

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 | ails | | |
|--|---------------------|-------------------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| LEAGUE STREET HEAD START | 000000503255 | | Child Care Center | |
| Address 11 E. LEAGUE STREET NORWALK OH 44857 | | | County HURON | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 05/19/1994 | E with I-2 | 37 | 0 | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | | |
| 02/01/2018 | Level II | Level II | | |

| Inspection Information | | | | |
|---|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date Begin Time 9:45 AM End Time 11:30 AM 04/18/2023 | | | | |
| Inspection Date Begin Time 9:15 AM End Time 10:54 AM 05/11/2023 | | | | |
| Reviewer: MARY WOODLAND | | | | |
| Reviewer: MARY WOODLAND | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 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 | | 15 | 23 | 38 |
| School Age | | 0 | 0 | 0 |

| Total Capacity/Enrollment 37 15 23 38 |
|---|
|---|

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|----------------------|----------------|-------------------|--|
| Group | Age Group/Range | Ratio Observed | Comment | |
| Full Day Room 1 | 3 years to < 4 years | 2 to 11 | At Arrival | |
| Full Day Room 1 | 3 years to < 4 years | 2 to 11 | During Activities | |
| Full Day Room 1 | 3 years to < 4 years | 2 to 9 | Day 2 at Arrival | |
| Room 2 AM | 3 years to < 4 years | 2 to 11 | At Arrival | |
| Room 2 AM | 3 years to < 4 years | 2 to 11 | During Lunch | |
| | | | Prep | |
| Room 2 AM | 3 years to < 4 years | 2 to 8 | Day 2 at Arrival | |

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

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) 1; 2; 5; 6 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: 06/10/2023

Rules In-Compliance/Not Verified

| _ | | | |
|---|-----------------------------|-----------|---|
| | Rule | Status | Documenting Statement(s), If applicable |
| | 5101:2-12-02 License Posted | Compliant | |

| 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 | ' | |
| qu | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | Documenting statement(s); it applicable |
| Inspection | Compilant | |
| тэреспот | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | | Documenting Statement: Please Note: |
| Kule. 5101.2-12-04 Fire Hispection | Compliant | = |
| | | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by 9/8/23. |
| | | |
| | | |
| 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: |
| | | BMFN-8QFRMY and 3/1/24. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | ' | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | 301117113116 | have been made to the written policies |
| - Choice and Frocedures | | and procedures since it was last approved |
| | | · · · · · · · · · · · · · · · · · · · |
| | | by this Department. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | Documenting Statement(s), it applicable |
| | Compnant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 11010 | Julia | Documenting statement(s), it applicable |

| Carrier C | 1 | |
|---|--------------|--|
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| 111111111111111111111111111111111111111 | | educational requirements on file at the |
| | | · |
| | | program. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| | Compilant | inspection, the required documentation |
| Requirements | | |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), it applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 | <u>, </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | 2004 |
| 3101.2 12 11 Outdoor Flay Equipment | Compliant | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was rubber mulch. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), it applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | | |
| 2.1 | C | D " () () () () |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | | | |
|---|-----------|---|--|--|
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-13 Handwashing | Compliant | | | |
| Requirements | | | | |
| печанения | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-13 Smoke Free | Compliant | | | |
| Environment | | | | |
| 2 | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-13 Toothbrushing | Compliant | | | |
| Requirements | | | | |
| педанения | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-14 Transportation and Field | Compliant | , , , , , , , , , , , , , , , , , , , | | |
| Trip Procedures | - 2laaa | | | |
| | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The driver(s) | | |
| Driver Requirements | Compliant | had completed the required ODJFS driver | | |
| The requirements | | training. | | |
| | | | | |
| | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The vehicle(s) | | |
| Vehicle Requirements | ' | used by the program to transport children | | |
| ' | | are inspected and licensed by the Ohio | | |
| | | State Highway Patrol. | | |
| | | | | |
| | | | | |
| 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 | Status | Documenting Statement(s), If applicable | | |
| 5101:2-12-15 Medical/Physical Care | Compliant | | | |
| Plans | | | | |
| | | | | |
| 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 | | |
| | | JFS 01242 "Medical, Dental, and General | | |

| | | Emergency Plan For Child Care" were posted in the program as required. |
|--|---------------------|--|
| 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 Precautions | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Dula | Chahara | Decree of the Chateron of the Indianal Chateron |
| Sule 5101:2-12-16 Management of Communicable Disease | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | bocamenting statement(s), if applicable |
| Dula | Chahua | Described Chatago ant/o) If a malicular |
| Rule: 5101:2-12-17 Materials and | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Sufficient |
| Equipment | | equipment was observed in all categories. |
| Dulo | Chatus | Documenting States and (a) If a value late |
| Rule 5101:2-12-17 Daily Outdoor Play | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | bocumenting statement(s), if applicable |
| Dulo | Ctatus | Documenting States and (a) If any live life |
| Rule 5101:2-12-18 Ratio | Status Compliant | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | bootinenting statement(s), if approach |
| | | |
| Dula | Ctatus | Decrease in a Chate manufal of annihilation |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Posted menus |
| Requirements | | were current and dated. |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals served at |
| Requirements | | the program included foods from the four |
| · | | food groups in sufficient amounts. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | Documentally ottatement (o), it approaches |
| L | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | Documenting statement(s), if applicable |
| Handling/Storage | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration | | had complete written documentation for |
| | | administering medication or food |
| | | supplements. |
| | | |
| | | |