

# **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            | ails            |                   |
|--|-------------------------|-----------------|-------------------|
| Program Name                                       | Program Number          |                 | Program Type      |
| GEAUGA HEAD START                                  | 000000307250            |                 | Child Care Center |
| Address<br>12406 MADISON RD. HUNTSBURG<br>OH 44046 |                         |                 | County<br>GEAUGA  |
| Building Approval Date                             | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 07/10/2006   | E                       | 126             |                   |
| Fire Inspection Approval Date                      | Food Service Risk Level |                 |                   |
| 09/24/2020   | Level III               |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 10/28/2021 | Begin Time 9                   | :20 AM           | End Time 2:20 PM  |              |
| Reviewer:                  |                                |                  |                   |              |
| Kathryn Noftz              |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                         | 3                              | 0                | 0                 | 3            |

| 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   |                  | 33         | 0         | 33    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 60               | 33         | 0         | 33    |

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| Geauga 2                                     | 3 years to < 4 years | 2 to 16        |         |

| Geauga 2 | 3 years to < 4 years | 1 to 7  |  |
|----------|----------------------|---------|--|
| Geauga 3 | 3 years to < 4 years | 2 to 15 |  |
| Geauga 3 | 3 years to < 4 years | 1 to 4  |  |

## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| 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 |  |  |
| Wo woderate hisk won-compliances were observed during this hispection |  |  |
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| Low Risk Non-Compliances  |  |  |
| Domain: 09 Children's Files   |  |  |



Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: 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) 9 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 parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. 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.

#### **Domain: 10 Written Policies & Procedures**

Rule: 5101:2-12-16 Written Disaster Plan

<u>Code</u>: The program is required to have a written disaster plan.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number(s) 4,5,9,10,11,12,16, 20below: Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. The plan was not used to respond to an emergency or disaster situation
- 4. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes. Major Snowfall, Blizzards and Ice Storms- Not addressed.

- 5. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism. Procedures for evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism -Not addressed
- 6. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 7. Outbreaks, epidemics or other infectious disease emergencies
- 8. Loss of power, water, or heat
- 9. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 10. Shelter in place or evacuation, how the program will care for AND account for the children until they can be reunited with the parent
- 11. Assisting infants and children with special needs and/or health conditions
- 12. Emergency contact information for parents and the program
- 13. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 14. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 15. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 16. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip. -When on a field or routine trip-Not addressed.
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials
- 20. Other- Pg 6 reporting conflicts with rule.

Make the necessary revisions to the disaster plan. Submit the program's corrective action plan, which includes the revised information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/02/2021

#### **Domain: 10 Written Policies & Procedures**

Rule: 5101:2-12-07 Written Program Policies and Procedures

<u>Code</u>: The program's policies and procedures are required to include all topics outlined in rule.

<u>Finding</u>: During the inspection, it was determined the program's written policies and procedures provided to the parents/guardians and employees was missing item number(s) 28 below:

## **General Information**

- 1. Program name, address, email address and telephone number;
- 2. Description of the program's program philosophy;
- 3. Days and hours of operation, scheduled closings and basic daily schedule;
- 4. Staff/child ratios and group size;
- 5. Meals and snacks provided;

- 6. Outdoor play, including limitations placed on outdoor play due to weather or safety issues. Considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice;
- 7. Opportunities for parent involvement in program activities;
- 8. Opportunities for parents to meet with teachers regarding their child;
- 9. Payment schedule, overtime charges and registration fees as applicable;
- 10. Supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

### **Program Policies and Procedures**

- 11. Enrollment including required enrollment information;
- 12. Care of children without immunizations;
- 13. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive;
- 14. Supervision and child guidance;
- 15. Parent provided food and program-wide dietary policy, if applicable. If all of the food is parent provided, the policy shall also include if the program supplements food when the parent does not provide sufficient food for the day;
- 16. Management of illness including isolation precautions, symptoms for discharge and return and notification of parent of ill child;
- 17. Summary of procedures taken in the event of an emergency, serious illness or injury;
- 18. Administration of medication including food supplements, modified diets and whether school age children are permitted to carry their own medication and ointments;
- 19. Transportation for trips and emergencies;
- 20. Water activities/swimming;
- 21. Infant care, if applicable, including frequency of diaper checks;
- 22. Napping and Resting;
- 23. Evening and overnight care, if applicable;
- 24. Policy on operation and/or closing due to weather, school delays or closings and any other factors;
- 25. Policy on when the program will require disenrollment of a child;
- 26. Procedure for parents or employees to follow when needing assistance in resolving problems related to the child care program;
- 27. Policy on whether or not the program will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment;
- 28. Policy on whether the program conducts formal assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

Revise the program's written policies and procedures to include the missing information. Submit the program's corrective action plan, which includes the revised written policies and procedures, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/02/2021



## **Rules In-Compliance/Not Verified**

| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack          | Compliant | (-),                                      |
| Requirements                         |           |   |
| - 1                                  | L         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Handwashing             | Compliant | , , , , , , , , , , , , , , , , , , ,     |
| Requirements                         |           |   |
| - 1                                  | L         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Fire Approval     | Compliant | Documenting Statement: Please Note: An    |
|                                      |           | annual fire inspection approval must be   |
|                                      |           | secured for the program. Secure a new     |
|                                      |           | approval by 9/16/22                       |
|                                      |           |   |
|                                      | ı         | -   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of           | Compliant |   |
| Communicable Disease                 |           |   |
|                                      |           | ,   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free              | Compliant | -   |
| Environment                          |           |   |
|                                      |           | ,   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator           | Compliant | -   |
| Qualifications                       |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member | Compliant | -   |
| Educational Requirements             |           |   |
| ·                                    | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation - Driver | Compliant |   |
| Requirements                         | -         |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food License      | Compliant | Documenting Statement: The caterer's      |
|                                      |           | food service license information was      |
|                                      |           | observed during the inspection. Following |
|                                      |           | is the audit number and date of           |
|                                      |           | expiration: JCAE-BYA3BB, 3-1-22.          |
|                                      |           | <u> </u>                                  |
|                                      |           |   |

| Rule: 5101:2-12-04 Food License                 | Compliant           | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 990664, 3-1-22.   |
|---|---------------------|--|
| 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  | Ctatus              | Decumenting Statement/s) If applicable   |
| 5101:2-12-19 Child Guidance                     | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 3101.2-12-19 Clina Galdance                     | Compliant           |  |
|   | ·                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements            | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard                 | Compliant           | Bocamenting statement(s), it applicable  |
| Precautions                                     |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones            | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity                   | Compliant           | The state of the s |
| . ,   | ·                   |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food                          | Compliant           |  |
| Handling/Storage                                |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space                       | Compliant           | The state of the s |
| Requirements                                    |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills                   | Compliant           |  |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s). If applicable  |
| Rule Rule: 5101:2-12-17 Materials and           | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Sufficient   |
| Rule Rule: 5101:2-12-17 Materials and Equipment | Status<br>Compliant | Documenting Statement(s), If applicable Documenting Statement: Sufficient equipment was observed in all categories.  |

| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
|---------------------------------------|-----------|---|
| 5101:2-12-11 Outdoor Play Equipment   | Compliant | bocamenting statement(3), it applicable                                       |
| STOTIC IZ II Gutagor i lay Equipinent | Compilant |   |
|                                       | ·         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-17 Daily Outdoor Play       | Compliant |   |
|                                       | ·         |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-04 Building Approval        | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-02 License Posted           | Compliant |   |
|                                       |           |   |
| Dula                                  | Chahua    | Decumenting Chahamant/a) If annicable   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-11 Outdoor Space            | Compliant |   |
| Requirements                          |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 110.10                                |           |   |
| Rule: 5101:2-12-19 Supervision        | Compliant | Documenting Statement: Child Care Staff Members were supervising the children |
|                                       |           | and were able to intervene as needed.   |
|                                       |           | and were able to intervene as needed.   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-02 Current Information      | Compliant | bocamenting statement(s), it applicable                                       |
| 3101.2 12 02 carrent morniation       | Compilant |   |
|                                       | l         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-17 Daily Schedule           | Compliant | -   |
| ,                                     | ·         |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-20 Cots and Napping         | Compliant |   |
|                                       |           |   |
|                                       | I a       |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-13 Toothbrushing            | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-12 Safe Equipment           | Compliant |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                       |
| 5101:2-12-15 Medical/Physical Care    | Compliant | Documenting statement(s), if applicable                                       |
| Plans                                 | Compnant  |   |
| i iuris                               |           |   |
|                                       |           |   |

| Rule                                    | Status           | Documenting Statement(s), If applicable  |
|---|------------------|--|
| 5101:2-12-08 Orientation and Staff      | Compliant        | <u> </u>   |
| Records                                 |                  |  |
|   |                  |  |
| Rule                                    | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training            | Compliant        |  |
| Requirements                            |                  |  |
| Rule                                    | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional               | Compliant        | Documenting statement(s), if applicable  |
| Development Requirements                | Compilant        |  |
|   |                  |  |
| Rule                                    | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment           | Compliant        |  |
|   |                  |  |
| Dula                                    | Chahua           | Decrine outing Chateman and A. If any live late                                |
| Rule: 5101:2-12-14 Transportation -     | Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: The vehicle(s) |
| Vehicle Requirements                    | Compilant        | used by the program to transport children                                      |
| vernote requirements                    |                  | are inspected and licensed by the Ohio   |
|   |                  | State Highway Patrol.  |
|   |                  | ,  |
|   |                  |  |
| Rule                                    | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field   | Compliant        |  |
| Trip Procedures                         |                  |  |
| Rule                                    | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury            | Compliant        | Bocamenting statement(3), if applicable  |
| Reporting                               |                  |  |
|   |                  |  |
| Rule                                    | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and       | Compliant        |  |
| General Emergency Plan                  |                  |  |
| Dulo                                    | Chatus           | Decumenting Statement/-) If a aliceles   |
| Rule 5101:2-12-18 Attendance Records    | Status Compliant | Documenting Statement(s), If applicable  |
| 5101.2 12 10 Attendance Necolds         | Compilant        |  |
|   | 1                |  |
| Rule                                    | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size                 | Compliant        |  |
|   |                  |  |
| Rule                                    | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio                      | Compliant        | bocamenting statement(s), it applicable  |
| 3 2 3 1 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 | 33               |  |
|   |                  |  |
| Rule                                    | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-25 Medication                 | Compliant        |  |
| Administration and Food Supplements     |                  |  |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-12-09 Background Check  | Compliant |   |
| Requirements                   |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection        | Compliant |   |
| Requirements                   |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator     | Compliant |   |
| Responsibilities/Requirements  |           |   |
|                                |           | ·                                       |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant |   |
|                                |           |   |
|                                |           |   |