

## **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      |  |
| CORS HEAD START - URBANA NORTH | 000000400095            |                 | Child Care Center |  |
|                                |                         |                 |                   |  |
| Address                        |                         |                 | County            |  |
| 1471 E. US HIGHWAY 36 URBANA   |                         |                 | CHAMPAIGN         |  |
| ОН                             |                         |                 |                   |  |
| 43078                          |                         |                 |                   |  |
|                                |                         |                 |                   |  |
| Building Approval Date         | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 12/01/2010                     | E                       | 25              | 25                |  |
| Fire Inspection Approval Date  | Food Service Risk Level |                 |                   |  |
| 07/12/2025                     | Level IV                |                 |                   |  |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |  |
| Annual                 | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 09/17/2025             | 9:30 AM                        | 9:30 AM          |                   | 12:30 PM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Rebecca Worrell        |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                     | 5                              | 0                | 0                 | 5            |  |

| 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)                                 |                  | 6          | 0         | 6     |
| Young Toddler   |                  | 5          | 0         | 5     |
| Total Under 2 ½ Years                                     | 16               | 11         | 0         | 11    |
| Older Toddler   |                  | 5          | 0         | 5     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 16               | 5          | 0         | 16    |

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



| Toddler                  | 18 months to < 30 months | 2 to 8 | at arrival |
|--------------------------|--------------------------|--------|------------|
| Toddler                  | 18 months to < 30 months | 2 to 8 | nap        |
| Infant & Younger Toddler | 0 to < 12 months         | 2 to 6 | nap        |
| Infant & Younger Toddler | 0 to < 12 months         | 2 to 7 | at arrival |

## **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                                 |
| Moderate Risk Non-Compliances  No Moderate Risk Non-Compliances were observed during this inspection |
|  |
|  |
| 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: 07 Diapering & Infant Care

Rule: 5180:2-12-23 Infant Bottle and Food Preparation

Code: The program is required to obtain written instructions from parents regarding feeding their infant.

<u>Finding</u>: During the inspection, it was determined that written instructions for feeding the infants noted on the Children Record Review were missing information as noted in number(s) 1 below:

- 1. Written instructions were not on file.
- 2. Type of food and/or formula/breast milk was missing.
- 3. Amount of food and/or formula/breast milk was missing.
- 4. Feeding times or frequency of feedings was missing.
- 5. The written instructions on file had not been updated.

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: 08 Staff Files

Rule: 5180:2-12-07 Administrator Responsibilities/Requirements

Code: 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) 2,4 & 5 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: 10/17/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 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) 13 & 15 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 child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information



- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. 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: 09 Children's Files

Rule: 5180:2-12-25 Medication Administration

<u>Code</u>: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in number(s) 1 below:

- 1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
- 2. The medication, medical food, or topical product had expired and had not been removed from the program.
- 3. The prescription label had expired.

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

Corrective Action Plan Due: 10/17/2025



# Rules In-Compliance/Not Verified

| Rule   | Status   | Documenting Statement(s), If applicable   |
|--|--|---|
| Rule: 5180:2-12-16 Written Disaster  | Compliant  | Documenting Statement: Annual training    |
| Plan   |  | of the written disaster plan was          |
| scientification  |  | completed by staff.                       |
|  |  | , ,                                       |
|  | <u>t</u> .   |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-02 License Posted  | Compliant  |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-04 Building Department   | Compliant  |   |
| Inspection   |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-03 Inspection  | Compliant  |   |
| Requirements   |  |   |
|  | •  | ,   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-04 Fire Inspection   | Compliant  |   |
| ·  | ,  |   |
|  |  |   |
| 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:  |
|  |  | Audit number SRIE-DE7SAZ 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   |
| 5180:2-12-07 Written Program   | Compliant  |   |
| Policies and Procedures  | 8  |   |
|  |  | *   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-08 Medical Statement   | Compliant  | Documenting Statement: All employees      |
| To the Assessment Asse | Source of the basis of the state of the stat | had current medical statements on file.   |
|  |  |   |
|  | 1  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
|  | Committee (September 1997)   | (-//                                      |



| 5180:2-12-08 Child Care Staff Member                                   | Compliant           |  |
|--|---------------------|--|
| Educational Requirements   |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-08 Orientation<br>Training & Whistle Blower Protection | Compliant           | Documenting Statement: On the day of<br>the inspection, all child care staff<br>members had met orientation training<br>requirements.                      |
|  | I                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-09 Background Check<br>Requirements                    | Compliant           | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.                 |
| Dula   | Chahua              | Description (Antonomy)   If any limble   |
| Rule 5180:2-12-10 Health Training Requirements                         | Status Compliant    | Documenting Statement(s), If applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-10 Professional<br>Development Requirements            | Compliant           | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |
| D. J.  | Chahara             | Design Change and A If and include   |
| Rule<br>5180:2-12-11 Indoor Space<br>Requirements                      | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Separation of Children<br>Under 2 1/2 Years               | Compliant           | bocamenting statement(3), it applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-11 Outdoor Space<br>Requirements                       | Compliant           | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated   |
|  |                     | 7/29/25.   |
| Rule   | Status              | An exp (An)  |



| ~~~                                       |               |  |
|---|---------------|--|
| Rule                                      | Status        | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Outdoor Play Equipment       | Compliant     |  |
|   |               |  |
| 1   | I.            |  |
| Rule                                      | Status        | Documenting Statement(s), If applicable  |
| 5180:2-12-11 Outdoor Play Fall Zones      | Compliant     | bocumenting statement(3), it applicable  |
| 3180:2-12-11 Outdoor Play Fall Zories     | Compliant     |  |
|   |               |  |
| - 1                                       |               |  |
| 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                               |               |  |
|   | 1             |  |
| Rule                                      | Status        | Documenting Statement(s), If applicable  |
| -10.0 (20.00)                             | (maga) (1996) | Documenting statement(s), if applicable  |
| 5180:2-12-13 Handwashing                  | Compliant     |  |
| Requirements                              |               |  |
|   |               |  |
| Rule                                      | Status        | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-13 Smoke Free             | Compliant     | Documenting Statement: A notice was  |
| Environment                               |               | observed posted stating that smoking is  |
|   |               | prohibited at the program.   |
|   |               | promoted at the program  |
|   |               |  |
| Rule                                      | Status        | Decumenting Statement(s) If applicable   |
| 11000                                     |               | Documenting Statement(s), If applicable  |
| 5180:2-12-13 Toothbrushing                | Compliant     |  |
| Requirements                              |               |  |
|   |               |  |
| Rule                                      | Status        | Documenting Statement(s), If applicable  |
| 5180:2-12-15 Medical/Physical Care        | Compliant     |  |
| Plans                                     |               |  |
|   | 1             | <u> </u>   |
| Rule                                      | Status        | Documenting Statement(s), If applicable  |
| A. C. |               | Documenting Statement(3), it applicable  |
| 5180:2-12-16 Medical, Dental, and         | Compliant     |  |
| General Emergency Plan                    |               |  |
|   |               |  |
| 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.  |
|   |               | during this inspection.  |
|   |               |  |
|   |               |  |
| Rule                                      | Status        | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 First Aid/Standard     | Compliant     | Documenting Statement: During the  |
| Precautions                               |               | inspection, the program had complete   |
|   |               | first aid kits available as required.  |
|   | <u>I</u>      | production and the country of the co |



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|--|-----------|---|
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of   | Compliant |   |
| Communicable Disease   |           |   |
| 7.000.000  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury   | Compliant | bocumenting statement(s), it applicable |
| 1890 E. CEO  | Compliant |   |
| Reporting  |           |   |
| ÷ .  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and   | Compliant |   |
| Equipment  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Daily Schedule  | Compliant | Documenting Statement: Daily schedules  |
| Control of the Contro |           | were observed posted.                   |
|  |           | more observed posted.                   |
|  | L         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records  | T many    | Documenting Statement(s), it applicable |
| 5180:2-12-18 Attendance Records  | Compliant |   |
|  |           |   |
|  |           |   |
| 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.                     |
|  |           |   |
|  |           |   |
| 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: The Appendix A   |
| I TO NATION  | Compilant | "Staff/Child Ratios, Age Grouping and   |
|  |           |   |
|  |           | Maximum Group Size" was posted in a     |
|  |           | noticeable area at the program as       |
|  |           | required.                               |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping  | Compliant |   |
| 50 50 100,000  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
|  | *         |   |



| 5180:2-12-19 Supervision             | Compliant |  |
|--------------------------------------|-----------|--|
| Dolo                                 | Chahair   |  |
| Rule 5180:2-12-19 Child Guidance     | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-19 Child Guidance          | Compliant |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-20 Cribs             | Compliant | Documenting Statement: All cribs were      |
|                                      |           | labeled with the assigned infant's name.   |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-22 Meal and Snack    | Compliant | Documenting Statement: The food served     |
| Requirements                         |           | at meal time to the infants & toddlers was |
|                                      |           | developmentally appropriate and did not    |
|                                      |           | pose a choking hazard.                     |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-22 Safe Food               | Compliant | Bootimenting Statement(s), it approase     |
| Handling/Storage                     |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-22 Fluid Milk        | Compliant | Documenting Statement: All                 |
| Requirements                         |           | infants/toddlers were served               |
|                                      |           | formula/milk in sufficient amounts to      |
|                                      |           | meet the nutritional requirements.         |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate         |
| Significant Law Care                 | Joinplant | daily written records for all infants were |
|                                      |           | viewed.                                    |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-23 Diapering and Toilet    | Compliant |  |
| Training                             |           |  |