

# **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      |  |
| LOUDONVILLE HEAD START        | 000000410333            |                 | Child Care Center |  |
|                               |                         |                 |                   |  |
| Address                       |                         |                 | County            |  |
| 615 ST. RT 39 W LOUDONVILLE   |                         |                 | ASHLAND           |  |
| OH 44842                      |                         |                 |                   |  |
|                               |                         |                 |                   |  |
|                               |                         |                 |                   |  |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 05/30/2007                    | E                       | 46              |                   |  |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |  |
| 03/04/2019                    | Level III               |                 |                   |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Follow-up                  | Full                           |                  | Unannounced       |              |
| Inspection Date 05/11/2022 | Begin Time 9                   | :00 AM           | End Time 12:15 PM |              |
| Reviewer:<br>DIANE TRACZYK |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 4                              | 0                | 0                 | 5            |

| 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   |                  | 20         | 0         | 20    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 23               | 20         | 0         | 20    |

| Staff-Child Ratios at the Time of Inspection |                      |                |              |
|--|----------------------|----------------|--------------|
| Group  | Age Group/Range      | Ratio Observed | Comment      |
| Preschool                                    | 3 years to < 4 years | 1 to 2         | 1st- outside |



| Preschool | 3 years to < 4 years | 3 to 15 | 1st - classroom |
|-----------|----------------------|---------|-----------------|
| Preschool | 3 years to < 4 years | 4 to 17 | 2nd - classroom |

### **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: 04 Indoor/Outdoor Space               |  |
| Rule: 5101:2-12-11 Outdoor Space Requirements |  |

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<u>Code</u>: The program is required to conduct and document quarterly inspections of their outdoor play space.

<u>Finding</u>: During the inspection, it was determined that quarterly inspections of one or more outdoor play area(s) and equipment had not been completed and documented as required, using the JFS 01281 "Child Care Playground Inspection Report" form. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/10/2022

## Domain: 08 Staff Files

Rule: 5101:2-12-10 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 numbers 1, 2 & 3 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: 06/10/2022

## Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-08 Orientation Training & Whistle Blower Protection <u>Code</u>: The program is required to have staff complete the online staff orientation training before they are permitted to have sole responsibility of children.

<u>Finding</u>: During the inspection, it was determined that Child Care Staff Member(s) listed on the Employee Record Chart had sole responsibility of children and had not completed the online orientation, as required by this rule.



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

Corrective Action Plan Due: 06/10/2022

## Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: 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 8 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: 06/10/2022



### 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 numbers 4 & 14 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  |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was<br>in a location visible to parents as<br>required. |



Department of Education Department of Job and Family Services

| Rule                                | Status    | Documenting Statement(s), If applicable                 |
|-------------------------------------|-----------|---|
| 5101:2-12-02 Current Information    | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| 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                          |           |   |
| •                                   |           |   |
| 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 10/8/22.                         |
|                                     |           |   |
| L                                   |           | I   |
| Rule                                | Status    | Documenting Statement(s), If applicable                 |
| 5101:2-12-04 Food Service           | Compliant |   |
| Requirements                        | compliant |   |
| Requirements                        |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                 |
| 5101:2-12-05 Denial, Revocation and | Compliant |   |
| Suspension                          | Compliant |   |
| Suspension                          |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                 |
| 5101:2-12-07 Administrator          | Compliant |   |
| Qualifications                      | compliant |   |
| Quanteations                        |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                 |
| Rule: 5101:2-12-07 Administrator    | Compliant | Documenting Statement: The                              |
| Responsibilities/Requirements       |           | administrator's hours of availability to                |
| nesponsionities/ requirements       |           |   |
|                                     |           | meet with parents were posted in a noticeable location. |
|                                     |           | noticeable location.                                    |
| Pulo: E101:2 12 07 Administrater    | Compliant | Decumenting Statements During the                       |
| Rule: 5101:2-12-07 Administrator    | Compliant | Documenting Statement: During the                       |
| Responsibilities/Requirements       |           | inspection, the requirements of the rule                |
|                                     |           | regarding administrator responsibilities                |
|                                     |           | and requirements were discussed.                        |
|                                     |           |   |
| Dulo                                | Status    | Degumenting Statement(s) If such as the                 |
| Rule                                | Status    | Documenting Statement(s), If applicable                 |
| 5101:2-12-07 Written Program        | Compliant |   |
| Policies and Procedures             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable                 |



| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees had current medical statements on file.  |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding staff medical statements were discussed. |

| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements | Compliant | Documenting Statement: During the<br>inspection, the requirements of the rule<br>regarding verification of education for |
|  |           | child care staff members were discussed.   |

| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5101:2-12-09 Background Check<br>Requirements | Compliant | Documenting Statement: During the<br>inspection, the required documentation<br>regarding background checks was on file<br>for all employees listed. |
| Rule: 5101:2-12-09 Background Check<br>Requirements | Compliant | Documenting Statement: During the<br>inspection, the requirements of the rule<br>regarding background checks were<br>discussed.                     |

| Rule                            | Status    | Documenting Statement(s), If applicable   |
|---------------------------------|-----------|---|
| Rule: 5101:2-12-10 Professional | Compliant | Documenting Statement: During the   |
| Development Requirements        |           | inspection, the requirements of the rule<br>regarding professional development<br>training for administrators and child care<br>staff members were discussed. |

| Rule                      | Status    | Documenting Statement(s), If applicable |
|---------------------------|-----------|---|
| 5101:2-12-11 Indoor Space | Compliant |   |
| Requirements              |           |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-11 Outdoor Play Equipment  | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment          | Compliant |   |



| Dula                                | Chature             |  |
|-------------------------------------|---------------------|--|
| Rule                                | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Environment | Compliant           | Documenting Statement: The indoor        |
|                                     |                     | temperature of the program during the    |
|                                     |                     | inspection was comfortable and met rule  |
|                                     |                     | compliance.                              |
| Rule: 5101:2-12-12 Safe Environment | Compliant           | Documenting Statement: During the        |
|                                     |                     | inspection, the requirements of the rule |
|                                     |                     | regarding safe environment were          |
|                                     |                     | discussed.                               |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Sanitary         | Compliant           | Documenting Statement: During the        |
| Equipment and Environment           |                     | inspection, the equipment was observed   |
|                                     |                     | clean and in good repair.                |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing            | Compliant           |  |
| Requirements                        |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free             | Compliant           |  |
| Environment                         |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Toothbrushing    | Compliant           | Documenting Statement: Tooth brushing    |
| Requirements                        | compliant           | is practiced by the program and it was   |
|                                     |                     | determined to meet the requirements      |
|                                     |                     | outlined in the rule.                    |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care  | Compliant           |  |
| Plans                               |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant           | Documenting Statement: On the day of     |
| and General Emergency Plan          |                     | the inspection, the complete prescribed  |
|                                     |                     | JFS 01242 "Medical, Dental, and Genera   |
|                                     |                     | Emergency Plan For Child Care" were      |
|                                     |                     | posted in the program as required.       |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Emergency Drills | Compliant           | Documenting Statement: Documentatio      |
|                                     |                     | for completed fire weather and           |

for completed fire, weather, and



|--|

| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the       |
| Precautions                           |           | inspection, the program had complete    |
|                                       |           | first aid kits available as required.   |
|                                       |           |   |

| Rule                             | Status    | Documenting Statement(s), If applicable   |
|----------------------------------|-----------|---|
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087  |
| Communicable Disease             |           | "Communicable Disease Chart" was<br>posted and was readily available to staff<br>and parents. |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The              |
| Reporting                          |           | requirements for completing JFS 01299   |
|                                    |           | "Incident/Injury Report For Child Care" |
|                                    |           | reports were discussed during the       |
|                                    |           | inspection.                             |
|                                    |           |   |

| 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   |
|----------------------------------|-----------|---|
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient         |
| Equipment                        |           | equipment was observed in all categories. |

| Rule                            | Status    | Documenting Statement(s), If applicable |
|---------------------------------|-----------|---|
| 5101:2-12-17 Daily Outdoor Play | Compliant |   |

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program<br>was operating within their license<br>capacity limits. |
|                                     |           |  |

| Rule Status | Documenting Statement(s), If applicable |
|-------------|---|
|-------------|---|



| Bulo: E101:2 12 18 Potio             | Compliant | Decumenting Statements Staff/abild   |
|--------------------------------------|-----------|--|
| Rule: 5101:2-12-18 Ratio             | Compliant | Documenting Statement: Staff/child   |
|                                      |           | ratios observed during the inspection                                      |
|                                      |           | surpassed those required by the rule.                                      |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-18 Group Size        | Compliant | Documenting Statement: The group sizes                                     |
| 10101.2 12 10 0100p 5120             | compliant | observed on the day of the inspection                                      |
|                                      |           | were in compliance.  |
|                                      |           | were in compliance.  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-18 Attendance        | Compliant | Documenting Statement: During the  |
| Records                              |           | inspection, the requirements of the rule                                   |
|                                      |           | regarding attendance records were  |
|                                      |           | discussed.   |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-19 Supervision       | Compliant | Documenting Statement: Child Care Staff                                    |
|                                      |           | Members were supervising the children                                      |
|                                      |           | and were able to intervene as needed.                                      |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-19 Child Guidance    | Compliant | Documenting Statement: Appropriate   |
|                                      | Compliant | child guidance techniques and practices                                    |
|                                      |           | were observed being used during the  |
|                                      |           | inspection.  |
|                                      |           | inspection.  |
|                                      | I         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-20 Cots and Napping        | Compliant |  |
|                                      |           |  |
| Rule                                 | Ctatus    | Decumenting Statement(c) If applicable                                     |
|                                      | Status    | Documenting Statement(s), If applicable<br>Documenting Statement: The menu |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | 5  |
| Requirements                         |           | posted reflected the meal served.  |
| L                                    | 1         | 1  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-22 Safe Food         | Compliant | Documenting Statement: Food was stored                                     |
| Handling/Storage                     |           | in a safe and sanitary manner.   |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                    |
| Nuic                                 | Status    | Documenting statement(s), it applicable                                    |



| 5101:2-12-25 Medication<br>Administration | Compliant |  |
|---|-----------|--|
|   |           |  |