

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 Deta | ils | |
|----------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| COSHOCTON COUNTY HEAD START, INC | 000000409579 | | Child Care Center |
| | | | |
| Address | | | County |
| 3201 COUNTY ROAD 16 COSHOCTON | | | COSHOCTON |
| OH 43812 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 08/14/2016 | E | 20 | 100 |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 08/19/2021 | Level III | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection | Scope | Inspection Notice | |
| Amendment - chang | ge of capacity Partial | | Unannounced | |
| Inspection Date 08/23/2023 | Begin Time | 10:45 AM | End Time 3:35 PM | |
| Reviewer: | | | | |
| SARAH HEIL-HINT | ON | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 6 | 1 | 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) | | 0 | 0 | 0 | |
| Young Toddler | | 0 | 0 | 0 | |
| Total Under 2 ½ Years | 32 | 0 | 0 | 0 | |
| Older Toddler | | 0 | 0 | 0 | |
| Preschool | | 0 | 0 | 0 | |
| School Age | | 0 | 0 | 0 | |
| Total Capacity/Enrollment | 87 | 0 | 0 | 0 | |

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

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.

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| Serious Risk Non-Compliances |
| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances |
| 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 |
|------------------------------------|--------------|-----------------------------------------|
| 5101:2-12-02 License Posted | Not Verified | bocumenting statement(s), if applicable |
| 5101.2-12-02 License Posteu | Not verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: Building |
| Department Inspection | | approval has been received for the |
| | | following room(s) the program will be |
| | | using: Preschool Rtoom 3. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: During the |
| | | inspection, documentation of a fire |
| | | inspection without any uncorrected |
| | | violations for the following additional |
| | | space was reviewed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-04 Food Service Requirements | Not Verified | |
|------------------------------------------------------|---------------|-----------------------------------------|
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | 0 |
| Suspension | | |
| · | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
| Rule | Status | Decumenting Statement/s) If a reliable |
| | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program Policies and Procedures | Not verified | |
| Folicies and Frocedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | boomening statement(s), it approads |
| | , rot rominos | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
| 2.1 | | D :: (1) 1/ 1/ 1/ 1/ |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check Requirements | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | Documenting statement(s), if applicable |
| Requirements | Troc vermed | |
| | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | |
| Requirements | | |
| | T - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | | |
| Pulo | Ctatus | Documenting Statement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-11 Outdoor Space | Not Verified | |
|-------------------------------------------------|------------------------|-----------------------------------------|
| Requirements | | |
| Rule | Status | Decumenting Statement/s) If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | Documenting Statement(s), If applicable |
| 3101.2 12 11 Outdoor Flay Equipment | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | bocumenting statement(s), if applicable |
| | oo mpilano | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | |
| Requirements | | |
| | I . | |
| Rule 5101:2-12-13 Smoke Free | Status Not Verified | Documenting Statement(s), If applicable |
| Environment | Not verified | |
| Liviloiment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
| Pulo | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-14 Transportation and Field | Status Not Verified | Documenting statement(s), if applicable |
| Trip Procedures | Troc vermed | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | Documenting statement(3), if applicable |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Deglinding: | | |
|-------------------------------------------|--------------|-------------------------------------------|
| 5101:2-12-15 Child Medical and | Not Verified | |
| Enrollment Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Not Verified | |
| | Not vermed | |
| Plans | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
| - | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | Bocamenting statement(3), it applicable |
| 1 3101.2-12-10 Emergency Drills | Not vermed | |
| | | |
| D. In | Chahara | December 5th to 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | 0 (7/11 |
| Communicable Disease | Troc vermed | |
| Communicable Disease | | |
| - 1 | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | Section 1 (c) |
| 3101.2 12 10 WHEEH BISUSEET HUH | Troc vermed | |
| | | |
| Dulo | Ctatus | Desumenting Statement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: During the |
| l land of the first to Electrice cupacity | | inspection, it was determined that the |
| | | • |
| | | program had requested a change in the |
| | | program's license capacity. Please be |
| | | reminded the license capacity change |
| | | shall not be in effect until Departmental |
| | | approval is received in writing by the |
| | | program. |
| | | program. |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-18 Ratio | Not Verified | g control (e), a spiparous |
| 3 2 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Not Verified | good mental good and mental good and approved a |
| 3101.2 12 10 0.00p 0.20 | Troc vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Not Verified | good mental good and mental good and approved a |
| 3101.2 12 10 Attendance necords | 1400 Verifica | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | boomening statement(s), it applicable |
| 3101.2 12 13 Supervision | 1400 Vermeu | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | booking statement(3), it applicable |
| J101.2-12-13 Cillia Galdance | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | bocamenting statement(3), it applicable |
| 3101.2-12-20 Cots and Napping | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | bocumenting statement(3), if applicable |
| 3101.2-12-20 CHb3 | Not verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | bocumenting statement(3), ii applicable |
| Care | Not vermed | |
| Care | | |
| D. J. | Chahara | Danish a Chahamanat/a\ If a malicalala |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-23 Infant Bottle and Food | Not Verified | |
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| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Not Verified | |
| Administration | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |