

# **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        | nils            |                   |
|-------------------------------|---------------------|-----------------|-------------------|
| Program Name                  | Program Number      |                 | Program Type      |
| FLUSHING HEAD START           | 00000106067         |                 | Child Care Center |
|                               |                     |                 |                   |
| Address                       |                     |                 | County            |
| 327 MORRISTOWN ROAD FLUSHING  |                     |                 | BELMONT           |
| OH 43977                      |                     |                 |                   |
|                               |                     |                 |                   |
|                               | -                   | -               |                   |
| Building Approval Date        | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 10/14/1981                    | E                   | 24              | 0                 |
| Fire Inspection Approval Date | Food Service Risk L | evel            |                   |
| 09/22/2023                    | Level II            |                 |                   |

|                            | Inspection Information         |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type<br>Annual  | Inspection So<br>Full          | cope             | Inspection Notice |              |
|                            |                                | 0.40 414         | Unannounced       |              |
| Inspection Date 09/27/2023 | Begin Time 1                   | .0:40 AM         | End Time 12:13 PM |              |
| Reviewer:                  | leviewer:                      |                  |                   |              |
| JENNIFER COPE              |                                |                  |                   |              |
|                            | 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            |

| Li                        | 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                 |   | 14         | 0         | 14    |  |
| School Age                |   | 0          | 0         | 0     |  |
| Total Capacity/Enrollment | 24  | 14         | 0         | 14    |  |

| Si    | taff-Child Ratios at the Time of Ins | pection        |         |
|-------|--------------------------------------|----------------|---------|
| Group | Age Group/Range                      | Ratio Observed | Comment |



| Preschool | 3 years to < 4 years | 2 to 13 | centers |
|-----------|----------------------|---------|---------|
| Preschool | 3 years to < 4 years | 2 to 13 | lunch   |

### **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

### **Moderate Risk Non-Compliances**

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances



## No Low Risk Non-Compliances were observed during this inspection

## **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. |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02 Current Information  | Compliant |  |
| Rule                              | Status    | Decumenting Statement(a) If any licely a   |
|                                   |           | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection           | Compliant |  |
| Requirements                      |           |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Building       | Compliant | Documenting Statement: A copy of the   |
| Department Inspection             |           | certificate of occupancy was available on-   |
|                                   |           | site for review.   |
| Rule: 5101:2-12-04 Building       | Compliant | Documenting Statement: On the day of   |
| Department Inspection             |           | 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   Rule   Rule   Rule: 5101:2-12-04 Food Service | Compliant<br>Status<br>Compliant | Documenting Statement: Please Note:Documentation of a fire inspectionwithout any uncorrected violations mustbe secured for the program. Secure anew fire inspection by 9/22/24.Documenting Statement(s), If applicableDocumenting Statement: The food service |
|--|----------------------------------|---|
| Requirements   |                                  | license was observed posted. Following is<br>the audit number and date of expiration:<br>DSHK-CNSLZN; 3/1/2024.   |
| Rule   | Status                           | Documenting Statement(s), If applicable   |
| 5101:2-12-05 Denial, Revocation and Suspension                                     | Compliant                        |   |
| Rule   | Status                           | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator<br>Qualifications                                       | Compliant                        |   |
| Rule   | Status                           | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator<br>Responsibilities/Requirements                        | Compliant                        |   |
| Rule   | Status                           | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program<br>Policies and Procedures                            | Compliant                        |   |
| Dula   | Chabura                          | Decumenting Statement(s) If applicable  |
| Rule: 5101:2-12-08 Medical Statement   | Status<br>Compliant              | Documenting Statement(s), If applicable<br>Documenting Statement: All employees<br>had current medical statements on file.  |
| Dula   | Chature                          |   |
| Rule<br>Rule: 5101:2-12-08 Orientation   | Status<br>Compliant              | Documenting Statement(s), If applicable   |
| Training & Whistle Blower Protection   | Compliant                        | Documenting Statement: On the day of<br>the inspection, all child care staff<br>members had met orientation training<br>requirements.   |
|  |                                  |   |
| Rule   | Status                           | Documenting Statement(s), If applicable   |
| 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  | Compliant | Documenting Statement: The program          |
| Requirements                        |           | 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.                                  |
|                                     |           |   |
| Rule                                | Status    | Desumenting Statement(c) If applicable      |
| Rule: 5101:2-12-10 Professional     |           | Documenting Statement(s), If applicable     |
|                                     | Compliant | Documenting Statement: At the time of       |
| Development Requirements            |           | the inspection, all child care staff        |
|                                     |           | members had completed the required          |
|                                     |           | amount of professional development          |
|                                     |           | training.                                   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space           | Compliant |   |
| Requirements                        |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-12 Safe Equipment   | Compliant | Documenting Statement: Equipment was        |
|                                     |           | observed to be in good condition.           |
|                                     |           | , , , , , , , , , , , , , , , , , , ,       |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe               |
|                                     |           | environment was observed during the         |
|                                     |           | inspection. Children were protected from    |
|                                     |           | items and conditions which threaten their   |
|                                     |           | health, safety and well-being.              |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-13 Sanitary         | Compliant | Documenting Statement: On the day of        |
| Equipment and Environment           |           | the inspection, the program provided a      |
|                                     |           | clean environment in accordance with        |
|                                     |           | Appendix A of this rule, which included     |
|                                     |           | the furniture, materials and equipment.     |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-13 Handwashing      | Compliant | Documenting Statement: Staff and            |
| Requirements                        |           | children were observed washing hands as     |
|                                     |           | required by the rule.                       |
|                                     |           |   |
|                                     |           |   |



| 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: Tooth brushing                                    |
| Requirements                         |                     | is practiced by the program and it was                                   |
|                                      |                     | determined to meet the requirements                                      |
|                                      |                     | outlined in the rule.  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable                                  |
| Rule: 5101:2-12-15 Child Medical and | Compliant           | Documenting Statement: At the time of                                    |
| Enrollment Records                   | Compliant           | the inspection, 25% of the children's                                    |
|                                      |                     | records were reviewed, and the records                                   |
|                                      |                     | were complete, as required by the rule.                                  |
|                                      |                     | were complete, as required by the fulle.                                 |
| Rule: 5101:2-12-15 Child Medical and | Compliant           | Documenting Statement: In review of                                      |
| Enrollment Records                   |                     | 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  | Compliant           | Documenting Statement: At the time of                                    |
| Care Plans                           |                     | the inspection, there were no children                                   |
|                                      |                     | currently enrolled who had health  |
|                                      |                     | conditions.  |
|                                      |                     |  |
| 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 General                                  |
|                                      |                     | Emergency Plan For Child Care" were                                      |
|                                      |                     | posted in the program as required.                                       |
|                                      |                     |  |
| Dula                                 | Chatura             |  |
| Rule                                 | Status<br>Compliant | Documenting Statement(s), If applicable                                  |
| Rule: 5101:2-12-16 Emergency Drills  | Compliant           | Documenting Statement: Documentation<br>for completed fire, weather, and |
|                                      |                     |  |
|                                      |                     | emergency/lockdown drills was verified                                   |
|                                      |                     | during this inspection.  |
|                                      | 1                   | I  |
| Rule                                 | Status              | Documenting Statement(s), If applicable                                  |



| Rule: 5101:2-12-16 First Aid/Standard Precautions        | Compliant           | Documenting Statement: During the inspection, the program had complete first aid kits available as required.   |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(c) If applicable   |
| Rule: 5101:2-12-16 Management of<br>Communicable Disease | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: The JFS 08087<br>"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<br>Reporting          | Compliant           | Documenting Statement: The JFS 01299<br>"Incident/Injury Report For Child Care"<br>forms reviewed during this inspection<br>were complete as required.   |
| Dula   | Ctatus              | Desumenting (teters out/a) If any lisable  |
| Rule<br>5101:2-12-16 Written Disaster Plan               | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Daily Schedule                        | Compliant           | Documenting Statement: Daily schedules<br>were observed posted.  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Materials and Equipment               | Compliant           | Documenting Statement: Sufficient<br>equipment was observed in all categories.   |
|  |                     |  |
| Rule<br>Rule: 5101:2-12-18 License Capacity              | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: The program<br>was operating within their license<br>capacity limits.  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Ratio                                 | Compliant           | Documenting Statements, in applicable<br>Documenting Statement: The Appendix A<br>"Staff/Child Ratios, Age Grouping and<br>Maximum Group Size" was posted in a<br>noticeable area at the program as<br>required. |
| Rule: 5101:2-12-18 Ratio                                 | Compliant           | Documenting Statement: Staff/child<br>ratios observed during the inspection<br>were in compliance.   |



| Rule  | Status              | Documenting Statement(s), If applicable  |
|---|---------------------|--|
| Rule: 5101:2-12-18 Group Size               | Compliant           | Documenting Statement: The group size<br>observed on the day of the inspection |
|   |                     | were in compliance.  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Attendance               | Compliant           | Documenting Statement: Child Care Staf   |
| Records                                     |                     | Members were observed recording the  |
|   |                     | attendance for each child upon arrival   |
|   |                     | and documenting each child's departure   |
| Dula  | Chatura             | Decumenting Statement(s) If englischie   |
| Rule<br>5101:2-12-19 Supervision            | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101.2-12-19 Supervision                    | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance                 | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack<br>Requirements | Compliant           |  |
| 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                      | Compliant           |  |
| Handling/Storage                            |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-25 Medication               | Compliant           | Documenting Statement: There were no   |
| Administration                              |                     | children on medication at the time of th                                       |
|   |                     | inspection; however, the method of   |
|   |                     | storage and practices for the  |
|   |                     | administration were reviewed.  |
|   |                     |  |
| 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.   |

