

## **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            | nils            |                   |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name                  | Program Number          |                 | Program Type      |
| LANCASTER HEAD START CENTER - | 000000408857            |                 | Child Care Center |
| SANDERSON CENTER              |                         |                 |                   |
| Address                       |                         |                 | County            |
| 1450 Marietta Road Lancaster  |                         |                 | FAIRFIELD         |
| ОН                            |                         |                 |                   |
| 43130                         |                         |                 |                   |
|                               |                         |                 |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 08/17/2017                    | E                       |                 |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 08/07/2023                    | Level III               |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | оре              | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 03/14/2024             | 8:30 AM                        |                  | 11:15 AM          |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 03/14/2024             | 8:40 AM                        |                  | 11:15 AM          |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 03/15/2024             | 3:20 PM                        |                  | 4:40 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| LISA NUTTER            |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Barbara Smith          |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| LISA NUTTER            |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 2                              | 0                | 0                 | 2            |

| 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                 |     | 125 | 0 | 125 |
| School Age                |     | 0   | 0 | 0   |
| Total Capacity/Enrollment | 120 | 125 | 0 | 125 |

| Staff-Child Ratios at the Time of Inspection |                          |                |              |  |
|--|--------------------------|----------------|--------------|--|
| Group  | Age Group/Range          | Ratio Observed | Comment      |  |
| Room 2                                       | 30 months to < 36 months | 2 to 15        |              |  |
| room 6                                       | 30 months to < 36 months | 2 to 15        |              |  |
| room 8                                       | 3 years to < 4 years     | 2 to 16        |              |  |
| room 9                                       | 3 years to < 4 years     | 2 to 15        |              |  |
| room 13                                      | 3 years to < 4 years     | 2 to 13        |              |  |
| room 16                                      | 3 years to < 4 years     | 2 to 11        |              |  |
| room 18                                      | 3 years to < 4 years     | 2 to 15        | outdoor play |  |

## **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: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

Code: The program is required to complete fire drills, weather drills, and emergency/lockdown drills

appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 3 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 04/14/2024

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

Code: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number(s) 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.

- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/14/2024

## **Rules In-Compliance/Not Verified**

| Rule                               | Status    | Documenting Statement(s), If applicable    |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted  | Compliant | Documenting Statement: The license was     |
|                                    |           | in a location visible to parents as        |
|                                    |           | required.                                  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-02 Current Information   | Compliant |  |
|                                    |           |  |
|                                    | 15        |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-03 Inspection            | Compliant |  |
| Requirements                       |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 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: 5101:2-12-04 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. |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service<br>Requirements                    | Compliant           | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: CSHEANKMJE 3/1/24.   |
|  |                     |   |
| Rule 5101:2-12-07 Administrator Qualifications                     | Status Compliant    | Documenting Statement(s), If applicable   |
|  | 1                   |   |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements      | Status<br>Compliant | Documenting Statement(s), If applicable   |
|  | 1 -                 |   |
| Rule 5101:2-12-07 Written Program Policies and Procedures          | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status              | Decumenting Statement(s) If applicable  |
| 5101:2-12-08 Medical Statement                                     | Compliant           | Documenting Statement(s), If applicable   |
|  | 1 -                 |   |
| Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-09 Background Check<br>Requirements                | Compliant           | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.  |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-10 Health Training Requirements                    | Compliant           | Documenting Statement: The program 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: 5101:2-12-10 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  |
| 5101:2-12-11 Indoor Space<br>Requirements                | Compliant           | bocumenting statement(s), ii applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 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 3/5/24.   |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment                      | Compliant           | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones                     | Compliant           | bocumenting statement(s), ii applicable  |
|  | I a                 |  |
| Sule 5101:2-12-12 Safe Equipment                         | Compliant           | Documenting Statement(s), If applicable  |
| Dula   | Chatter             | Decomposition Chatana and a) If any limited  |
| Rule: 5101:2-12-12 Safe Environment                      | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: A safe environment was observed during the inspection. Children were protected from items and conditions which threaten their health, safety and well-being. |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Sanitary Equipment and Environment    | Compliant           | Documenting Statement: During the inspection, the equipment was observed clean and in good repair.   |

| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|---------------------------------------|-----------|--|
| Rule: 5101:2-12-13 Handwashing        | Compliant | Documenting Statement: Staff and         |
| Requirements                          |           | children were observed washing hands as  |
| ·                                     |           | required by the rule.                    |
|                                       |           | , ,                                      |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free               | Compliant |  |
| Environment                           |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field | Compliant |  |
| Trip Procedures                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement: The driver(s)     |
| Driver Requirements                   |           | had completed the required ODJFS driver  |
|                                       |           | training.                                |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Child Medical and  | 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.  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 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. |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant | Documenting Statement: On the day of     |
| and General Emergency Plan            |           | the inspection, the complete prescribed  |
|                                       |           | JFS 01242 "Medical, Dental, and General  |
|                                       |           | Emergency Plan For Child Care" were      |
|                                       |           | posted in the program as required.       |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |

| D. L. 5404 2 42 46 First Aid/Glandad                  | C !' !      | December 61 december 19 december             |
|---|-------------|--|
| Rule: 5101:2-12-16 First Aid/Standard                 | Compliant   | Documenting Statement: During the            |
| Precautions   |             | inspection, the program had complete         |
|   |             | first aid kits available as required.        |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable      |
|   | Compliant   | Documenting Statement: The JFS 08087         |
| Rule: 5101:2-12-16 Management of Communicable Disease | Compliant   | "Communicable Disease Chart" was             |
|   |             | posted and was readily available to staff    |
|   |             | and parents.                                 |
|   |             | and parents.                                 |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable      |
| 5101:2-12-16 Incident/Injury                          | Compliant   |  |
| Reporting   |             |  |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable      |
| 5101:2-12-17 Daily Schedule                           | Compliant   |  |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable      |
| 5101:2-12-17 Materials and                            | Compliant   |  |
| Equipment   | Compilation |  |
| zgarpment   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable      |
| 5101:2-12-17 Daily Outdoor Play                       | Compliant   |  |
|   |             |  |
| 0.1   |             | D :: 6:                                      |
| Rule  | Status      | Documenting Statement(s), If applicable      |
| 5101:2-12-18 License Capacity                         | Compliant   |  |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable      |
| 5101:2-12-18 Ratio                                    | Compliant   |  |
|   |             |  |
| Dula  | Chabus      | Design orthing Chatery and A. If any live L. |
| Rule  | Status      | Documenting Statement(s), If applicable      |
| 5101:2-12-18 Group Size                               | Compliant   |  |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable      |
| Rule: 5101:2-12-18 Attendance                         | Compliant   | Documenting Statement: During the            |
| Records   |             | 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     |

| Rule  | Status    | Documenting Statement(s), If applicable                   |
|---|-----------|---|
| 5101:2-12-19 Supervision                    | Compliant | bocamenting statement(s), it applicable                   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                   |
| 5101:2-12-19 Child Guidance                 | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable                   |
| 5101:2-12-20 Cots and Napping               | Compliant | 2 2 2 3 2 3 2 3 3 4 7 7 7 7 P P P P P P P P P P P P P P P |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                   |
| 5101:2-12-22 Meal and Snack<br>Requirements | Compliant |   |
| requirements                                |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                   |
| 5101:2-12-22 Fluid Milk Requirements        | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable                   |
| 5101:2-12-22 Safe Food                      | Compliant | 3 (" 11   |
| Handling/Storage                            |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable                   |
| Rule: 5101:2-12-25 Medication               | Compliant | Documenting Statement: The program                        |
| Administration                              | ·         | had complete written documentation fo                     |
|   |           | administering medication or food                          |
|   |           | supplements.  |
|   | <u> </u>  | I   |
| Rule  | Status    | Documenting Statement(s), If applicable                   |
| Rule: 5101:2-12-16 Written Disaster         | Compliant | Documenting Statement: Annual training                    |
| Plan  |           | of the written disaster plan was                          |
|   |           | completed by staff.                                       |