

## 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<br>CDC-Hilliard Head Start                | Program Number<br>000000411045      | Program Type<br>Child Care Center |                    |
| Address<br>3830 TRUE MAN COURT HILLIARD<br>OH<br>43026 |                                     |                                   | County<br>FRANKLIN |
| Building Approval Date                                 | Use Group/Code                      | Occupancy Limit                   | Maximum Under 2 ½  |
| Fire Inspection Approval Date<br>01/13/2025            | Food Service Risk Level<br>Level II |                                   |                    |

| Inspection Information        |                                     |                          |                        |                                  |
|-------------------------------|-------------------------------------|--------------------------|------------------------|----------------------------------|
| Inspection Type<br>Annual     |                                     | Inspection Scope<br>Full |                        | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/07/2025 |                                     | Begin Time<br>10:00 AM   |                        | End Time<br>1:30 PM              |
| Reviewer:<br>Colleen Adkinson |                                     |                          |                        |                                  |
| Summary of Findings           |                                     |                          |                        |                                  |
| No. Rules Verified<br>58      | No. Rules with Non-compliances<br>0 | No. Serious Risk<br>0    | No. Moderate Risk<br>0 | No. Low Risk<br>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     |
| <b>Total Under 2 ½ Years</b>                              | 0                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 51         | 0         | 51    |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 60               | 51         | 0         | 51    |

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

|        |                      |         |  |
|--------|----------------------|---------|--|
| Red    | 3 years to < 4 years | 3 to 16 |  |
| Red    | 3 years to < 4 years | 2 to 16 |  |
| Purple | 3 years to < 4 years | 2 to 14 |  |
| Purple | 3 years to < 4 years | 2 to 14 |  |
| Green  | 3 years to < 4 years | 2 to 15 |  |
| Green  | 3 years to < 4 years | 2 to 15 |  |

### 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

**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

**No Low Risk Non-Compliances were observed during this inspection**

### 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 Inspection | Compliant |                                         |
| 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 Requirements        | Compliant |                                         |
| Rule                                        | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection                | Compliant |                                         |

| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                 |
|---------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rule: 5180:2-12-04 Food Service Requirements                  | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: APEE-DDSS3J; 2/1/2026.                       |
| Rule: 5180:2-12-04 Food Service Requirements                  | Compliant | Documenting Statement: The off-site food processing establishment's current Ohio Department of Agriculture registration information was observed during the inspection. |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                 |
| 5180:2-12-07 Administrator Qualifications                     | Compliant |                                                                                                                                                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                 |
| 5180:2-12-07 Administrator Responsibilities/Requirements      | Compliant |                                                                                                                                                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                 |
| 5180:2-12-07 Written Program Policies and Procedures          | Compliant |                                                                                                                                                                         |
| 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 Educational Requirements | Compliant |                                                                                                                                                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                 |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |                                                                                                                                                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                 |
| 5180:2-12-09 Background Check Requirements                    | Compliant |                                                                                                                                                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                 |
| 5180:2-12-10 Health Training Requirements                     | Compliant |                                                                                                                                                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                 |
| 5180:2-12-10 Professional Development Requirements            | Compliant |                                                                                                                                                                         |

| Rule                                              | Status    | Documenting Statement(s), If applicable |
|---------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-11 Indoor Space Requirements            | Compliant |                                         |
| Rule                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space Requirements           | Compliant |                                         |
| Rule                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe 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 |                                         |
| Rule                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe 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 |
| 5180:2-12-13 Handwashing Requirements             | Compliant |                                         |
| Rule                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment               | Compliant |                                         |
| Rule                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Toothbrushing Requirements           | Compliant |                                         |
| Rule                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and Enrollment Records | Compliant |                                         |
| Rule                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care Plans          | Compliant |                                         |
| Rule                                              | Status    | Documenting Statement(s), If applicable |



|                                                          |           |                                         |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills                            | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard Precautions              | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease          | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury Reporting                   | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment                     | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule                              | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records                          | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size                                  | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play                          | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity                            | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio                                       | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping                            | Compliant |                                         |



| Rule                                       | Status    | Documenting Statement(s), If applicable |
|--------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-19 Supervision                   | Compliant |                                         |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance                | Compliant |                                         |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements   | Compliant |                                         |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage    | Compliant |                                         |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements       | Compliant |                                         |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet Training | Compliant |                                         |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication Administration     | Compliant |                                         |