

## **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 Details                         |                         |                                |                   |  |
|---|-------------------------|--------------------------------|-------------------|--|
| Program Name                            | Program Number          |                                | Program Type      |  |
| COSHOCTON COUNTY HEAD START, INC        | 000000409579            | 000000409579 Child Care Center |                   |  |
|   |                         |                                |                   |  |
| Address                                 |                         |                                | County            |  |
| 3201 COUNTY ROAD 16 COSHOCTON COSHOCTON |                         |                                |                   |  |
| ОН                                      | OH                      |                                |                   |  |
| 43812                                   |                         |                                |                   |  |
|   |                         |                                |                   |  |
| Building Approval Date                  | Use Group/Code          | Occupancy Limit                | Maximum Under 2 ½ |  |
| 08/14/2016                              | E 100 100               |                                |                   |  |
| Fire Inspection Approval Date           | Food Service Risk Level |                                |                   |  |
| 08/09/2023                              | Level IV                |                                |                   |  |

| Inspection Information |                                |                     |                   |              |  |
|------------------------|--------------------------------|---------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope                | Inspection Notice |              |  |
| Amendment - chang      | ge of capacity Partial         |                     | Unannounced       |              |  |
| Inspection Date        | Begin Time                     | Begin Time End Time |                   |              |  |
| 05/03/2024             | 024 11:00 AM 12:05 PM          |                     |                   |              |  |
| Reviewer:              |                                |                     |                   |              |  |
| SARAH HEIL-HINTON      |                                |                     |                   |              |  |
| Summary of Findings    |                                |                     |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk    | No. Moderate Risk | No. Low Risk |  |
| 3                      | 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)                                  |                  | 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.

| 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 |  |
|                                  |              |  |
| Rule                             | Status       | Documenting Statement(s), If applicable    |
| 5101:2-12-02 Current Information | Not Verified |  |
| Rule                             | Status       | Documenting Statement(s), If applicable    |
| 5101:2-12-03 Inspection          | Not Verified | 2 comments of a comment (s), in applicable |
| 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 is           |
|                                  |              | anticipating using: Preschool Room 4.      |
|                                  |              |  |
| Rule                             | Status       | Documenting Statement(s), If applicable    |
| 5101:2-12-04 Fire Inspection     | Not Verified |  |
|                                  |              |  |
| Rule                             | Status       | Documenting Statement(s), If applicable    |
| 5101:2-12-04 Food Service        | Not Verified |  |
| Requirements                     |              |  |
| Rule                             | Status       | Documenting Statement(s), If applicable    |
| Truic                            | Status       | Documenting statement(3), it applicable    |

| DESIGNATION                         |              |   |
|-------------------------------------|--------------|---|
| 5101:2-12-05 Denial, Revocation and | Not Verified |   |
| Suspension                          |              |   |
| •                                   |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
|                                     |              | Documenting Statement(s), it 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       |              |   |
| responsibilities, requirements      | 1            |   |
| D. J.                               | Chatura      | Decree entire Chatemant/s) If and limbs                 |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
| 5101:2-12-07 Written Program        | Not Verified |   |
| Policies and Procedures             |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
| 5101:2-12-08 Medical Statement      | Not Verified | 3 (4)   |
| 3101.2 12 00 Wiediedi Statement     | Not vermed   |   |
|                                     | 1            |   |
| D. J.                               | Chatura      | Decree actions (technique) if an alimable               |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
| 5101:2-12-08 Orientation Training & | Not Verified |   |
| Whistle Blower Protection           |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
| 5101:2-12-09 Background Check       | Not Verified |   |
| Requirements                        | Troc vermeu  |   |
| Requirements                        |              |   |
| 2.1                                 |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
| 5101:2-12-10 Health Training        | Not Verified |   |
| Requirements                        |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
| 5101:2-12-10 Professional           | Not Verified | (-),  |
|                                     | Not vermed   |   |
| Development Requirements            |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
| Rule: 5101:2-12-11 Indoor Space     | Compliant    | Documenting Statement: The following                    |
| Requirements                        |              | additional space was measured during the                |
| ·                                   |              | inspection: Preschool Room 4.                           |
|                                     |              | - p 35333111 1 255313 5 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 |
|                                     | <u> </u>     |   |
| Dula                                | Chahua       | Decumenting Chalenger (1-) If a well-all-               |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
| 5101:2-12-11 Separation of Children | Not Verified |   |
| Under 2 1/2 Years                   |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable                 |
| 5101:2-12-11 Outdoor Space          | Not Verified | ,   |
| · ·                                 | 1,00 vermeu  |   |
| Requirements                        |              |   |

| Status       | Documenting Statement(s), If applicable   |
|--------------|---|
| Not Verified |   |
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|              | Documenting Statement(s), If applicable   |
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|              | Documenting Statement(s), If applicable   |
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| Status       | Documenting Statement(s), If applicable   |
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| Status       | Documenting Statement(s), If applicable   |
| Not Verified |   |
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|              | Status Not Verified  Status Not Verified |

| Rule  | Status        | Documenting Statement(s), If applicable   |
|---|---------------|---|
| 5101:2-12-15 Medical/Physical Care          | Not Verified  | Joseph Grand Company (1977) in approach   |
| Plans                                       |               |   |
|   | - 1           |   |
| 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  |   |
|   |               |   |
|   | T <b>a.</b> . | 2   |
| Rule  | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard Precautions | Not Verified  |   |
| Precautions                                 |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of                  | Not Verified  | Documenting statement(s), if applicable   |
| Communicable Disease                        | 140t verilled |   |
| Communicable Disease                        |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury                | Not Verified  | became many statement (5), in approach    |
| Reporting                                   | Troc vermed   |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule                 | Not Verified  | 3 (7, 11                                  |
| ,   |               |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Materials and                  | Not Verified  |   |
| Equipment                                   |               |   |
|   | 1.            |   |
| Rule  | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play             | Not Verified  |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 License Capacity         | Compliant     | Documenting Statement: During the         |
|   |               | 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.                                  |
|   |               |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Ratio                          | Not Verified  |   |

| Rule   | Status  | Documenting Statement(s), If applicable   |
|--|---|---|
|  | Not Verified  | bocumenting statement(3), ii applicable   |
| 5101:2-12-18 Group Size  | Not verified  |   |
|  |   |   |
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| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Attendance Records  | Not Verified  |   |
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| Rule   | Status  | Documenting Statement(s), If applicable   |
|  | Not Verified  | bocamenting statement(3), it applicable   |
| 5101:2-12-19 Supervision   | Not verified  |   |
|  |   |   |
|  |   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance  | Not Verified  |   |
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|  |   | <u> </u>  |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 110.10   | Not Verified  | bocamenting statement(s), it applicable   |
| 5101:2-12-20 Cots and Napping  | Not verified  |   |
|  |   |   |
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| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cribs   | Not Verified  |   |
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|  | •   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-12-21 Evening and Overnight   | Not Verified  | 2004 Heritang State Heritany, it applicable   |
|  | Not vermed  |   |
| Care   |   |   |
|  |   |   |
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| Rule   | Status  | Documenting Statement(s), If applicable   |
| Rule<br>5101:2-12-22 Meal and Snack  | Status<br>Not Verified  | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Meal and Snack  | 5 13:15:5   | Documenting Statement(s), If applicable   |
|  | 5 13:15:5   | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Meal and Snack<br>Requirements  | Not Verified  |   |
| 5101:2-12-22 Meal and Snack<br>Requirements  | Not Verified  Status  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack<br>Requirements  | Not Verified  |   |
| 5101:2-12-22 Meal and Snack<br>Requirements  | Not Verified  Status  |   |
| 5101:2-12-22 Meal and Snack<br>Requirements  | Not Verified  Status  |   |
| 5101:2-12-22 Meal and Snack<br>Requirements  | Not Verified  Status  | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule  | Not Verified  Status  Not Verified  Status  |   |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food   | Not Verified  Status  Not Verified  | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule  | Not Verified  Status  Not Verified  Status  | Documenting Statement(s), If applicable   |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food Handling/Storage  | Not Verified  Status Not Verified  Status Not Verified  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food   | Not Verified  Status Not Verified  Status Not Verified  Status Status Status                            | Documenting Statement(s), If applicable   |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food Handling/Storage  | Not Verified  Status Not Verified  Status Not Verified  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food Handling/Storage  Rule  | Not Verified  Status Not Verified  Status Not Verified  Status Status Status                            | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food Handling/Storage  Rule  | Not Verified  Status Not Verified  Status Not Verified  Status Status Status                            | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food Handling/Storage  Rule 5101:2-12-23 Infant Daily Care   | Not Verified  Status Not Verified  Status Not Verified  Status Not Verified                             | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food Handling/Storage  Rule 5101:2-12-23 Infant Daily Care   | Not Verified  Status Not Verified  Status Not Verified  Status Not Verified  Status Status Not Verified | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food Handling/Storage  Rule 5101:2-12-23 Infant Daily Care  Rule 5101:2-12-23 Infant Bottle and Food | Not Verified  Status Not Verified  Status Not Verified  Status Not Verified                             | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| S101:2-12-22 Meal and Snack Requirements  Rule 5101:2-12-22 Fluid Milk Requirements  Rule 5101:2-12-22 Safe Food Handling/Storage  Rule 5101:2-12-23 Infant Daily Care   | Not Verified  Status Not Verified  Status Not Verified  Status Not Verified  Status Status Not Verified | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| Rule                                 | Status       | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-12-23 Diapering and Toilet    | Not Verified |   |
| Training                             |              |   |
|                                      |              |   |
| 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             |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan   | Not Verified |   |
|                                      |              |   |
|                                      |              |   |