

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 <u>http://jfs.ohio.gov/CDC/childcare.stm</u>. 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 | |
| CAWM WEST SALEM HEADSTART CENTER | 00000106235 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 99 E BUCKEYE ST. WEST SALEM | | | WAYNE | |
| OH 44287 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 08/14/2023 | E | 15 | 15 | |
| Fire Inspection Approval Date | Food Service Risk L | evel | | |
| 08/07/2023 | Level II | | | |

| | | Insp | ection Information | | |
|----------------------------|--------------------|---------------|--------------------|-------------------|--------------|
| Inspection Type | | Inspection So | cope | Inspection Notice | |
| Amendment - chan | ge of capacity | Partial | | Unannounced | |
| Inspection Date 08/17/2023 | | Begin Time 1 | .0:00 AM | End Time 10:30 AM | |
| Reviewer: MATTHEW PIGNA | ТО | | | | |
| | | Sui | mmary of Findings | | |
| No. Rules Verified | No. Rules with Nor | -compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 8 | 0 | | 0 | 0 | 0 |

| Li | cense Capacity ar | nd Enrollme | ent at the Time of Ir | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group | License Capacity | | Enr | rollment |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 15 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 55 | 0 | 0 | 0 |

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



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 |
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| 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



| Rules In-Compliance | /Not Verified |
|----------------------------|---------------|

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|--------------|--|
| 5101:2-12-02 License Posted | Not Verified | |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: Building |
| Department Inspection | | approval has been received for the |
| | | following room the program is now using: |
| | | Room 14 - 15 children under 2.5 years of |
| | | age. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: During the |
| | | inspection, documentation of a fire |
| | | inspection without any uncorrected |
| | | violations for the following additional |
| | | space was reviewed: Room 14. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | Not vermed | |
| responsibilities/requirements | | |
| Dulo | Status | Desumenting Chatege ent/s) If such as |
| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not verified | |
| Policies and Procedures | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s) If applicable |
| | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
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| Rule | Status | Decumenting Statement(c) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
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| Rule | | |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver Requirements | | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver Requirements | | Documenting Statement(s), If applicable |
| Requirements | Not Verified | |
| Requirements | Not Verified Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Requirements Rule 5101:2-12-14 Transportation - Vehicle | Not Verified | |
| Requirements | Not Verified Status | |
| Requirements Rule 5101:2-12-14 Transportation - Vehicle | Not Verified Status | |



| 5101:2-12-15 Child Medical and | Not Verified | |
|------------------------------------|------------------------|---|
| Enrollment Records | Not vermeu | |
| Enrollment Records | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Not Verified | |
| Plans | Not vermeu | |
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| Dula | Status | Desumenting Statement(s) If englischie |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| Rule | Status | Desumenting Statement(c) If englischie |
| | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | |
| Communicable Disease | Not vermed | |
| Communicable Disease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| | Not vermeu | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
| | Not vermeu | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| STOLE IZ IT Dully Schedule | compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-18 Group Size | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | Not vermed | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | bocumenting statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | bocamenting statement(s), if applicable |
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| Handling/Storage | | |
| Dula | Status | Desumanting Statement(s) If such task |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
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| Dula | Status | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | |
| Preparation | | |
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Department of Education Department of Job and Family Services

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