

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 Deta | nils | |
|--|---------------------|---------------------|-------------------|
| Program Name | Program Number | | Program Type |
| CAW/M W#3 HEAD START: PRESCHOOL | 000000300706 | | Child Care Center |
| Address 905 PITTSBURGH AVENUE WOOSTER OH 44691 | | | County WAYNE |
| Building Approval Date 06/04/2015 | Use Group/Code E | Occupancy Limit 272 | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L | evel | • |
| 08/26/2021 | Level IV | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 11/04/2021 | Begin Time 9 | :45 AM | End Time 1:00 PM | |
| Reviewer: MATTHEW PIGNATO | | | | |
| WINTER TOWN | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 2 | 0 | 0 | 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 | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 17 | 0 | 0 | 0 |
| Older Toddler | | 8 | 0 | 8 |
| Preschool | | 76 | 0 | 76 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 112 | 84 | 0 | 84 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Rainbow | 3 years to < 4 years | 4 to 9 | 1st |

| Rainbow | 3 years to < 4 years | 4 to 10 | 2nd |
|---------|--------------------------|---------|-----|
| Comet | 30 months to < 36 months | 2 to 6 | 1st |
| Comet | 30 months to < 36 months | 2 to 6 | 2nd |
| Sun | 3 years to < 4 years | 2 to 19 | 1st |
| Sun | 3 years to < 4 years | 2 to 19 | 2nd |
| Star | 3 years to < 4 years | 2 to 17 | 1st |
| Star | 3 years to < 4 years | 2 to 17 | 2nd |
| Moon | 3 years to < 4 years | 2 to 17 | 1st |
| Moon | 3 years to < 4 years | 2 to 17 | 2nd |

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 |
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| 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 |
| The Moderate Mak von Compilances were observed during and inspection |
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Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

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

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file for Child Care Staff Member listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/19/2021

Domain: 09 Children's Files

Rule: 5101:2-12-15 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) 4, 7, 10, and 13 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 not required at this time.



Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|--|
| 5101:2-12-02 License Posted | Compliant | J (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| D.J. | Chahara | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 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 8/26/22. |
| Rule: 5101:2-12-04 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. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | Compliant | license was observed posted. Following is |
| nequirements | | the audit number and date of expiration: |
| | | 9922562; Expiration Date: 3-1-22. |
| | | 3322302, Expiration Date: 3-1-22. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | bocumenting statement(s), it applicable |
| Policies and Procedures | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | 3 (7, 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
| Whistie Blower Protection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| Dula | Ctatus | Decumenting Statement (a) If a maliculation |
| Rule 5101:2-12-11 Indoor Space | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compilant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | Documenting Statement(3), if applicable |
| Under 2 1/2 Years | Joniphane | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | · | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| Rule | Chatus | Desumenting Statement(s) If applicable |
| 5101:2-12-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-12 Sale Equipment | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | , , , , , , , , , , , , , , , , , , , |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
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| Rule 5404 2 42 42 5mg lip 5mg | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | Documenting statement(s), if applicable |
| Plans | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |

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| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| Treporting | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-12-16 Written Disaster Plan | | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| 310112 12 10 Election capability | Compilarie | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| Naie: 3101.2-12-18 Natio | Compilant | ratios observed during the inspection |
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| | | were in compliance. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| II DIDILE IL LO COLO anu Mapping | Compilant | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule | 0 1: 1 | |
| 5101:2-12-25 Medication | Compliant | |