

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 | |
| KNOX COUNTY HEAD START NORTHGATE | 000000408238 | | Child Care Center | |
| CENTER | | | | |
| Address | | | County | |
| 20 NORTHGATE DRIVE MOUNT VERNON KNOX | | | KNOX | |
| ОН | | | | |
| 43050 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| | E | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 08/18/2025 | Level IV | | | |

| | Inspection Information | | | | |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection S | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 09/30/2025 | 10:00 AM | 10:00 AM | | 11:57 AM | |
| Reviewer: | | | | | |
| AMY HILLARD | | | | | |
| | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 0 | 0 | 0 | 0 | |

| 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) | | 2 | 0 | 2 |
| Young Toddler | | 5 | 0 | 5 |
| Total Under 2 ½ Years | 70 | 7 | 0 | 7 |
| Older Toddler | | 1 | 0 | 1 |
| Preschool | | 15 | 27 | 42 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 70 | 16 | 27 | 50 |

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



| Preschool Full Day | 3 years to < 4 years | 3 to 13 | |
|---------------------|----------------------|---------|--|
| Preschool Full Day | 3 years to < 4 years | 3 to 12 | |
| Part Time Preschool | 3 years to < 4 years | 2 to 9 | |
| Part Time Preschool | 3 years to < 4 years | 2 to 9 | |
| Infant/Toddler | 0 to < 12 months | 3 to 8 | |
| Infant/Toddler | 0 to < 12 months | 3 to 8 | |

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 | | | |
|---|--|--|--|
| CONTOUR MAINTENANCE | | | |
| No Serious Risk Non-Compliances were observed during this inspection | | | |
| No Schous Kisk Non-Compilances were observed during this hispection | | | |
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| Moderate Risk Non-Compliances | | | |
| Moderate hisk item compilations | | | |
| No Moderate Risk Non-Compliances were observed during this inspection | | | |
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| Low Risk Non-Compliances | | |
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| No Low Risk Non-Compliances were observed during this inspection | | |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5180:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| 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 |
| 5180:2-12-02 Current Information | Compliant | |
| | | |
| 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 | 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 8/18/26. |
| | | |
| Rule | Status | Desumenting Statement/s) If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement(s), If applicable Documenting Statement: The food service |
| Requirements | Compilant | license was observed posted. Following is |
| Requirements | | the audit number and date of expiration: |
| | | 0013518; 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 Administrator | Compliant | . , , , , , , , , , , , , , , , , , , , |
| Responsibilities/Requirements | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Compliant | bocumenting statement(5), it approase |
| Policies and Procedures | Compilant | |
| Dota | Chahara | Decree of the control of the control of |
| 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 | bocumenting statement(s), it approase |
| Educational Requirements | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & | Compliant | bocumenting statement(s), it applicable |
| Whistle Blower Protection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check | Compliant | Documenting Statement(s), if applicable |
| Requirements | Compliant | |
| | | |
| 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 |
| 30 St 650 | | Decame and State ment(s), it applicable |



| 5180:2-12-11 Indoor Space | Compliant | |
|--|---------------------|---|
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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 8/29/25. |
| Rule | Ctatus | Documenting Statement(s) If applicable |
| 5180:2-12-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
| 5180.2-12-12 Sale Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | bocumenting statement(s), if applicable |
| | | 10 11 11 11 |
| Rule 5180:2-12-12 Safe Environment | Status | Documenting Statement(s), If applicable |
| 3160.2-12-12 Sale Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Staff and 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: A notice was |
| Environment | | observed posted stating that smoking is prohibited at the program. |
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| Rule | Status | Documenting Statement(s), If applicable |



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| 5180:2-12-13 Toothbrushing | Compliant | |
| Requirements | ** | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Compliant | Beautienting Statement(s), in applicable |
| | Compilant | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Driver | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation - | Compliant | Documenting Statement: The vehicle(s) |
| (2.2) | Compliant | 3.00 |
| Vehicle Requirements | | used by the program to transport children |
| | | are inspected and licensed by the Ohio |
| | | State Highway Patrol. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| Emonnent Records | | |
| D. L. | C | D ' ' C' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | P | |
| General Emergency Flair | 26. | |
| D. I. | 6 | D '' C' 1 1/ 15 1: 11 |
| 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. |
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| | ¥. | - |
| Rule | Status | Documenting Statement(s), If applicable |
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| 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. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | Production of the control of the con | "Communicable Disease Chart" was |
| Communicable Discuse | | 200 No. Section Sectio |
| | | posted and was readily available to staff |
| | | and parents. |
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| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|--|
| 5180:2-12-16 Incident/Injury | 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 |
| , | · ' | were observed posted. |
| | | , and a second process |
| <u></u> | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | became many state ment(s), it approase |
| 3100.2 12 10 Attendance Records | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | bodamenting statement(s), it applicable |
| 3100.2 12 10 Group 3120 | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | Bocumenting Statement(3), if applicable |
| 3100.2 12 17 Daily Outdoor Flay | Compilant | |
| | <u></u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | bocumenting statement(s), it applicable |
| 3100.2 12 10 Electise capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| Nuic. 5100.2 12 10 Natio | Compilant | ratios observed during the inspection |
| | | surpassed those required by the rule. |
| | | surpassed those required by the rule. |
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| Dula | Chatus | Description Chater and A. If a will also |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Compliant | |
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| D. J. | Chat | Da Chat |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| | | Members were supervising the children |
| | | and were able to intervene as needed. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs | Compliant | |
| | 104 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu was |
| Requirements | | posted on the parent board. |
| 50 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | . | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| The second secon | and the second of the second o | |
| | 9- | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| <u> </u> | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | 0 () 1 |
| Administration | | |
| distribution of the contract o | 1 | Į. |
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