

# **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	ils	
Program Name	Program Number		Program Type
FLUSHING HEAD START	000000106067		Child Care Center
Address			County
327 MORRISTOWN ROAD FLUSHING			BELMONT
ОН			
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	
09/19/2025	Level II		

		30.	
Inspection Sci	оре	Inspection Notice	
Full		Unannounced	
Begin Time		End Time	
9:45 AM		12:00 PM	
Sun	nmary of Findings		
1		No Modorato Pick	No. Low Risk
Δ			NO. LOW KISK
	Full Begin Time 9:45 AM	Full Begin Time 9:45 AM  Summary of Findings	Full Unannounced  Begin Time End Time 9:45 AM 12:00 PM  Summary of Findings  Rules with Non-compliances No. Serious Risk No. Moderate Risk

Li	cense Capacity ar	nd Enrollme	ent at the Time of In	spection
Age Group	License Capacity		Enr	ollment
	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	15	15
School Age		0	0	0
Total Capacity/Enrollment	24	0	15	15

S	taff-Child Ratios at the Time of I	nspection	
Group	Age Group/Range	Ratio Observed	Comment



preschool	3 years to < 4 years	2 to 13	
preschool	3 years to < 4 years	2 to 13	

# **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 5180:2-12-03 and 5180:2-13-03 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
Low Risk Non-Compliances



Domain: 00 License & Approvals

Rule: 5180:2-12-02 Current Information

Code: The rule requires the program to keep their information current in OCLQS.

<u>Finding</u>: During the inspection, it was determined the information in number(s) 4 below was not up to date in the Ohio Child Licensing and Quality System (OCLQS):

- 1. Mailing address
- 2. Telephone number
- 3. Email address
- 4. Days and hours of operation
- 5. Services offered
- 6. Name of program
- 7. Private pay rates

Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

#### Domain: 08 Staff Files

Rule: 5180:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 2 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: [ ]

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

Corrective Action Plan Due: 12/05/2025



**Domain: 08 Staff Files** 

Rule: 5180:2-12-08 Medical Statement

<u>Code</u>: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1,5b and 5c below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:
- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/05/2025

## Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

Code: 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) 10 and 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: 5180:2-12-16 Written Disaster Plan	Compliant	Documenting Statement: Annual training of the written disaster plan was completed by staff.

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 License Posted	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Building Department	Compliant	bocumenting statement(s), if applicable
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Inspection		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-03 Inspection	Compliant	
Requirements		
	20	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Fire Inspection	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-04 Food Service	Compliant	Documenting Statement: The food service
Requirements		license was observed posted. Following is
		the audit number and date of expiration:
		ECOKDOZMRL 3/1/26.
Rule: 5180:2-12-04 Food Service	Compliant	Documenting Statement: The off-site
Requirements		food processing establishment's current
		Ohio Department of Agriculture
		registration information was observed
		during the inspection.
		during the inspection.
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	bocumenting statement(s), if applicable
	Compilant	
Qualifications		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Written Program	Compliant	
Policies and Procedures		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Child Care Staff Member	Compliant	
Educational Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection		
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-09 Background Check	Compliant	Documenting Statement: During the
Requirements		inspection, the required documentation
		regarding background checks was on file
		for all employees listed.
		Tot all employees listed.
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Health Training	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-10 Professional	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.
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Indoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Equipment	Compliant	Documenting Statement(s), it applicable
3180.2-12-12 Sale Equipment	Compliant	
	<u>.</u>	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-12 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: 5180:2-12-13 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.
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Handwashing	Compliant	, , ,
Requirements	security • Astronomy of the security of the se	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Smoke Free	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Toothbrushing	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable



Rule: 5180:2-12-14 Transportation and Field Trip Procedures	Compliant	Documenting Statement: The form(s) used by the program for routine and/or field trips were verified to meet the requirements of the rule.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-15 Medical/Physical Care Plans	Compliant	Documenting Statement(s), if applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.
Rule	Status	Decumenting Statement(s) If applicable
5180:2-12-16 Medical, Dental, and General Emergency Plan	Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-16 Emergency Drills	Compliant	Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 First Aid/Standard Precautions	Compliant	bodamenting statement(s), ii applicable
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Rule 5180:2-12-16 Management of Communicable Disease	Status   Compliant	Documenting Statement(s), If applicable
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Rule 5180:2-12-16 Incident/Injury Reporting	Status   Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Materials and Equipment	Compliant	Documenting Statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Daily Schedule	Compliant	bookinenting statement(3), ii applicable
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Attendance Records	Compliant	bocumenting statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable



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Documenting Statement(s), If applicable
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Documenting Statement(s), If applicable
Boodinenting Statement(S), it applied sie
Documenting Statement(s), If applicable
Documenting Statement: There were no
children on medication at the time of the
inspection; however, the method of
storage and practices for the