

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
WILLARD HEAD START	000000500108		Child Care Center
Address	No.		County
1530 S. CONWELL ST WILLARD			HURON
ОН			
44890			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
07/01/2003	E	86	0
Fire Inspection Approval Date	Food Service Risk Level		
09/16/2016	Level IV		

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date	Begin Time		End Time	
12/04/2024	9:25 AM		12:40 PM	
Reviewer:				
ELAINE OBRIEN				
Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
58	6	0	1	6

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		4	0	4
Total Under 2 ½ Years	8	6	0	6
Older Toddler		2	0	2
Preschool		57	0	57
School Age		0	0	0
Total Capacity/Enrollment	78	59	0	65

S	taff-Child Ratios at the Time of I	nspection	
Group	Age Group/Range	Ratio Observed	Comment



Full Day 1	3 years to < 4 years	3 to 16	Arrival
Full Day 1	3 years to < 4 years	2 to 15	Lunch
Full Day 2	3 years to < 4 years	2 to 16	Arrival
Full Day 2	3 years to < 4 years	2 to 17	Lunch
Full Day 3	3 years to < 4 years	2 to 16	Arrival
Full Day 3	3 years to < 4 years	2 to 16	Nap
Early Head Start	Mixed Age Group	2 to 7	Arrival
Early Head Start	Mixed Age Group	3 to 7	Nap

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

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 2 through 19 -Page 2 was missing and 27, 28,29 30 and 31 below:

1. No plan was on file.



(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.



- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/03/2025

Low Risk Non-Compliances

Domain: 03 Postings & Equipment

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency

Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 7 below:

- 1. The plan was not posted in each classroom.
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. The plan was not implemented when necessary in that [].

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



Corrective Action Plan Due: 01/03/2025

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program is required to label all cribs.

<u>Finding</u>: During the inspection, it was determined that at least one crib was not labeled with the child's name, as required by this rule. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1 below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:
- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.



Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/03/2025

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 2,3,4,5 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/03/2025

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 12 below:

1. First Aid – child care staff members scheduled during the hours of [] and [] had expired training



- 2. First Aid child care staff members scheduled during the hours of [] and [] did not have verification of completion of First Aid
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of [] and [] had expired training
- 5. CPR child care staff scheduled during the hours of [] and [] had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care
- 8. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 9. Communicable Disease child care staff members scheduled during the hours of [] and [] had expired training
- 10. Communicable Disease child care staff scheduled during the hours of [] and [] had not taken Communicable Disease training
- 11. Communicable Disease trained child care staff member was not present in each building used by the program
- 12. Child Abuse child care staff members scheduled during the hours of 8:00am and 9:00am had expired training
- 13. Child Abuse child care staff scheduled during the hours of [] and [] had not taken Child Abuse training
- 14. Child Abuse trained child care staff was not in each building used by the program

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/03/2025

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1 and 2 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care



- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases
- required by division 5104.014 of the Revised Code and found in appendix A to this rule
- 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other []

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

Corrective Action Plan Due: 01/03/2025

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	
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: Please Note:
		Documentation of a fire inspection
		without any uncorrected violations must
		be secured for the program. Secure a
		new fire inspection by December
		21,2024.
Rule: 5101:2-12-04 Fire Inspection	Compliant	Documenting Statement: Although the
, e	*	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	Compliant	Documenting Statement: The food service
Requirements	3	license was observed posted. Following is
		the audit number and date of expiration:
		BDYR D32S8U Expires March 1, 2025
	T see	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-07 Administrator	Compliant	Documenting Statement: The
Qualifications		administrator has completed the rules
		review course.
DI	C	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
D. J.	C+-+	D
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Compliant	
Policies and Procedures		
D. J.	Chahara	Downsti Co. 1
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection		
P. I.		
Rule	Status	Documenting Statement(s), If applicable



v		
Rule: 5101:2-12-09 Background Check	Compliant	Documenting Statement: During the
Requirements		inspection, the required documentation
		regarding background checks was on file
		for all employees listed.
		,
	I.	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	Documental Betatement(e)) in approach
Property Japan State Company	Compilation	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Separation of Children	Compliant	
Under 2 1/2 Years	22	
Office 2 1/2 rears		
Pode	Chatana	D
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Play	Compliant	Documenting Statement: All equipment in
Equipment		the outdoor play space was observed to
Lquipment		be anchored and stable.
		be allchored and stable.
P. I	Clit	D
Rule: 5101:2-12-11 Outdoor Play	Compliant	Documenting Statement: Outdoor
Equipment		equipment was viewed to be safe and
		free of rust, sharp points, and other
		hazards.
Rule: 5101:2-12-11 Outdoor Play	Compliant	Documenting Statement: All equipment
Equipment		was observed to be properly placed out of
Laguipinent		the path of the main traffic pattern.
		the path of the main traine pattern.
Pule	Ctatus	Decumenting State aut/a) If a unlimble
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	
	•	,



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Compliant	0 (7)
Environment	,	
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	
Requirements	,	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
	•	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-13 Toothbrushing	Compliant	Documenting Statement: Tooth brushing
Requirements		is practiced by the program and it was
		determined to meet the requirements
		outlined in the rule.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Emergency Drills	Compliant	Documenting Statement: Documentation
		for completed fire, weather, and
		emergency/lockdown drills was verified
		during this inspection.
D. J.	Chathar	D
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard Precautions	Compliant	
Precautions	<u> </u>	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Management of	Compliant	Documenting Statement: The JFS 08087
Communicable Disease	Compilant	"Communicable Disease Chart" was
Communicable Disease		posted and was readily available to staff
		and parents.
		and parents.
	l .	
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
Rule: 5101:2-12-17 Materials and	Compliant	Documenting Statement: Sufficient
Equipment		equipment was observed in all categories.



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	
Dula	Chahira	Designation Chalanter and (a) If a malicular
Rule 5101:2-12-18 License Capacity	Status Compliant	Documenting Statement(s), If applicable
5101:2-12-16 License Capacity	Compliant	
	<u></u>	<u> </u>
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 Ratio	Compliant	Documenting Statement: Staff/child
		ratios observed during the inspection
		surpassed those required by the rule.
	p.	
Rule: 5101:2-12-18 Ratio	Compliant	Documenting Statement: The Appendix A
		"Staff/Child Ratios, Age Grouping and
		Maximum Group Size" was posted in a
		noticeable area at the program as
		required.
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	Booking statement(o), it applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Compliant	
1		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	Decamentally statement (e), it applicable
	September of the second	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-20 Cots and Napping	Compliant	Documenting Statement: Cots were
The state of the s		placed appropriately and safely during
		nap time.
		,
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
	1	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage		
		<u>,</u>
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Bottle and Food	Compliant	
Preparation		
	5	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Diapering and Toilet	Compliant	
Training		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Compliant	
Administration		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Compliant	
Educational Requirements	-59	
	=	•
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Written Disaster	Compliant	Documenting Statement: The program's
Plan		written disaster plan was reviewed during
		the inspection and met the requirements.
		200