

## **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 Deta            | ails            |       |                   |
|--|-------------------------|-----------------|-------|-------------------|
| Program Name   | Program Number          |                 | Prog  | ram Type          |
| CORS HEAD START - WAPAKONETA                           | 000000503214            |                 | Child | I Care Center     |
| Address<br>1100 Defiance Street Wapakoneta<br>OH 45895 |                         |                 | Coun  | nty<br>LAIZE      |
| Building Approval Date                                 | Use Group/Code          | Occupancy Limit | ı     | Maximum Under 2 ½ |
| 02/03/2000   | E                       | none            | (     | 0                 |
| Fire Inspection Approval Date                          | Food Service Risk Level |                 |       |                   |
| 10/05/2017   | Level III               |                 |       |                   |

| Inspection Information                        |                                |                  |                   |              |  |
|---|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type                               | Inspection So                  | оре              | Inspection Notice |              |  |
| Annual  | Full                           |                  | Unannounced       |              |  |
| Inspection Date Begin Time 1:35 PM 10/18/2022 |                                | End Time 2:17 PM |                   |              |  |
| Reviewer:<br>SARA DIERKSHEID                  |                                |                  |                   |              |  |
| Summary of Findings                           |                                |                  |                   |              |  |
| No. Rules Verified                            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58  | 0                              | 0                | 0                 | 0            |  |

| 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   |                  | 0          | 19        | 19    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 40               | 0          | 19        | 19    |

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



| Head Start | 3 years to < 4 years | 2 to 17 |  |
|------------|----------------------|---------|--|
|            |                      |         |  |

## **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 5101:2-12-03 and 5101:2-13-03 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 |
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|   |
| Low Risk Non-Compliances  |
|   |

No Low Risk Non-Compliances were observed during this inspection

| Be <u>ginning</u> ! |  |
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## **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 in a location visible to parents as required.  |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-02 Current<br>Information         | Compliant           | Documenting Statement: The program had current information entered in the Ohio Child Licensing and Quality System (OCLQS).          |
|   |                     |   |
| Rule<br>5101:2-12-03 Inspection<br>Requirements   | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Building Department Inspection | Compliant           | Documenting Statement: On the day of the inspection, the program was operating in compliance with the current building approval(s). |
| 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 9-1-23.              |
|--------------------------------------|-----------|--|
| Rule                                 | Status    | Decumenting Statement(s) If applicable   |
| Rule: 5101:2-12-04 Food Service      | Compliant | Documenting Statement(s), If applicable  Documenting Statement: The food service |
| Requirements                         | Compliant | license was observed posted. Following is  |
| negan ements                         |           | the audit number and date of expiration:   |
|                                      |           | 9950603, 3-1-23  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator           | Compliant | Dodamental Control of the Approach   |
| Qualifications                       | '         |  |
|                                      |           |  |
| 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   |
|                                      |           | meet with parents were posted in a noticeable location.                          |
|                                      |           | Hoticeable location.   |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-07 Written Program   | Compliant | Documenting Statement: The written   |
| Policies and Procedures              |           | policies and procedures reviewed on the  |
|                                      |           | day of the inspection were verified as   |
|                                      |           | complete.  |
|                                      | <u> </u>  |  |
| 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                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-08 Child Care Staff  | Compliant | Documenting Statement: All Child Care  |
| Member Educational Requirements      |           | Staff Members had verification of  |
|                                      |           | educational requirements on file at the  |
|                                      |           | program.   |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-08 Orientation       | Compliant | Documenting Statement: On the day of   |
| Training & Whistle Blower Protection |           | the inspection, all child care staff   |
|                                      |           | members had met orientation training   |
|                                      |           | requirements.  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |

| Beginning!  |                     |   |
|---|---------------------|---|
| Rule: 5101:2-12-09 Background Check<br>Requirements     | Compliant           | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.  |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-10 Health Training Requirements         | Compliant           | Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| P. J.   | Chahara             | December 5 Chahaman and 10 If a maliant la  |
| Rule 5101:2-12-10 Professional Development Requirements | Compliant Compliant | Documenting Statement(s), If applicable   |
|   | 1 -                 |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space<br>Requirements               | Compliant           |   |
| Rule  | Chatus              | Decumenting Statement(s) If applicable  |
| Rule: 5101:2-12-11 Outdoor Space                        | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The outdoor   |
| Requirements  | Compilant           | play area is separated from traffic and other hazards by a fence.   |
| Rule: 5101:2-12-11 Outdoor Space                        | Compliant           | Documenting Statement: The quarterly  |
| Requirements  |                     | playground inspections were completed   |
|   |                     | and documented, as required. The most   |
|   |                     | recent inspection report form was dated 9/2/22.   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 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: 5101:2-12-11 Outdoor Play Fall                    | Compliant           | Documenting Statement: The protective   |
| Zones   |                     | material used under outdoor equipment   |
|   |                     | was poured rubber.  |
|   |                     |   |
|   |                     |   |

| Rule                                      | Status              | Documenting Statement(s), If applicable  |
|---|---------------------|--|
| Rule: 5101:2-12-12 Safe Equipment         | Compliant           | Documenting Statement: Equipment was   |
| naic. 3101.2 12 12 3are Equipment         | Compilant           | observed to be in good condition.  |
|   |                     | observed to be in good condition.  |
|   |                     |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Environment       | Compliant           | Documenting Statement: All electrical  |
| Nuie. 5101.2-12-12 Sale Lilvilolillelit   | Compilant           | outlets were covered with safety   |
|   |                     |  |
|   |                     | receptacles.   |
| Rule: 5101:2-12-12 Safe Environment       | Compliant           | Documenting Statement: A safe  |
| Nuie. 5101.2-12-12 Sale Lilvilolillelit   | Compilant           | environment was observed during the  |
|   |                     | I -  |
|   |                     | inspection. Children were protected from                                       |
|   |                     | items and conditions which threaten their                                      |
|   |                     | health, safety and well-being.   |
| Rule: 5101:2-12-12 Safe Environment       | Compliant           | Documenting Statement: All area rugs   |
| Naic. 3101.2 12-12 3aic Liiviioiiiileiit  | Compliant           | had nonskid backing.   |
|   |                     | Had Horiskid backing.  |
|   | 1                   |  |
| 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.  |
|   |                     | 0  |
|   |                     |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Handwashing            | Compliant           | Documenting Statement: Children were   |
| Requirements                              |                     | viewed washing their hands, as required  |
|   |                     | by the rule.   |
|   |                     |  |
|   | T                   |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Smoke Free             | Compliant           | Documenting Statement: A notice was  |
| Environment                               |                     | observed posted stating that smoking is  |
|   |                     | prohibited at the program.   |
|   |                     |  |
| Rule                                      | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Toothbrushing          | Compliant           | Documenting Statement: During the  |
| _   | Compliant           | _  |
| Requirements                              |                     | inspection, the requirements of the rule                                       |
|   |                     | regarding toothbrushing were discussed.  |
|   |                     |  |
|   |                     |  |
| Rule                                      | Status              | Documenting Statement(s). If applicable  |
| Rule Rule: 5101:2-12-15 Child Medical and | Status Compliant    | Documenting Statement(s), If applicable  Documenting Statement: At the time of |
| Rule: 5101:2-12-15 Child Medical and      | Status<br>Compliant | Documenting Statement: At the time of  |
|   |                     | Documenting Statement: At the time of the inspection, 25% of the children's    |
| Rule: 5101:2-12-15 Child Medical and      |                     | Documenting Statement: At the time of  |

| Rule: 5101:2-12-15 Child Medical and Enrollment Records        | Compliant        | Documenting Statement: In review of 25% of the records, at the time of the inspection, children's medical statements were complete and on file, as required by the rule.                                |
|--|------------------|---|
|  |                  | ·   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans              | Compliant        | Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.  |
|  |                  | <u> </u>  |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant        | Documenting Statement: On the day of<br>the inspection, the complete prescribed<br>JFS 01242 "Medical, Dental, and General<br>Emergency Plan For Child Care" were<br>posted in the program as required. |
|  |                  |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills                            | Compliant        | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.  |
|  | Ι.               |   |
| Rule: 5101:2-12-16 First Aid/Standard Precautions              | Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the 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 Communicable Disease          | Compliant        | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents.  |
| Rule: 5101:2-12-16 Management of Communicable Disease          | Compliant        | Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 5 below:   |
|  |                  | <ul><li>1. A posted notice;</li><li>2. Verbal communication;</li></ul>  |



| Beginning!                            |           |   |
|---------------------------------------|-----------|---|
|                                       |           | 3. A written notice sent home;            |
|                                       |           | 4. A note posted on the classroom door;   |
|                                       |           | 5. Other: Health alert, Remind app        |
|                                       |           |   |
|                                       |           |   |
| 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.                               |
|                                       |           | '   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 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: 5101:2-12-17 Daily Schedule     | Compliant | Documenting Statement: Daily schedules    |
| ,                                     |           | were observed posted.                     |
|                                       |           | ·   |
|                                       | 1         |   |
| 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   |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: During the         |
|                                       |           | inspection, the requirements of the rule  |
|                                       |           | regarding daily outdoor play were         |
|                                       |           | discussed.                                |
|                                       |           |   |
|                                       | •         | ·   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 License Capacity   | Compliant | Documenting Statement: The program        |
|                                       |           | was operating within their license        |
|                                       |           | capacity limits.                          |
|                                       |           | , ,                                       |
|                                       | •         | ·   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio              | Compliant | Documenting Statement: The Appendix A     |
|                                       | '         | "Staff/Child Ratios, Age Grouping and     |
|                                       |           | Maximum Group Size" was posted in a       |
|                                       |           | noticeable area at the program as         |
|                                       |           | required.                                 |
|                                       |           | . equites.                                |
|                                       | 1         |   |

| Rule: 5101:2-12-18 Ratio                 | Compliant        | Documenting Statement: Staff/child ratios observed during the inspection were in compliance.  |
|--|------------------|---|
|  | l c              | 0 " (1 " (1 " ) " ) "   |
| Rule: 5101:2-12-18 Group Size            | Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: The group sizes observed on the day of the inspection were in compliance.   |
|  | I a              |   |
| Rule                                     | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Attendance<br>Records | Compliant        | Documenting Statement: During the inspection, attendance records were reviewed. Child Care Staff Members were viewed recording the attendance for each child upon arrival and departure. All attendance records met the requirements of the rule and were kept with the group at all times. |
|  |                  | 0 0 0 0 0 0   |
| 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  |
| Nuie. 3101.2-12-13 cilila daldance       | Соптриант        | child guidance techniques and practices were observed being used during the inspection.   |
| Rule                                     | Status           | Documenting Statement(s) If applicable  |
| Rule: 5101:2-12-22 Meal and Snack        | Compliant        | Documenting Statement(s), If applicable  Documenting Statement: Posted menus  |
| Requirements                             | Compliant        | included foods from all four food groups.   |
| Rule: 5101:2-12-22 Meal and Snack        | Compliant        | Documenting Statement: The rotating   |
| Requirements                             | ·                | menu was posted in the entryway   |
| Rule                                     | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements     | Compliant        |   |
| Rule                                     | Status           | Documenting Statement(s), If applicable   |



| 5101:2-12-22 Safe Food<br>Handling/Storage   | Compliant |   |
|--|-----------|---|
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-25 Medication Administration | Compliant | Documenting Statement: There were no children on medication at the time of the inspection; however, the method of storage and practices for the administration were reviewed. |