Department of Children & Youth

# 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>HIGHLAND HEAD START | Program Number<br>000000408259 | Program Type<br>Child Care Center |
| Address<br>1511 HUTCHINS STREET PORTSMOUTH<br>OH<br>45662 | | County<br>SCIOTO |

| Building Approval Date | Use Group/Code<br>E | Occupancy Limit | Maximum Under 2 ½ |
|---|---|---|---|
| Fire Inspection Approval Date<br>08/13/2024 | Food Service Risk Level<br>Level IV | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Annual | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/08/2024 | Begin Time<br>9:15 AM | End Time<br>1:00 PM |
| Inspection Date<br>10/08/2024 | Begin Time<br>9:15 AM | End Time<br>1:00 PM |
| Reviewer:<br>Alisha Goddard | | |
| Reviewer:<br>ANNE BLANKESTYN | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 3 | 0 | 1 | 2 |

| 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) | | 3 | 0 | 3 |
| Young Toddler | | 3 | 0 | 3 |
| **Total Under 2 ½ Years** | 14 | 6 | 0 | 6 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 44 | 0 | 44 |
| School Age | | 0 | 0 | 0 |
| **Total Capacity/Enrollment** | 184 | 47 | 0 | 53 |

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| Staff-Child Ratios at the Time of Inspection | | | |
|---|---|---|---|
| **Group** | **Age Group/Range** | **Ratio Observed** | **Comment** |
| Preschool 1 | 3 years to < 4 years | 2 to 12 | |
| Preschool 1 | 3 years to < 4 years | 3 to 12 | |
| EARLY PRESCHOOL | 0 to < 12 months | 2 to 8 | |
| EARLY PRESCHOOL | 0 to < 12 months | 3 to 8 | |
| Preschool 2 | 3 years to < 4 years | 2 to 13 | |
| Preschool 2 | 3 years to < 4 years | 3 to 13 | |
| Preschool 3 | 3 years to < 4 years | 3 to 15 | |
| Preschool 3 | 3 years to < 4 years | 3 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 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
Code: 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.

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Finding: 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 35 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.

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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: 11/07/2024

**Low Risk Non-Compliances**

**Domain: 08 Staff Files**

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

Finding: 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 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: 11/07/2024

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**Domain: 08 Staff Files**

Rule: 5101:2-12-10 Professional Development Requirements
Code: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

Finding: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.
2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
3. Training topic did not meet the requirements listed in appendix A of this rule.
4. Documentation of training did not meet the requirements of this rule.
5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
6. Other [ ].

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

Corrective Action Plan Due: 11/07/2024

## 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 | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-03 Inspection Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-04 Building Department Inspection | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-04 Fire Inspection | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-04 Food Service Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Administrator Qualifications | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-07 Written Program Policies and Procedures | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-08 Medical Statement | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-09 Background Check Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Indoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |

| 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 Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Handwashing Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Smoke Free Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-13 Toothbrushing Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation - Driver Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-14 Transportation - Vehicle Requirements | Compliant | |

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

| | | |
|---|---|---|
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: At the time of 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 Enrollment Records | Compliant | Documenting Statement: In review of 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 |
|---|---|---|
| 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Emergency Drills | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 First Aid/Standard Precautions | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Management of Communicable Disease | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Incident/Injury Reporting | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-17 Daily Schedule | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-17 Materials and Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-17 Daily Outdoor Play | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-18 License Capacity | Compliant | |

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

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| | | |
|---|---|---|
| 5101:2-12-18 Ratio | Compliant | |

| 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 | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-20 Cots and Napping | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-20 Cribs | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-22 Meal and Snack Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | |

| 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 Preparation | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-23 Diapering and Toilet Training | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-25 Medication Administration | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-16 Written Disaster Plan | Compliant | |