

## **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           |  |
| GREENFIELD HEAD START                                   | 000000206090        |                 | Child Care Center      |  |
| Address<br>1300 Jefferson Street Greenfield<br>OH 45123 |                     |                 | County<br>HIGHLAND     |  |
| P. H.F. Accessed Date                                   | Her Const Contr     | 10              | Marian and Harder 2.17 |  |
| Building Approval Date                                  | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½      |  |
| 11/10/2003  | E                   | 77              |                        |  |
| Fire Inspection Approval Date                           | Food Service Risk L | .evel           |                        |  |
| 02/16/2019  | Level III           |                 |                        |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 04/29/2021 | Begin Time 8                   | :50 AM           | End Time 12:00 PM |              |
| Reviewer:<br>SULYN ROMER   |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 60                         | 1                              | 0                | 0                 | 1            |

| 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   |                  | 52         | 0         | 52    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 84               | 52         | 0         | 52    |

| Staff-Child Ratios at the Time of Inspection |                      |        |  |  |
|--|----------------------|--------|--|--|
| Group Age Group/Range Ratio Observed Comment |                      |        |  |  |
| Room 5 - A & B                               | 3 years to < 4 years | 2 to 7 |  |  |



**Domain: 00 License & Approvals** 

Rule: 5101:2-12-02.2 Transitional Pandemic Requirements

| Room 6 A & B | 3 years to < 4 years | 2 to 9  |  |
|--------------|----------------------|---------|--|
| Room 7 A & B | 3 years to < 4 years | 2 to 10 |  |

## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| 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 |  |  |
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| Low Bisk Non Compliances  |  |  |
| Low Risk Non-Compliances  |  |  |

<u>Code</u>: The program is required to ensure all administrators, employees, child care staff members and school-age children wear a face covering while indoors, unless not medically or developmentally appropriate.

<u>Finding</u>: During the inspection, it was determined that the program did not follow the requirements for wearing face coverings as noted in number 3 below:

- 1. At least one administrator, child care staff member or employee did not wear a face covering while indoors and it was medically appropriate for the individual to wear a face covering.
- 2. At least one school-age child did not wear a face covering while indoors and it was medically and developmentally appropriate for the individual to wear a face covering.
- 3. At least one individual's face covering did not cover their nose and mouth.
- 4. At least one child under two years old wore a face covering.

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

Corrective Action Plan Due: 06/24/2021

## **Rules In-Compliance/Not Verified**

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack | Compliant |   |
| Requirements                |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing    | Compliant |   |
| Requirements                |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Approval  | Compliant |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of  | Compliant |   |
| Communicable Disease        |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |

| 5101:2-12-13 Smoke Free<br>Environment    | Compliant           |  |
|---|---------------------|--|
|   |                     |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Administrator                | Compliant           |  |
| Qualifications                            |                     |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-08 Child Care Staff Member      | Compliant           | Documenting Statement(s), it applicable    |
| Educational Requirements                  | Compilant           |  |
|   |                     |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-14 Transportation - Driver      | Compliant           |  |
| Requirements                              |                     |  |
|   | I                   |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-16 Written Disaster Plan        | Compliant           |  |
|   | ı                   |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-04 Food License                 | Compliant           |  |
|   |                     |  |
| D.J.                                      | Chahara             | December 20 Chatage and a life and include |
| Rule 5101:2-12-13 Sanitary Equipment and  | Status<br>Compliant | Documenting Statement(s), If applicable    |
| Environment                               | Compilant           |  |
| Livitoriment                              | <u> </u>            |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Child Guidance               | Compliant           |  |
|   |                     |  |
|   |                     |  |
| Rule 5101:2-12-22 Fluid Milk Requirements | Status              | Documenting Statement(s), If applicable    |
| 5101.2-12-22 Fluid Wilk Requirements      | Compliant           |  |
| L   | ı                   |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-16 First Aid/Standard           | Compliant           |  |
| Precautions                               |                     |  |
|   |                     |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-11 Outdoor Play Fall Zones      | Compliant           |  |
|   | ı                   |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable    |
| 5101:2-12-18 License Capacity             | Compliant           |  |
|   |                     |  |
| Pulo                                      | Ctatus              | Decumenting Statement/s) If and inchin     |
| Rule 5101:2-12-22 Safe Food               | Status<br>Compliant | Documenting Statement(s), If applicable    |
| Handling/Storage                          | Compilant           |  |
| Harlanng/ Storage                         |                     |  |

| Rule                                | Status              | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-12-07 Written Program        | Compliant           |   |
| Policies and Procedures             |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space           | Compliant           |   |
| Requirements                        |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills       | Status<br>Compliant | Documenting statement(s), it applicable |
|                                     | Compliant           |   |
|                                     | ı                   | ,                                       |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and          | Compliant           |   |
| Equipment                           |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play     | Compliant           |   |
|                                     | F                   |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval      | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted         | Compliant           | Documenting statement(s), it applicable |
| STOTIL TE OF EIGENSET OFFICE        | - Compliant         |   |
|                                     | •                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space          | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision            | Compliant           |   |
|                                     | <u> </u>            |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information    | Compliant           | у запачания, и франция                  |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule         | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping       | Compliant           | bocamenting statement(s), it applicable |
| 5101.2 12 20 Cots and Napping       | Compilant           |   |

| Beginning!                            |             |   |
|---------------------------------------|-------------|---|
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and        | Compliant   |   |
| Enrollment Records                    |             |   |
| Emonificat records                    |             |   |
| 2.1                                   |             | D :: 6:/ \ .f :                         |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment           | Compliant   |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care    | Compliant   |   |
| Plans                                 |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff    | Compliant   | bootinenting statement(s), it approasie |
|                                       | Compliant   |   |
| Records                               |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training          | Compliant   |   |
| Requirements                          |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional             | Compliant   |   |
| Development Requirements              | Compilation |   |
| Development Requirements              |             |   |
| 2.1                                   |             | 2 " " " " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment         | Compliant   |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Compliant   |   |
| Requirements                          |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant   |   |
| Trip Procedures                       | Compilant   |   |
| Trip Frocedures                       |             |   |
| 2.1                                   |             | D 11 C1 1 1/1 1 1 1                     |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury          | Compliant   |   |
| Reporting                             |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and     | Compliant   | , ,, , , , , ,                          |
| General Emergency Plan                |             |   |
| General Emergency Flair               | I           |   |
| Dida                                  | Chahira     | Decree entire Chatage and A. If         |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records       | Compliant   |   |
|                                       | <u> </u>    |   |
|                                       |             |   |

| Rule                                | Status      | Documenting Statement(s), If applicable |
|-------------------------------------|-------------|---|
| 5101:2-12-18 Group Size             | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                  | Compliant   |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication             | Compliant   | bocumenting statement(3), it applicable |
| Administration and Food Supplements | Compilation |   |
| Administration and Food Supplements | <u> </u>    |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check       | Compliant   |   |
| Requirements                        |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection             | Compliant   |   |
| Requirements                        |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator          | Compliant   |   |
| Responsibilities/Requirements       |             |   |
|                                     | 1           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement      | Compliant   |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| CCCMTL No. 25                       | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |