

Center Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

	Program Deta	ils	
Program Name	Program Number		Program Type
CAW/M Orrville Head Start	000000106127		Child Care Center
Address	- Ve		County
1801 Smucker Drive Orrville			WAYNE
ОН			
44667			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
08/07/2017	E	85	
Fire Inspection Approval Date	Food Service Risk Level		
08/12/2025	Level II		

Inspection Information				
Inspection Type Inspection Scope Inspection Notice Annual Full Unannounced				
Inspection Date 10/01/2025 Reviewer: MATTHEW PIGNATO			End Time 11:25 AM	
Summary of Findings				
No. Rules Verified 58	No. Rules with Non-compliances	No. Serious Risk O	No. Moderate Risk 1	No. Low Risk 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		28	0	28	
School Age		0	0	0	
Total Capacity/Enrollment	40	28	0	28	

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



Orrville 1	3 years to < 4 years	3 to 12	1st
Orrville 1	3 years to < 4 years	2 to 12	2nd
Orrville 2	3 years to < 4 years	2 to 15	1st
Orrville 2	3 years to < 4 years	3 to 15	2nd

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		

Moderate Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number 44 below:

1. No plan was on file.

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- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.



- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

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- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

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- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

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- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.



	Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.			
	Corrective Action Plan Due: 10/31/2025			
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	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
5180:2-12-16 Written Disaster Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable



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5180:2-12-04 Building Department	Compliant	
Inspection		
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Rule	Status	Documenting Statement(s), If applicable
		Bocamenting Statement(3), if applicable
5180:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-03 Inspection	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-04 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 8/12/26.
		Hew me inspection by 6/12/201
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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:
		0011529; Expiration Date: 3-1-26.
		, 1
Rule: 5180:2-12-04 Food Service	Compliant	Documenting Statement: The off-site
	Compliant	The second secon
Requirements		food processing establishment's current
		Ohio Department of Agriculture
		registration information was observed
		during the inspection.
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	3 (7)
Qualifications	Compilation	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
	ā-	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Written Program	Compliant	
	Compliant	
Policies and Procedures		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-08 Medical Statement	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-08 Child Care Staff Member	Compliant	
Service Control of the Control of th		
Educational Requirements		
Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection		
Willstie blower Protection		
Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-09 Background Check	Compliant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-10 Health Training	Compliant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-10 Professional	Compliant	
	Compilant	
Development Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Indoor Space	Compliant	
	- Compilarit	
Requirements		
Rule	Status	Decumenting Statement(s) If applicable
		Documenting Statement(s), If applicable
5180:2-12-11 Outdoor Space	Compliant	
Requirements		
requirements		
Rule	Status	Documenting Statement(s), If applicable
		8
5180:2-12-12 Safe Equipment	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-11 Outdoor Play Equipment	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-11 Outdoor Play Fall Zones	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-12-12 Safe Environment	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
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5180:2-12-13 Sanitary Equipment and	Compliant	
Environment		
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Rule	Status	Documenting Statement(s), If applicable



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5180:2-12-13 Handwashing	Compliant	
Requirements		
	*	*
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Smoke Free	Compliant	bocumenting statement(s), it applicable
	Compilant	
Environment	1	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-13 Toothbrushing	Compliant	
Requirements		
and the sales of the control of the		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-15 Child Medical and	Compliant	Documenting Statement: At the time of
Enrollment Records		the inspection, 25% of the children's
		records were reviewed, and the records
		were complete, as required by the rule.
		50 000
Rule: 5180:2-12-15 Child Medical and	Compliant	Documenting Statement: In review of
Enrollment Records		25% of the records, at the time of the
Emoniment necords		The boundary of the second of
		inspection, children's medical statements
		were complete and on file, as required by
		the rule.
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5180:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
General Emergency Flan	1	
Dule	Chahua	Decumenting Statement/s) If applicable
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Emergency Drills	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 First Aid/Standard	Compliant	
Precautions	*	
	1	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Management of	The Control of the Co	bocumenting statement(3), if applicable
The state of the s	Compliant	
Communicable Disease		
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Incident/Injury	Compliant	
Reporting		
Territorio C	I	
Rule	Status	Documenting Statement(s) If applicable
	Status	Documenting Statement(s), If applicable
5180:2-12-17 Materials and	Compliant	
Equipment		
Rule	Status	Documenting Statement(s), If applicable



Rule Status Documenting Statement(s), If applicable	5180:2-12-17 Daily Schedule	Compliant	
Status		3	
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5180:2-12-25 Medication Administration	Compliant	