



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 CORS HEAD START - FAIRBORN | Program Number 000000408070 | Program Type Child Care Center | |
| Address 344 N. MAPLE STREET FAIRBORN OH 45324 | | County GREENE | |
| Building Approval Date 10/14/2003 | Use Group/Code E | Occupancy Limit 100 | Maximum Under 2 ½ |
| Fire Inspection Approval Date 12/18/2019 | Food Service Risk Level Level III | | |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Annual | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 08/30/2022 | Begin Time 9:30 AM | End Time 11:35 AM |
| Reviewer: KEYAUNA BABER | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 58 | No. Rules with Non-compliances 1 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 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) | | 1 | 0 | 1 |
| Young Toddler | | 4 | 0 | 4 |
| Total Under 2 ½ Years | 24 | 5 | 0 | 5 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 20 | 0 | 20 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 127 | 23 | 0 | 28 |

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



| | | | |
|----------------|--------------------------|---------|--|
| Infant/Toddler | 12 months to < 18 months | 2 to 5 | |
| Infant/Toddler | 18 months to < 30 months | 3 to 5 | |
| PS | 3 years to < 4 years | 2 to 13 | |
| PS | 3 years to < 4 years | 3 to 13 | |

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

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances



Domain: 09 Children's Files

Rule: 5101:2-12-15 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(s) 4 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: 09/29/2022

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| 5101:2-12-02 Current Information | Compliant | |
| 5101:2-12-03 Inspection Requirements | Compliant | |
| 5101:2-12-04 Building Department Inspection | Compliant | |
| 5101:2-12-04 Fire Inspection | Compliant | |
| 5101:2-12-04 Food Service Requirements | Compliant | |
| 5101:2-12-07 Administrator Qualifications | Compliant | |
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | |
| 5101:2-12-07 Written Program Policies and Procedures | Compliant | |
| 5101:2-12-08 Medical Statement | Compliant | |
| Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program. |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-09 Background Check Requirements | Compliant | |
| 5101:2-12-10 Health Training Requirements | Compliant | |
| 5101:2-12-10 Professional Development Requirements | Compliant | |
| 5101:2-12-11 Indoor Space Requirements | Compliant | |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |
| 5101:2-12-11 Outdoor Space Requirements | Compliant | |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| 5101:2-12-12 Safe Equipment | Compliant | |
| 5101:2-12-12 Safe Environment | Compliant | |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
| 5101:2-12-13 Handwashing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



| | | |
|--|-----------|---|
| 5101:2-12-13 Smoke Free Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care Plans | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard Precautions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-12-18 License Capacity | Compliant | |
| 5101:2-12-18 Ratio | Compliant | |
| 5101:2-12-18 Group Size | Compliant | |
| 5101:2-12-18 Attendance Records | Compliant | |
| 5101:2-12-19 Supervision | Compliant | |
| 5101:2-12-19 Child Guidance | Compliant | |
| 5101:2-12-20 Cots and Napping | Compliant | |
| 5101:2-12-20 Cribs | Compliant | |
| 5101:2-12-22 Meal and Snack Requirements | Compliant | |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | |
| 5101:2-12-23 Infant Daily Care | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-12-23 Diapering and Toilet Training | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication Administration | Compliant | |