66              |                   |  |
| Fire Inspection Approval Date    | Food Service Risk Level |                 |                   |  |
| 03/06/2025                       | Level I                 |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 10/15/2025             | 9:05 AM                        |                  | 11:54 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Catherine Moerch       |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 3                              | 0                | 0                 | 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)                                 |                  | 7          | 0         | 7     |
| Young Toddler   |                  | 9          | 0         | 9     |
| Total Under 2 ½ Years                                     | 46               | 16         | 0         | 16    |
| Older Toddler   |                  | 9          | 0         | 9     |
| Preschool   |                  | 15         | 0         | 15    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 56               | 24         | 0         | 40    |

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



| Infants         | 0 to < 12 months         | 1 to 3  |            |
|-----------------|--------------------------|---------|------------|
| Infants         | 0 to < 12 months         | 1 to 3  | at arrival |
| Toddlers        | 12 months to < 18 months | 2 to 7  |            |
| Toddlers        | 12 months to < 18 months | 2 to 5  | at arrival |
| Tikes           | 18 months to < 30 months | 2 to 9  |            |
| Tikes           | 18 months to < 30 months | 3 to 7  | at arrival |
| Preschool/Pre-K | 3 years to < 4 years     | 2 to 13 | at arrival |
| Preschool/Pre-K | 3 years to < 4 years     | 2 to 11 |            |

### **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 |  |  |  |
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| Moderate Risk Non-Compliances  |  |  |
|--|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection          |  |  |
| 140 1410 de l'atte Misk (Volt-Compilances were observed during this hispection |  |  |
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### **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

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

<u>Code</u>: 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.

<u>Finding</u>: 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) 3, 4 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: 11/14/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

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

<u>Finding</u>: 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) 5, 6, 10 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 required at this time.

Corrective Action Plan Due: 11/14/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-25 Medication Administration

<u>Code</u>: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

<u>Finding</u>: During the inspection, it was determined that topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in number(s) 2 below:

- 1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
- 2. The medication, medical food, or topical product had expired and had not been removed from the program. Diaper creams in toddler.
- 3. The prescription label had expired.

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

Corrective Action Plan Due: 11/14/2025



## Rules In-Compliance/Not Verified

| Rule                                | Status              | Documenting Statement(s), If applicable    |
|-------------------------------------|---------------------|--|
| Rule: 5180:2-12-16 Written Disaster | Compliant           | Documenting Statement: Annual training     |
| Plan                                |                     | of the written disaster plan was           |
|                                     |                     | completed by staff.                        |
|                                     |                     |  |
| Rule: 5180:2-12-16 Written Disaster | Compliant           | Documenting Statement: The program's       |
| Plan                                |                     | written disaster plan was reviewed during  |
|                                     |                     | the inspection and met the requirements.   |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-02 License Posted   | Compliant           | Documenting Statement: The license was     |
| Rule. 3180.2-12-02 License Posteu   | Compilant           | in a location visible to parents as        |
|                                     |                     | required.                                  |
|                                     |                     | required.                                  |
| _                                   | 1                   |  |
| Rule                                | Status              | Documenting Statement(s), If applicable    |
| 5180:2-12-02 Current Information    | Compliant           |  |
|                                     |                     |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable    |
| 5180:2-12-03 Inspection             | Compliant           |  |
| Requirements                        |                     |  |
| Dolla                               | Chabina             | Decree which Chatana and a life and inclin |
| Rule 5180:2-12-04 Fire Inspection   | Status<br>Compliant | Documenting Statement(s), If applicable    |
| 3180.2-12-04 Fire Inspection        | Compilant           |  |
| 1                                   |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-04 Food Service     | Compliant           | Documenting Statement: The food service    |
| Requirements                        |                     | license was observed posted. Following is  |
| 90                                  |                     | the audit number and date of expiration:   |
|                                     |                     | EGAR-DEEQZL expires 3/1/26                 |
|                                     |                     |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable    |
| 5180:2-12-07 Administrator          | Compliant           |  |
| Qualifications                      |                     |  |
| Rule                                | Status              | Decumenting Statement(s) If applicable     |
| 5180:2-12-05 Denial, Revocation and | Compliant           | Documenting Statement(s), If applicable    |
| Suspension                          | Compilant           |  |
| Juspension                          |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable    |
| aic                                 | 10.000              | Dodnienang Statement(5), it applicable     |



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|--|-----------|--|
| 5180:2-12-07 Administrator                         | Compliant |  |
| Responsibilities/Requirements                      |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                                      |
| Rule: 5180:2-12-07 Written Program                 | Compliant | Documenting Statement: No changes  |
| Policies and Procedures                            |           | have been made to the written policies                                       |
|  |           | and procedures since it was last approved                                    |
|  |           | by this Department.  |
|  |           |  |
| pl-  | Chahara   | D  |
| Rule   | Status    | Documenting Statement(s), If applicable                                      |
| Rule: 5180:2-12-08 Medical Statement               | Compliant | Documenting Statement: All employees had current medical statements on file. |
|  |           | nad current medical statements on file.                                      |
|  | I.        |  |
| Rule   | Status    | Documenting Statement(s), If applicable                                      |
| 5180:2-12-08 Child Care Staff Member               | Compliant |  |
| Educational Requirements                           |           |  |
| Dalla  |           | D. C.                                    |
| Rule   | Status    | Documenting Statement(s), If applicable                                      |
| 5180:2-12-08 Orientation Training &                | Compliant |  |
| Whistle Blower Protection                          |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                                      |
| Rule: 5180:2-12-09 Background Check                | Compliant | Documenting Statement: During the  |
| Requirements                                       | Compilant | inspection, the required documentation                                       |
| - Requirements                                     |           | regarding background checks was on file                                      |
|  |           | for all employees listed.  |
|  |           | Tor all employees listea.  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                                      |
| 5180:2-12-10 Professional                          | Compliant |  |
| Development Requirements                           |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                                      |
| Rule: 5180:2-12-11 Outdoor Space                   | Compliant | Documenting Statement: The quarterly   |
| Requirements                                       |           | playground inspections were completed  |
|  |           | and documented, as required. The most  |
|  |           | recent inspection report form was dated                                      |
|  |           | 9/26/25.   |
|  | ,         |  |
| Rule   | Status    | Documenting Statement(s), If applicable                                      |
| 5180:2-12-11 Indoor Space                          | Compliant |  |
| Requirements                                       |           |  |
|  | I .       | I  |
| Rule   | Status    | Documenting Statement(s), If applicable                                      |
| 5180:2-12-11 Separation of Children                | Compliant |  |
|  |           |  |



| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| Rule: 5180:2-12-11 Outdoor Play      | Compliant | Documenting Statement: Outdoor           |
| Equipment                            |           | equipment was viewed to be safe and      |
|                                      |           | free of rust, sharp points, and other    |
|                                      |           | hazards.                                 |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective    |
| Zones                                |           | material used under outdoor equipment    |
|                                      |           | was rubber mulch.                        |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-12 Safe Equipment          | Compliant | Booking Statement(5), it approaches      |
|                                      |           |  |
|                                      |           |  |
| 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  | Compliant | bootimenting statement(s), it approases  |
| Environment                          |           |  |
|                                      | I.        |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-13 Handwashing       | Compliant | Documenting Statement: Staff and         |
| Requirements                         |           | children were observed washing hands as  |
|                                      |           | required by the rule.                    |
|                                      |           |  |
| Rule                                 | Status    | Desumenting Statement(s) If applicable   |
| 5180:2-12-13 Smoke Free              | Compliant | Documenting Statement(s), If applicable  |
| Environment                          | Compliant |  |
| Livi officia                         | <u>I</u>  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-15 Medical/Physical  | Compliant | Documenting Statement: The program       |
| Care Plans                           |           | 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  |
| Rule: 5180:2-12-16 Medical, Dental,  | Compliant | Documenting Statement: On the day of     |
| and General Emergency Plan           |           | the inspection, the complete prescribed  |
|                                      |           | JFS 01242 "Medical, Dental, and General  |
|                                      |           | Emergency Plan For Child Care" were      |
|                                      |           | posted in the program as required.       |



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|--|---------------------------------|--|
|  |                                 |  |
| Rule   | Status                          | Documenting Statement(s) If applicable   |
| Rule: 5180:2-12-16 Emergency Drills  | Compliant                       | Documenting Statement(s), If applicable  Documenting Statement: Documentation  |
| rule. 5180.2-12-10 Efficigency Drills  | Compliant                       |  |
|  |                                 | for completed fire, weather, and   |
|  |                                 | emergency/lockdown drills was verified   |
|  |                                 | during this inspection.  |
|  | 1                               |  |
| Rule   | Status                          | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 First Aid/Standard  | Compliant                       | Documenting Statement: During the  |
| Precautions  |                                 | inspection, the program had complete   |
|  |                                 | first aid kits available as required.  |
|  |                                 | I  |
| Rule   | Status                          | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 Management of   | Compliant                       | Documenting Statement: The JFS 08087   |
| Communicable Disease   |                                 | "Communicable Disease Chart" was   |
|  |                                 | posted and was readily available to staff  |
|  |                                 | and parents.   |
|  | 1                               |  |
| Rule   | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Incident/Injury   | Compliant                       |  |
| Reporting  | 20                              |  |
| Rule   | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Attendance Records  | Compliant                       | Control of the contro |
| Control of the Contro | Carlo Visionia Barrata dipendia |  |
| Rule   | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Group Size  | Compliant                       | became many state mention, in approach   |
|  | - Compilant                     |  |
| Rule   | Status                          | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-17 Daily Schedule  | Compliant                       | Documenting Statement: Daily schedules   |
| Nule. 5180.2-12-17 Daily Schedule  | Compliant                       | were observed posted.  |
|  |                                 | were observed posted.  |
| D.I.   |                                 |  |
| Rule   | Status                          | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Materials and   | Compliant                       |  |
| Equipment  |                                 |  |
| Rule   | Status                          | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-17 Daily Outdoor Play  | Compliant                       | Documenting Statement: Outdoor play  |
| Jany Galacor Flay  | - Sampusine                     | was observed for the Tikes and Toddlers  |
|  |                                 | SURPRISONED CONTRACTOR |
|  |                                 | groups.  |
|  |                                 |  |



| Rule                                     | Status    | Documenting Statement(s), If applicable    |
|--|-----------|--|
| 5180:2-12-18 License Capacity            | Compliant | Documenting Statement(s), if applicable    |
| 3160.2-12-16 License Capacity            | Compilant |  |
|  | l.        |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-18 Ratio                       | Compliant | Bocumenting Statement(s), if applicable    |
| 3160.2-12-16 Natio                       | Compilant |  |
|  | l .       |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-19 Supervision                 | Compliant | Bocumenting Statement(3), it applicable    |
| 3180.2-12-13 Supervision                 | Compilant |  |
|  | l.        |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-20 Cots and Napping      | Compliant | Documenting Statement: Cots were           |
| Nuie. 3180.2-12-20 Cots and Napping      | Compilant | placed appropriately and safely during     |
|  |           |  |
|  |           | nap time.                                  |
|  | L         |  |
| Dula                                     | Chabina   | Decrease time Ct-t                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-20 Cribs                 | Compliant | Documenting Statement: All cribs were      |
|  |           | labeled with the assigned infant's name.   |
|  |           |  |
|  | T:        |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-19 Child Guidance              | Compliant |  |
|  |           |  |
|  | 1         |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-22 Meal and Snack              | Compliant |  |
| Requirements                             |           |  |
|  | ,         |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-22 Safe Food             | Compliant | Documenting Statement: Sack lunches        |
| Handling/Storage                         |           | were stored in the refrigerator in the     |
| 59457), 5944                             |           | kitchen.                                   |
|  |           |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-22 Fluid Milk Requirements     | Compliant |  |
|  |           |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-23 Infant Daily Care     | Compliant | Documenting Statement: Appropriate         |
| anne comme commentant of the presence of |           | daily written records for all infants were |
|  |           | viewed. Program logs in Brightwheel for    |
|  |           | families.                                  |
|  |           | i anniesi                                  |
|  | I         |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| Tion                                     | Julia     | 5 5 5 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1    |



| 5180:2-12-23 Diapering and Toilet    | Compliant |   |
|--------------------------------------|-----------|---|
| Training                             |           |   |
|                                      | *         | *                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were |
| Food Preparation                     |           | labeled as required.                    |
|                                      |           |   |
|                                      | <u> </u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department     | Compliant |   |
| Inspection                           |           |   |
|                                      |           |   |
|                                      |           |   |