

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 http://jfs.ohio.gov/CDC/childcare.stm. 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 Details | | | | |
|--------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| HHWP HEAD START- FOREST CENTER | 000000408230 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 111 EAST DIXON STREET FOREST | | | HARDIN | |
| ОН | | | | |
| 45843 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| | | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 08/05/2024 | Level III | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 02/03/2025 | 11:00 AM | | 1:30 PM | |
| Reviewer: | | | | |
| Rita Campbell | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 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 | | 18 | 0 | 18 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 20 | 18 | 0 | 18 |

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



| Preschool | 2 to 12 | |
|-----------|---------|--|
| Preschool | 2 to 11 | |

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 | | | |
|---|--|--|--|
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| No Serious Risk Non-Compliances were observed during this inspection | | | |
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| Moderate Risk Non-Compliances | | | |
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| No Moderate Risk Non-Compliances were observed during this inspection | | | |
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| Low Risk Non-Compliances | | | |
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Domain: 03 Postings & Equipment

Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency

Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 1 below:

- 1. The plan was not posted in the fellowship hall
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 03/06/2025

Domain: 05 Health & Safety

Rule: 5180:2-12-16 First Aid/Standard Precautions

<u>Code</u>: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) 12 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.



- 9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).
- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.
- 13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- 14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
- 15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.
- 16. Soap or waterless sanitizer (field trip or transporting away from the program only).
- 17. Bottled water (field trip or transporting away from the program only).

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 Qualifications

<u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time

period.

<u>Finding</u>: During the inspection, it was determined that the administrator had an expired rules review course provided by this Department for program administrators within the time period defined in this rule. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance.

Corrective Action Plan Due: 03/06/2025



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|--|--|
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | on the county of the contract | of the written disaster plan was |
| 1,000,000 | | completed by staff. |
| | | January and the state of the st |
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: During the |
| Plan | · ' | inspection, the requirements of the rule |
| | | regarding the written disaster plan were |
| | | discussed. |
| | | |
| | | |
| 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. |
| | | |
| D. J. | Chahara | Downsonting Chapter (1) If the little |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-02 Current | Compliant | Documenting Statement: During the |
| Information | Section of the Sectio | inspection, the requirements of the rule |
| | | regarding maintaining current |
| | | information in the Ohio Child Licensing |
| | | and Quality System were discussed. |
| | | |
| | | |
| Rule | Status | 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 | | |
| Nuie. 5100:2-12-04 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 8/5/25. |
| | <u></u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | Joniphant | license was observed posted. Following is |
| - negalienens | | the audit number and date of expiration: |
| | | 9977352 and March 2025 |
| | | JJ11 JJE and Water 2023 |



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|--------------------------------------|-------------|---|
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Responsibilities/Requirements | 1 | administrator's hours of availability to |
| | | meet with parents were posted in a |
| | | noticeable location. |
| | | |
| Dula | Chahua | Designation Chatagogatha If and include |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | | have been made to the written policies |
| | | and procedures since it was last approved |
| | | by this Department. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | | had current medical statements on file. |
| | l. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
| 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 |
| Rule: 5180:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | Compilation | inspection, the required documentation |
| requirements | | regarding background checks was on file |
| | | for all employees listed. |
| | | ioi ali empioyees listed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |



| | | and readily accessible during all hours of operation. |
|--|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-10 Professional 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. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space Requirements | Compliant | bodimenting statement(s), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: Outdoor play was observed for the preschool group. |
| Rule: 5180:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 10/24/24 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was observed to be in good condition. |
| Bula | Chatus | Decumenting Statement(s) If applicable |
| Rule: 5180:2-12-11 Outdoor Play Equipment | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Outdoor equipment was viewed to be safe and free of rust, sharp points, and other hazards. |
| | | |
| Rule: 5180:2-12-11 Outdoor Play Fall Zones | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The protective material used under outdoor equipment was wood chips. |
| Dulo | Chatus | Decumenting State on aut (a) If a unit a late |
| Rule: 5180:2-12-12 Safe Environment | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Cleaning supplies were viewed stored out of the reach of children. |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|--|
| Rule: 5180:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, it was discussed that blankets |
| | | were washed weekly. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Handwashing | Compliant | Documenting Statement: Children were |
| Requirements | Compliant | viewed washing their hands, as required |
| Requirements | | by the rule. |
| | | by the rule. |
| | <u>.</u> | |
| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Toothbrushing | Compliant | Documenting Statement: Tooth brushing |
| Requirements | Compilant | is practiced by the program and it was |
| Requirements | | determined to meet the requirements |
| | | outlined in the rule. |
| | | outilited in the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation and | Compliant | Documenting Statement: The form(s) |
| Field Trip Procedures | | used by the program for routine and/or |
| | | field trips were verified to meet the |
| | | requirements of the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Child Medical and | | |
| Enrollment Records | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | ŀ | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Medical/Physical | Compliant | Documenting Statement: At the time of |
| Care Plans | | the inspection, there were no children |
| | | currently enrolled who had health |
| | | conditions. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| mate | Julius | pocumenting statement(3), ii 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: 5180:2-12-16 Management of Communicable Disease | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) below: 1 and 3 |
| | | A posted notice on the door. Verbal communication; A written notice to parents via email. A note posted on the classroom door; Other []. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Incident/Injury Reporting | Compliant | Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" one form was reviewed during this inspection were complete as required. |
| Rule: 5180:2-12-16 Incident/Injury Reporting | Compliant | Documenting Statement: The requirements for completing JFS 01299 "Incident/Injury Report For Child Care" reports were discussed during the inspection. |
| | | |
| Rule: 5180:2-12-17 Materials and Equipment | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Sufficient equipment was observed in all categories. |
| 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 |
| Rule: 5180:2-12-18 Attendance Records | Compliant | Documenting Statement: During the inspection, attendance records were reviewed. Child Care Staff Members were viewed recording the attendance for each child upon arrival and departure. All |



| | | attendance records met the requirements of the rule and were kept with the group at all times. |
|---------------------------------------|-----------|---|
| 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 |
| Rule: 5180:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play was observed for the preschool group. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 License Capacity | Compliant | Documenting Statement: The program was operating within their license capacity limits. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: During the inspection, enough Child Care Staff Members were employed to meet the staff/child ratios. |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |
| | | |
| Rule: 5180:2-12-20 Cots and Napping | Compliant | Documenting Statement(s), If applicable Documenting Statement: The cots were disinfected daily. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-19 Supervision | Compliant | Documenting Statement: During the inspection, child care staff were observed meeting the basic needs of all children assigned to the group. |
| Rule: 5180:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| Rule: 5180:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate |
| | | child guidance techniques and practices |
| | | were observed being used during the |
| | | inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu was |
| Requirements | | posted. |
| Rule: 5180:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu |
| Requirements | | posted reflected the meal served. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-22 Safe Food | Compliant | Documenting Statement: All eating |
| Handling/Storage | | utensils were developmentally |
| | | appropriate. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-25 Medication | Compliant | Documenting Statement: There were no |
| Λ -l: | I . | children on medication at the time of the |
| Administration | | |
| Administration | | inspection; however, the method of |
| Administration | | |