

## **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      |
| BELPRE HEAD START             | 000000400053                |                 | Child Care Center |
|                               |                             |                 |                   |
| Address                       |                             |                 | County            |
| 2014 ROCKLAND AVENUE BELPRE   | 2014 ROCKLAND AVENUE BELPRE |                 |                   |
| ОН                            |                             |                 |                   |
| 45714                         |                             |                 |                   |
|                               |                             |                 |                   |
| Building Approval Date        | Use Group/Code              | Occupancy Limit | Maximum Under 2 ½ |
| 07/21/2017                    | E                           | 527 104         |                   |
| Fire Inspection Approval Date | Food Service Risk Level     |                 |                   |
| 08/15/2024                    | Level II                    |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/28/2025             | 11:15 AM                       | 11:15 AM         |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Barbara Smith          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 1                              | 0                | 0                 | 1            |

| 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   |                  | 32         | 0         | 32    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 40               | 32         | 0         | 32    |

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



| Room 101 | 3 years to < 4 years | 3 to 14 | Arrival |
|----------|----------------------|---------|---------|
| Room 101 | 3 years to < 4 years | 2 to 14 | Nap     |
| Room 103 | 3 years to < 4 years | 3 to 15 | Arrival |
| Room 103 | 3 years to < 4 years | 2 to 15 | Nap     |

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



Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 8 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other [ ]

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/27/2025

## Rules In-Compliance/Not Verified

| 2    |        |   |
|------|--------|---|
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5180:2-12-16 Written Disaster<br>Plan  | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff.  |
|--|-----------|--|
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-02 License Posted            | Compliant | Documenting Statement: The license was in a location visible to parents as required.   |
| 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-<br>site for review.   |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-02 Current Information             | Compliant | S = = = = = = = = = = = = = = = = = = =  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-03 Inspection<br>Requirements      | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Fire Inspection           | Compliant | Documenting Statement: Although the program had documentation of a current fire inspection without any uncorrected violations at the time of the licensing inspection, the program did not have the fire inspection completed within 12 months from the date of the last fire inspection without any uncorrected violations. Please ensure that fire inspections are completed in accordance with the rule requirements. |
| Pol-   | Creation  | Decree d'a Chatanant (a) If and l'alla   |
| Rule: 5180:2-12-04 Food Service              | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: Audit #KMIR-D32JVP expires 03/01/2025.  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator Qualifications    | Compliant | bocumenting statement(s), if applicable  |



| 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: The written      |
| Policies and Procedures              |  | policies and procedures reviewed on the |
|                                      |  | day of the inspection were verified as  |
|                                      |  | complete.                               |
|                                      |  |   |
|                                      |  |   |
| 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  | Documenting Statement(s), if applicable |
| Educational Requirements             | Compilant  |   |
| Ladeadonal Nequilements              | Į.   |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training &  | Compliant  | Bocumenting Statement(s), if applicable |
| Whistle Blower Protection            | Compliant  |   |
| Willstie Blower i Totection          |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check  | Compliant  | Documenting Statement: During the       |
| Requirements                         | Compilant  | inspection, the required documentation  |
| Requirements                         |  | regarding background checks was on file |
|                                      |  | for all employees listed.               |
|                                      |  | Tor all employees listed.               |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training         | Compliant  |   |
| Requirements                         | Section Control 12 to the control to |   |
| , .                                  |  | <u>'</u>                                |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-10 Professional      | Compliant  | Documenting Statement: At the time of   |
| Development Requirements             |  | the inspection, all child care staff    |
|                                      |  | members had completed the required      |
|                                      |  | amount of professional development      |
|                                      |  | training.                               |
|                                      |  | SEC. CO.                                |
| ~                                    |  |   |
| 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  |
|                                      |                     |  |
|                                      |                     | 10/29/2024.                              |
|                                      |                     |  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-12 Safe Equipment          | Compliant           |  |
|                                      |                     |  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Outdoor Play Equipment  | Compliant           |  |
|                                      |                     |  |
|                                      |                     | - 1                                      |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant           | bosamenting statement(s), it applicable  |
| J100.2-12-11 Outdoor Flay Fall Zones | Compliant           |  |
| <u></u>                              | I.                  |  |
| D.I.                                 | S                   | D C                                      |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-12 Safe Environment        | Compliant           |  |
|                                      |                     |  |
|                                      | ·                   |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Sanitary Equipment and  | Compliant           |  |
| Environment                          |                     |  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
|                                      |                     | Documenting Statement: Staff and         |
| Rule: 5180:2-12-13 Handwashing       | Compliant           |  |
| Requirements                         |                     | children were observed washing hands as  |
|                                      |                     | required by the rule.                    |
|                                      |                     |  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-13 Smoke Free        | Compliant           | Documenting Statement: No smoking was    |
| Environment                          | Processor Processor | allowed on the premises, and the notice  |
|                                      |                     | stating that smoking is prohibited was   |
|                                      |                     |  |
|                                      |                     | observed posted in a conspicuous place.  |
|                                      |                     |  |
|                                      | 3                   |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Toothbrushing           | Compliant           |  |
| Requirements                         |                     |  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable  |
|                                      |                     |  |
| Rule: 5180:2-12-15 Medical/Physical  | Compliant           | Documenting Statement: The program       |
| Care Plans                           |                     | had current information on the medical   |
|                                      |                     | status and the required treatment plan   |
|                                      |                     | for the children with health conditions. |
|                                      |                     |  |
| <u> </u>                             | I:                  | l .                                      |



| Rule: 5180:2-12-15 Medical/Physical<br>Care Plans              | Compliant           | Documenting Statement: During the inspection, the requirements of the rule regarding caring for children with a specific health condition were discussed.   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant           | Documenting Statement: On the day of<br>the inspection, the complete prescribed<br>JFS 01242 "Medical, Dental, and General<br>Emergency Plan For Child Care" were<br>posted in the program as required. |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-16 Emergency Drills                            | Compliant           | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.  |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-16 First Aid/Standard<br>Precautions           | Compliant           | Documenting Statement: During the inspection, the program had complete first aid kits available as required.  |
| Rule: 5180:2-12-16 First Aid/Standard Precautions              | Compliant           | Documenting Statement: During the inspection, the requirements of the rule regarding first aid kits and standard precaution procedures were discussed.  |
| Doda   | Chatara             | December Chateron and (a) If a multiple   |
| Rule: 5180:2-12-16 Management of Communicable Disease          | Compliant Compliant | Documenting Statement(s), If applicable  Documenting Statement: The JFS 08087  "Communicable Disease Chart" was posted and was readily available to staff and parents.                                  |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5180:2-12-16 Incident/Injury<br>Reporting                      | Compliant           | booking statement(s), it approaches   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5180:2-12-17 Materials and<br>Equipment                        | Compliant           | Documenting Statement(S), it applicable   |
| Pula   | Chatus              | Decumenting State seart(s) If anyline la  |
| Rule 5180:2-12-17 Daily Schedule                               | Status<br>Compliant | Documenting Statement(s), If applicable   |



| <del></del>                               |            |   |
|---|------------|---|
|   |            |   |
|   |            |   |
| 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 |
| 5180:2-12-18 License Capacity             | Compliant  |   |
|   |            |   |
| Rule                                      | Status     | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio                  | Compliant  | Documenting Statement: Staff/child      |
| Naist 515512 12 16 Natio                  | Compilant  | 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: Cots were        |
| Maier 3100.2 12 20 cots and Mapping       | Compilarit | placed appropriately and safely during  |
|   |            | nap time.                               |
|   |            |   |
| Rule                                      | Status     | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision                  | Compliant  | Documenting statement(s), it applicable |
| 3100.2 12 13 Supervision                  | Compilant  |   |
|   |            |   |
| Rule                                      | Status     | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance               | Compliant  |   |
|   |            |   |
| Rule                                      | Status     | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-22 Meal and Snack         | Compliant  | Documenting Statement: The menu         |
| Requirements                              |            | posted reflected the meal served.       |
|   | 1          |   |
| Rule                                      | Status     | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food                    | Compliant  |   |
| Handling/Storage                          |            |   |
| P.J.                                      | Chatan     | D                                       |
| Rule 5180:2-12-22 Fluid Milk Requirements | Status     | Documenting Statement(s), If applicable |
| 5100.2-12-22 Fluid Will Requirements      | Compliant  |   |
| L.  | 1          | I.                                      |



| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5180:2-12-25 Medication | Compliant |   |
| Administration          | *         |   |