

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 <u>http://jfs.ohio.gov/CDC/childcare.stm</u>. 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 |
| CORS HEAD START - VAN WERT | 00000503200 | | Child Care Center |
| Address 813 NORTH FRANKLIN STREET VAN WERT OH 45891 | | | County VAN WERT |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 1/2 |
| 06/01/2000 | E | None | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 01/05/2017 | Level III | | |

| Inspection Information | | | | |
|-------------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 01/31/2023 | Begin Time 1 | .0:00 AM | End Time 12:15 PM | |
| Reviewer: SARA DIERKSHEIDE | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 56 | 1 | 0 | 0 | 1 |

| 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 |] | 38 | 0 | 38 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 34 | 38 | 0 | 38 |

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



| Kids Corner | 3 years to < 4 years | 3 to 15 | |
|--------------|----------------------|---------|--|
| Bright Stars | 3 years to < 4 years | 3 to 17 | |

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: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications, medical foods and topical products. The program is also required to obtain separate documentation for each medication/product and child.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for the JFS 01217 "Request for Administration of Medication for Child Care" as noted in number(s) 6 below:

1. The program used an old version of the JFS 01217.

- 2. The signature date on the JFS 01217 exceeded more than 12 months.
- 3. The time period to administer the medication or medical food on the JFS 01217 was exceeded.
- 4. The JFS 01217 included more than one medication or medical food.
- 5. The JFS 01217 included more than one child's name.
- 6. The prescription label was not current.

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

Corrective Action Plan Due: 03/02/2023

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: On the day of |
| Department Inspection | | the inspection, the program was |
| | | operating in compliance with the current |
| | | building approval(s). |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| 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 2/9/23. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | BMER-CBW245, 3-1-23 |
| | | |
| | | |
| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Responsibilities/Requirements | | administrator's hours of availability to |
| | | meet with parents were posted in a |
| | | noticeable location. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: The written |
| Policies and Procedures | | policies and procedures reviewed on the |
| | | day of the inspection were verified as |
| | | complete. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | | had current medical statements on file. |
| L | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program. |
|--|---------------------|---|
| | | |
| | | |
| Rule Rule: 5101:2-12-08 Orientation | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: On the day of |
| Training & Whistle Blower Protection | Compliant | the inspection, all child care staff members had met orientation training requirements. |
| Rule | Status | Documenting Statement(c) If applicable |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement(s), If applicableDocumenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |
| | | |
| Rule | Status Compliant | 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 Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement(s), if applicable Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence. |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |



Equipment and Environment

| | | and documented, as required. The most |
|--------------------------------------|--------------|---|
| | | recent inspection report form was dated |
| | | 1/27/23. |
| | | -,, |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Not Verified | Documenting Statement: The outdoor |
| Equipment | | play space and equipment were not |
| | | viewed during this inspection due to snow |
| | | covering; however, the requirements |
| | | were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Not Verified | Documenting Statement(s), if applicable |
| | Not vermeu | |
| Zones | | surfaces under the outdoor equipment |
| | | were not viewed during this inspection |
| | | due to snow covering however, the |
| | | requirements were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | Compliance | supplies were viewed stored out of the |
| | | reach of children. |
| | | |
| Rule: 5101:2-12-12 Safe Environment | Compliant | 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: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: All area rugs |
| | | had nonskid backing. |
| Rule: 5101:2-12-12 Safe Environment | Concliant | Desumenting Statements All electrical |
| Rule: 5101:2-12-12 Sale Environment | Compliant | Documenting Statement: All electrical |
| | | outlets were covered with safety |
| | | receptacles. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Fouriers and and Fouriers and | | in a second s |

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 | compliant | children were observed washing hands as |
| nequirements | | required by the rule. |
| | | required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | | observed posted stating that smoking is |
| | | prohibited at the program. |
| | | |
| 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. |
| | | outlined in the rule. |
| | | |
| 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: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: In review of |
| Enrollment Records | Compliant | 25% of the records, at the time of the |
| | | |
| | | inspection, children's medical statements |
| | | were complete and on file, 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 |
| and ceneral emergency rian | | JFS 01242 "Medical, Dental, and General |
| | | |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |



| Bula | Status | Decumenting Statement(s) If englished |
|---------------------------------------|-----------|---|
| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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 |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement(s), if applicable |
| Communicable Disease | Compliant | "Communicable Disease Chart" was |
| Communicable Disease | | |
| | | posted and was readily available to staff |
| | | and parents. |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The program |
| Communicable Disease | | staff stated parents were informed when |
| | | their child had any exposure to a |
| | | contagious illness by number(s) 5 below: |
| | | contagious inness by number (s) 5 below. |
| | | 1. A posted notice; |
| | | 2. Verbal communication; |
| | | 3. A written notice sent home; |
| | | 4. A note posted on the classroom door; |
| | | 5. Other: Health Alert |
| | | |
| Dula | Chature | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The JFS 01299 |
| Reporting | | "Incident/Injury Report For Child Care" |
| | | forms reviewed during this inspection |
| | | were complete as required. |
| L | 1 | I |
| 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. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
| L | | |
| | | |



| Rule | Status | Documenting Statement(s) If applicable |
|---------------------------------------|---------------------|---|
| Rule: 5101:2-12-17 Materials and | | Documenting Statement(s), If applicable |
| | Compliant | Documenting Statement: Sufficient |
| Equipment | | equipment was observed in all categories. |
| | | |
| Dula | Chatura | Desumenting Statement/s) If emplicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding daily outdoor play were |
| | | discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| | Compliant | was operating within their license |
| | | capacity limits. |
| | | capacity infints. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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. |
| | | |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| Rule | Status | Decumenting Statement(c) if emplicable |
| Rule: 5101:2-12-18 Group Size | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The group sizes |
| Rule: 5101.2-12-18 Gloup Size | Compliant | observed on the day of the inspection |
| | | |
| | | were in compliance. |
| | | |
| 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 |
| | | at all times. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|---|



| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |
|---|-----------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection. |
| | l - | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time. |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: The cots were disinfected daily. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Meals served at the program included foods from the four food groups in sufficient amounts. |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Meals were provided at intervals as required by this rule. |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The menu was posted in each classroom. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food Handling/Storage | Compliant | Documenting Statement: Food was stored in a safe and sanitary manner. |
| | 1 | I |