

# **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      |  |
| SALINEVILLE HEAD START CENTER | 000000107226            |                 | Child Care Center |  |
|                               |                         |                 |                   |  |
| Address                       | N.                      |                 | County            |  |
| 110 E MAIN ST SALINEVILLE     |                         |                 | COLUMBIANA        |  |
| ОН                            |                         |                 |                   |  |
| 43945                         |                         |                 |                   |  |
|                               |                         |                 |                   |  |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 09/16/2010                    | E                       |                 |                   |  |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |  |
| 08/08/2025                    | Level III               |                 |                   |  |

| Inspection Information     |                 |       |                   |              |  |
|----------------------------|-----------------|-------|-------------------|--------------|--|
| Inspection Type            | Inspection      | Scope | Inspection Notice |              |  |
| Annual                     | Full            |       | Unannounced       |              |  |
| Inspection Date Begin Time |                 | 9     | End Time          |              |  |
| 10/16/2025 9:45 AM         |                 |       | 11:59 AM          |              |  |
| Reviewer:                  | Reviewer:       |       |                   |              |  |
| SHELLY WILLIAMS            | SHELLY WILLIAMS |       |                   |              |  |
| Summary of Findings        |                 |       |                   |              |  |
| No. Rules Verified         |                 |       |                   | No. Low Risk |  |
| 58                         | 1               | 0     | 1                 | 0            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |           |           |         |  |
|---|------------------|-----------|-----------|---------|--|
| 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   |                  | 22        | 0         | 22      |  |
| School Age  |                  | 0         | 0         | 0       |  |
| Total Capacity/Enrollment                                 | 54               | 22        | 0         | 22      |  |

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



| PS 1 | 3 years to < 4 years | 2 to 7 |       |
|------|----------------------|--------|-------|
| PS 1 | 3 years to < 4 years | 2 to 7 |       |
| PS 1 | 3 years to < 4 years | 2 to 7 | Lunch |
| PS 2 | 3 years to < 4 years | 2 to 8 |       |
| PS 2 | 3 years to < 4 years | 2 to 9 |       |
| PS 2 | 3 years to < 4 years | 2 to 9 | 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 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  |
| The serious risk for compliances were esserved during this inspection |
|   |
|   |
|   |
|   |
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# **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(s) 1 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.



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|---------|---|---|
|         | 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: 11/15/2025  |   |
|         |   |   |
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|         |   | - |
|         |   | _ |
|         |   |   |
|         | Low Pick Non-Compliances  |   |

| Low | Risk | Non-Comp | liances |
|-----|------|----------|---------|
|-----|------|----------|---------|

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



| Rule   | Status                | Documenting Statement(s), If applicable    |  |  |
|--|-----------------------|--|--|--|
| Rule: 5180:2-12-04 Building  | Compliant             | Documenting Statement: A copy of the       |  |  |
| Department Inspection  | Compilant             | certificate of occupancy was available on- |  |  |
| bepartment inspection  |                       | site for review.                           |  |  |
|  |                       | Site for review.                           |  |  |
|  | 1                     |  |  |  |
| Rule   | Status                | Documenting Statement(s), If applicable    |  |  |
| 5180:2-12-02 Current Information   | Compliant             | bocamenting statement(s), if approasie     |  |  |
| 310012 12 02 current information   | Compilant             |  |  |  |
|  |                       |  |  |  |
| Rule   | Status                | Documenting Statement(s), If applicable    |  |  |
| 5180:2-12-03 Inspection  | Compliant             |  |  |  |
| Requirements   | and the second second |  |  |  |
| <u>'</u>   |                       |  |  |  |
| Rule   | Status                | Documenting Statement(s), If applicable    |  |  |
| Rule: 5180:2-12-04 Fire Inspection   | Compliant             | Documenting Statement: Please Note:        |  |  |
| announcement and a second seco | 100 T-2004            | Documentation of a fire inspection         |  |  |
|  |                       | without any uncorrected violations must    |  |  |
|  |                       | be secured for the program. Secure a       |  |  |
|  |                       | new fire inspection by 8/8/26.             |  |  |
|  |                       |  |  |  |
|  | 1                     |  |  |  |
| 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:   |  |  |
|  |                       | #9995866 and expires 3/1/26.               |  |  |
|  |                       |  |  |  |
|  |                       |  |  |  |
| Rule   | Status                | Documenting Statement(s), If applicable    |  |  |
| 5180:2-12-07 Administrator   | Compliant             |  |  |  |
| Qualifications   | ***                   |  |  |  |
|  |                       |  |  |  |
| Rule   | Status                | Documenting Statement(s), If applicable    |  |  |
| 5180:2-12-05 Denial, Revocation and  | Compliant             |  |  |  |
| Suspension   |                       |  |  |  |
|  | •                     |  |  |  |
| Rule   | Status                | Documenting Statement(s), If applicable    |  |  |
| 5180:2-12-07 Administrator   | Compliant             |  |  |  |
| Responsibilities/Requirements  |                       |  |  |  |
| -  | •                     |  |  |  |
| Rule   | Status                | Documenting Statement(s), If applicable    |  |  |
| Rule: 5180:2-12-07 Written Program   | Compliant             | Documenting Statement: No changes          |  |  |
| Policies and Procedures  |                       | have been made to the written policies     |  |  |
|  |                       | and procedures since it was last approved  |  |  |
|  |                       | by this Department.                        |  |  |
|  |                       | ,  |  |  |
|  |                       |  |  |  |
| Rule   | Status                | Documenting Statement(s), If applicable    |  |  |
|  |                       |  |  |  |



| 5180:2-12-08 Medical Statement                                | Compliant                               |  |
|---|---|--|
| Rule  | Status                                  | Decumenting Statement(s) If applicable           |
| 5180:2-12-08 Child Care Staff Member                          | 100000000000000000000000000000000000000 | Documenting Statement(s), If applicable          |
| Educational Requirements                                      | Compliant                               |  |
| Rule  | Status                                  | Documenting Statement(s), If applicable          |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant                               |  |
| Rule  | Status                                  | Documenting Statement(s), If applicable          |
| 5180:2-12-09 Background Check                                 | Compliant                               | bocumenting statement(s), if applicable          |
| Requirements  | Compilant                               |  |
| Rule  | Status                                  | Documenting Statement(s), If applicable          |
| 5180:2-12-10 Health Training                                  | Compliant                               |  |
| Requirements  | ,                                       |  |
| Rule  | Status                                  | Documenting Statement(s), If applicable          |
| 5180:2-12-10 Professional                                     | Compliant                               |  |
| Development Requirements                                      |   |  |
| Rule  | Status                                  | Documenting Statement(s), If applicable          |
| 5180:2-12-11 Indoor Space                                     | Compliant                               |  |
| Requirements  |   |  |
| Rule  | Status                                  | Documenting Statement(s), If applicable          |
| Rule: 5180:2-12-11 Outdoor Space                              | Compliant                               | Documenting Statement: The quarterly             |
| Requirements  |   | playground inspections were completed            |
|   |   | and documented, as required. The most            |
|   |   | recent inspection report form was dated 10/1/25. |
| D.J.  | C+-+                                    | December 11 11 11 11 11                          |
| Rule  | Status                                  | Documenting Statement(s), If applicable          |
| 5180:2-12-12 Safe Equipment                                   | Compliant                               |  |
| Rule  | Status                                  | Documenting Statement(s), If applicable          |
| Rule: 5180:2-12-11 Outdoor Play                               | Compliant                               | Documenting Statement: All equipment in          |
| Equipment   |   | the outdoor play space was observed to           |
| -dui man  |   | be anchored and stable.                          |
|   |   |  |
| Rule  | Status                                  | Documenting Statement(s), If applicable          |
| 5180:2-12-11 Outdoor Play Fall Zones                          | Compliant                               |  |
|   |   | <u>.</u>   |



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|-------------------------------------|-----------|--|
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-12 Safe Environment       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Deale                               | Chatana   | D  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Sanitary Equipment and | Compliant |  |
| Environment                         |           |  |
|                                     | 3         | ,  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Handwashing            | Compliant | Boodineriting statement(s), it approase  |
|                                     | Compilant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Smoke Free             | Compliant |  |
| Environment                         |           |  |
| Environment                         |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Toothbrushing          | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
|                                     |           | bocumenting statement(s), if applicable  |
| 5180:2-12-15 Child Medical and      | Compliant |  |
| Enrollment Records                  |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Medical, Dental, and   | Compliant | 0 (7)                                    |
|                                     | Compilant |  |
| General Emergency Plan              |           |  |
|                                     | I.        |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Emergency Drills       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 1000-000                            |           | 2 Commenting Statement(s), in applicable |
| 5180:2-12-16 First Aid/Standard     | Compliant |  |
| Precautions                         |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Management of          | Compliant |  |
| Communicable Disease                |           |  |
| Communicable Discase                | I.        |  |
| 2.                                  |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Incident/Injury        | Compliant |  |
| Reporting                           |           |  |
|                                     | 1         | 1  |
| Rule                                | Status    | Documenting Statement(s) If applicable   |
|                                     |           | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Materials and          | Compliant |  |
| Equipment                           |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Haic                                | Status    | bootamenting statement(s), ii applicable |



| 5180:2-12-17 Daily Schedule                   | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5180:2-12-18 Attendance Records               | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5180:2-12-18 Group Size                       | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5180:2-12-17 Daily Outdoor Play               | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-18 License Capacity           | Compliant           | Documenting Statement: The program was operating within their license capacity limits.  |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-18 Ratio                      | Compliant           | Documenting Statement: Staff/child ratios observed during the inspection were in compliance.  |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-20 Cots and Napping           | Compliant           | Documenting Statement: At the time of the inspection, the program operated fewer than 7 hours and did not include a nap or rest period. |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5180:2-12-19 Supervision                      | Compliant           | bootineming statement(s), it approase   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5180:2-12-19 Child Guidance                   | Compliant           | Documenting Statement(s), if applicable   |
| D.L.  |                     |   |
| Rule 5180:2-12-22 Meal and Snack Requirements | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule<br>5180:2-12-22 Safe Food                | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Handling/Storage                              |                     |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5180:2-12-22 Fluid Milk Requirements | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-25 Medication        | Compliant | Documenting Statement: The program      |
| Administration                       | 15        | had complete written documentation for  |
|                                      |           | administering medication or food        |
|                                      |           | 1.0                                     |
|                                      |           | supplements.                            |
|                                      |           |   |