

# **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      |     |
| ASHTABULA COUNTY HEAD START   | 000000307882         |                 | Child Care Center |     |
|                               |                      |                 |                   |     |
| Address                       | 9 <del>7</del>       |                 | County            |     |
| 4510 MAIN AVE ASHTABULA       |                      |                 | ASHTABULA         |     |
| ОН                            |                      |                 |                   |     |
| 44004                         |                      |                 |                   |     |
|                               |                      |                 |                   |     |
| Building Approval Date        | Use Group/Code       | Occupancy Limit | Maximum Under     | 2 ½ |
|                               |                      |                 |                   |     |
| Fire Inspection Approval Date | Food Service Risk Le | evel            |                   |     |
| 02/19/2025                    | Level IV             |                 |                   |     |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | cope               | Inspection Notice |              |
| Annual             | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 09/11/2025         | 7:50 AM                        |                    | 9:06 AM           |              |
| Reviewer:          |                                |                    |                   |              |
| ELAINE OBRIEN      |                                |                    |                   |              |
|                    | S                              |                    |                   |              |
|                    | Sui                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                 | 5                              | 0                  | 1                 | 3            |

| Li                        | 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             |   | 1         | 0         | 1       |
| Total Under 2 ½ Years     | 32  | 1         | 0         | 1       |
| Older Toddler             |   | 15        | 0         | 15      |
| Preschool                 |   | 0         | 0         | 0       |
| School Age                |   | 0         | 0         | 0       |
| Total Capacity/Enrollment | 96  | 15        | 0         | 16      |

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



| Main 1 | 18 months to < 30 months | 2 to 2 | Programming  |
|--------|--------------------------|--------|--------------|
| Main 1 | 18 months to < 30 months | 2 to 2 | Arrival      |
| Main 2 | 18 months to < 30 months | 2 to 4 | Arrival      |
| Main 2 | 18 months to < 30 months | 2 to 5 | Routine walk |
| Main 3 | 18 months to < 30 months | 2 to 6 | Arrival      |
| Main 3 | 18 months to < 30 months | 3 to 6 | Programming  |

## **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**

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) 34, 35 and 37 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: 10/16/2025

## **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: 04 Indoor/Outdoor Space

Rule: 5180:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to have adequate indoor space and use of a park if no outdoor space is available.



<u>Finding</u>: During the inspection, it was determined that the program did not have access to 1440 square feet of indoor space during scheduled times, along with the use of a park. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/16/2025

#### **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) 3,5 and 6 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: 10/16/2025



| Rule   | Status   | Documenting Statement(s), If applicable    |
|--|--|--|
| 5180:2-12-16 Written Disaster Plan   | Compliant  |  |
| 310012 12 10 Whiteh Bladster Hall  | Compilant  |  |
|  |  | *  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5180:2-12-02 License Posted  | Compliant  | general (e), a spp. asset                  |
| Signification of the control of th | Compilarie   |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-04 Building  | Compliant  | Documenting Statement: A copy of the       |
| Department Inspection  | Compilarit   | certificate of occupancy was available on- |
| Department inspection  |  | site for review.                           |
|  |  | site for review.                           |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
|  |  | 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 February 19, 2026.  |
|  |  |  |
|  | *  |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-04 Food Service  | Compliant  | Documenting Statement: The food service    |
| Requirements   | Schoolsen state of the state of | license was observed posted. Following is  |
|  |  | the audit number and date of expiration:   |
|  |  | MMOO-DE4SYQ Expires March 1, 2026          |
|  |  | Wilvido DE431Q Expires Water 1, 2020       |
|  | I.   |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5180:2-12-07 Administrator   | Compliant  | Dodaniening ottomicity), it approante      |
| Qualifications   | Compilant  |  |
| Quanications   | 1  |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| No.  |  | Documenting Statement(s), it applicable    |
| 5180:2-12-05 Denial, Revocation and  | Compliant  |  |
| Suspension   |  |  |
|  |  |  |
| 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 Medical Statement   | Compliant  |  |
| •  | •  | ·  |



| Rule   | Status                  | Documenting Statement(s), If applicable |
|--|-------------------------|---|
| 5180:2-12-08 Child Care Staff Member   | Compliant               | 0                                       |
| Educational Requirements   | '                       |   |
| The second secon | Į-                      | -                                       |
| Rule   | Status                  | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Orientation   | Compliant               | Documenting Statement: On the day of    |
| Training & Whistle Blower Protection   |                         | the inspection, all child care staff    |
|  |                         | members had met orientation training    |
|  |                         | requirements.                           |
|  |                         |   |
|  |                         |   |
| Rule   | Status                  | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check  | Compliant               |   |
| Requirements   |                         |   |
|  |                         |   |
| 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               | Documenting Statement(s), if applicable |
| Requirements   | Compliant               |   |
| Requirements   |                         | <u>l</u>                                |
| Rule   | Status                  | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children  | Compliant               | 0 (7)                                   |
| Under 2 1/2 Years  | 38.8334 <b>B</b> 333333 |   |
| •  |                         | -                                       |
| Rule   | Status                  | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment  | Compliant               |   |
|  |                         |   |
|  |                         |   |
| Rule   | Status                  | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment  | Compliant               |   |
|  |                         |   |
| Rule   | Status                  | Documenting Statement/s) If applies his |
| 5180:2-12-13 Sanitary Equipment and  | Compliant               | Documenting Statement(s), If applicable |
| Environment  | Computation             |   |
| Environment  |                         |   |
| Rule   | Status                  | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing   | Compliant               | Bocumenting Statement(s), it applicable |
| Requirements   | Compilant               |   |
| nequilents   |                         |   |



| ~~   |   |   |
|--|---|---|
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5180:2-12-13 Smoke Free  | Compliant   |   |
| Environment  |   |   |
| Antonio de la companya del companya de la companya del companya de la companya del la companya de la companya d | - I   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5180:2-12-13 Toothbrushing   |   | Documenting statement(s), if applicable   |
| Topic and the second se | Compliant   |   |
| Requirements   |   |   |
|  |   |   |
| Rule   | Status  | Documenting 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   | Bootimenting statement(5), it applicable  |
|  | Compliant   |   |
| General Emergency Plan   |   |   |
|  | 12  |   |
| 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  |   |   |
| Treductions  |   |   |
| Dula   | Chatus  | Decumenting Statement(s) If applicable    |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5180:2-12-16 Management of   | Compliant   |   |
| Communicable Disease   |   |   |
|  |   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5180:2-12-16 Incident/Injury   | Compliant   |   |
| Reporting  | Control Colonia Con T Control Colonia Con Control Colonia Con Control |   |
|  | k.  |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5180:2-12-17 Materials and   |   | Documenting Statement(s), if applicable   |
|  | Compliant   |   |
| Equipment  |   |   |
|  |   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-17 Daily Schedule  | Compliant   | Documenting Statement: Daily schedules    |
|  |   | were observed posted.                     |
|  |   |   |
|  | ·   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5180:2-12-18 Attendance Records  | Compliant   | 2004.Heritang statement(s), it applicable |
| 5100.2 12 10 Attendance Necolds  | Compliant   |   |
|  |   |   |
| Dula   | Chahua  | Description Chairman (a) If It I          |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-18 Group Size  | Compliant   | Documenting Statement: The group sizes    |
|  |   | observed on the day of the inspection     |
|  |   | were in compliance.                       |
| <del></del>  |   |   |



| Rule  | Status  | Documenting Statement(s), If applicable  |
|---|---|--|
| 5180:2-12-18 License Capacity   | Compliant                                     |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Ratio  | Compliant                                     |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-20 Cots and Napping   | Compliant                                     | Documenting Statement: Cots were placed appropriately and safely during nap time.  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Supervision  | Compliant                                     |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Child Guidance   | Compliant                                     | Bootinening Statement(s), it applicable  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Meal and Snack<br>Requirements   | Compliant                                     | Documenting Statement(s), if applicable  |
| nequilements  |   |  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-12-22 Safe Food<br>Handling/Storage  | Status<br>Compliant                           | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Safe Food  | (A) A(C) C) SEC                               |  |
| 5180:2-12-22 Safe Food<br>Handling/Storage  | Compliant                                     | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| 5180:2-12-22 Safe Food<br>Handling/Storage<br>Rule<br>5180:2-12-22 Fluid Milk Requirements  | Status Compliant                              | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule  | Status Compliant Status                       | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule Rule: 5180:2-12-23 Diapering and                 | Status Compliant                              | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: Appropriate   |
| 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule Rule: 5180:2-12-23 Diapering and                 | Status Compliant Status                       | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: Appropriate diaper changing procedures were   |
| 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule Rule: 5180:2-12-23 Diapering and                 | Status Compliant Status                       | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: Appropriate   |
| 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule Rule: 5180:2-12-23 Diapering and Toilet Training | Status Compliant  Status Compliant  Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: Appropriate diaper changing procedures were observed during the inspection in the [infant/toddler] room(s). |
| 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule Rule: 5180:2-12-23 Diapering and                 | Status Compliant Status                       | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: Appropriate diaper changing procedures were observed during the inspection in the                           |