

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 | Program Number | | Program Type | |
| TINY FACES CHILDCARE | 00000100195 | | Child Care Center | |
| Address 211 REDONDO ROAD YOUNGSTOWN OH 44504 | | | County MAHONING | |
| | | | | |
| Building Approval Date | Use Group/Code E | Occupancy Limit | Maximum Under 2 ½ | |
| Fire Inspection Approval Date | Food Service Risk L | evel | I | |
| 09/14/2020 | Level IV | | | |

| Inspection Information | | | | |
|-------------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 06/23/2021 | Begin Time 1 | :00 PM | End Time 6:00 PM | |
| Inspection Date 06/24/2021 | Begin Time 3 | :00 PM | End Time 4:30 PM | |
| Reviewer: KATHLEEN BONACCI | | | | |
| Reviewer: KATHLEEN BONACCI | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 59 | 7 | 0 | 2 | 8 |

| 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) | | 9 | 0 | 9 | |
| Young Toddler | | 10 | 0 | 10 | |
| Total Under 2 ½ Years | 31 | 19 | 0 | 19 | |
| Older Toddler | | 1 | 0 | 1 | |
| Preschool | | 17 | 0 | 17 | |
| School Age | | 33 | 0 | 33 | |
| Total Capacity/Enrollment | 102 | 51 | 0 | 70 | |



| Staff-Child Ratios at the Time of Inspection | | | |
|--|--------------------------|----------------|-------------------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infant | 0 to < 12 months | 2 to 5 | Floor time |
| | | | Diaper change |
| | | | Sleeping in cribs |
| Toddler | 12 months to < 18 months | 2 to 7 | 17 months - 33 |
| | | | months |
| | | | Nap |
| Preschool 1 & 2 | 3 years to < 4 years | 2 to 9 | Nap |
| School age 1 & 2 | School-Age to < 11 years | 1 to 10 | Nap |

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration and Food Supplements

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.



<u>Finding</u>: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication, food supplement or medical food to a child as noted in numbers 1, 8, 17, 18, 21 below:

- 1. No JFS 01217 "Request for Administration of Medication for Child Care" was on file.
- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217.
- 4. The child's weight was missing on the JFS 01217.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217.
- 7. The time to administer was missing on the JFS 01217.
- 8. The time period to administer was missing on the JFS 01217.
- 9. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 10. Possible side effects were missing on the JFS 01217.
- 11. Expiration date was missing on the JFS 01217.
- 12. Physician instructions were missing on the JFS 01217.
- 13. Physician's dated signature was missing on the JFS 01217.
- 14. Physician's phone number was missing on the JFS 01217.
- 15. Date medication was administered was missing on the JFS 01217.
- 16. Time medication was administered was missing on the JFS 01217.
- 17. Dosage administered was missing on the JFS 01217.
- 18. Staff member's signature was missing on the JFS 01217.
- 19. A prescription label was not attached to the prescription medication.
- 20. The medication or product, [], was not brought to the program in its original container.
- 21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/08/2021

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" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 "Child Medical/Physical Care Plan" for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan" must be on file for any child having health conditions which require monitoring for symptoms or a medical procedure be performed at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 4,6,8 9,10,13,16 below:



Department of Education Department of Job and Family Services

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Symptoms to watch for were missing.
- 6. Action to be taken if symptoms to occur were missing.
- 7. Activities/foods/environmental conditions to avoid, if applicable, were missing.
- 8. Medical procedures to be followed were missing.
- 9. Expected benefit was missing.
- 10. Name of any applicable medication was missing.
- 11. 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.
- 12. Instructions regarding emergency evacuation, if applicable, were missing.
- 13. Training instructions were missing.
- 14. Dated signature of parent or certified professional who trained the program staff was missing.
- 15. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 16. Directions regarding additional services, if applicable, were missing.
- 17. Dated signature of parent giving permission to perform the procedure was missing.
- 18. Dated signature of program administrator was missing.
- 19. The plan was not implemented.
- 20. The plan was not able to be implemented due to conflicting information.
- 21. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236 "Child Medical/Physical Care Plan", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/08/2021

Low Risk Non-Compliances

Domain: 07 Diapering & Infant Care

<u>Rule</u>: 5101:2-12-23 Infant Bottle and Food Preparation <u>Code</u>: The program staff is required to label and store bottles with breast milk following the requirements in rule.

<u>Finding</u>: During the inspection, it was determined that breast milk provided by the parent was not stored appropriately as noted in number 1 below:

1. Not labeled with date pumped, and date bottle was prepared;

2. Not immediately refrigerated or frozen;



- 3. Stored at room temperature longer than eight hours;
- 4. Stored at the program for more than five days after it was expressed;
- 5. Stored longer than two weeks in the freezer compartment of the refrigerator;
- 6. Stored longer than six months in the refrigerator/freezer;
- 7. Stored longer than twelve months in the deep freezer;
- 8. Other [].

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

Corrective Action Plan Due: 08/08/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number 2.

1. Date of examination;

2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;

- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test

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 4a;
- 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, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/08/2021



Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-08 Child Care Staff Member Educational Requirements <u>Code</u>: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file for Child Care Staff Member listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/08/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: In review of the staff records, it was determined that completed medical examination statement for the employee listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/08/2021

Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-10 Health Training Requirements <u>Code</u>: The program is required to have staff complete the required one hour prescribed Child Abuse training.

<u>Finding</u>: In review of the staff records, it was determined that the requirement for the ODJFS one-hour prescribed Child Abuse Training was not met as noted in number 3 below:

- 1. The training was not completed within sixty days of hire;
- 2. The training expired, as it is only valid for two years;
- 3. Not all administrators, Child Care Staff Members, and substitutes have completed the training.

Refer to the Employee Record Chart for the name(s) of the Child Care Staff Member(s) who must complete the ODJFS one-hour prescribed Child Abuse Training. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 08/08/2021

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration and Food Supplements

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year.

<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 1 below:

- 1. The JFS 01217 was missing or incomplete for topical ointment . Weight
- 2. The program used an old version of the JFS 01217.
- 3. The signature date on the JFS 01217 exceeded more than 12 months.
- 4. The time period to administer the medication on the JFS 01217 was exceeded.
- 5. The JFS 01217 included more than one medication.
- 6. The JFS 01217 included more than one child's name.
- 7. The JFS 01217 was not on file for one year.
- 8. 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: 08/08/2021

Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in numbers 4, 7 11,12, 13 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete parent information
- 4. Complete emergency contact information



Department of Education Department of Job and Family Services

- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. Other []

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: 09 Children's Files

<u>Rule</u>: 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 8 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file were 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. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care

6. 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

- 7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 8. 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

9. 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

10. Other []

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



Corrective Action Plan Due: 08/08/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Approval | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food License | Compliant | Documenting Statement: The food service |
| | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | the addit number and date of expiration: |



| 1 | |
|-----------|---|
| | 9917711,272,Youngstown, Class 4, |
| | expires 3-2-2022. |
| | |
| Chature | |
| | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| Status | Documenting Statement(s), If applicable |
| | |
| compliant | |
| 1 | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| Status | Documenting Statement(s), If applicable |
| | Documenting Statement(s), if applicable |
| Compliant | inspection, one first aid kit was reviewed |
| | and available as required. |
| | and available as required. |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: No changes |
| | have been made to the written policies |
| | and procedures since it was last approved |
| | by this Department. |
| | |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: The written |
| | security plan was reviewed. |
| Compliant | Documenting Statement: During the |
| Compliant | Documenting Statement: During the inspection, the requirements of the rule |
| | |
| | |
| | regarding evening and overnight care |
| | |
| | Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | compliant | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| | | |
| 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 |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Desumenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor |
| Requirements | compliant | play area is separated from traffic and |
| Requirements | | |
| | | other hazards by a fence. |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. The most |
| | | |
| | | recent inspection report form was dated |
| | | 6-9-21. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staf |
| | | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: The cots/mats |
| | compliant | were disinfected daily. |
| 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 rest area had adequate lighting, which allowed for the visual supervision of children. |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Children who did not fall asleep were permitted to engage in the following quiet activities: books on cot. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | compliant | |
| | | |
| 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. |
| Dula | Chabus | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were labeled with the assigned infant's name. |
| Rule | Status | Documenting Statement(s), If applicable |
| Nuit | Jatus | Documenting statement(s), if applicable |



| 5404-2 42 44 Corporation of Children | Compliant | |
|---|---------------------|--|
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff | Compliant | |
| Records | Compliant | |
| | <u>i</u> | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Pets were |
| Rule: 5101.2-12-12 Sale Linvironment | Compliant | viewed to be properly housed and cared |
| | | for. Fish. |
| | | |
| 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. |
| | <u> </u> | |
| | Chathan | Desurrenting (totoment/c) If applicable |
| Rule 5101:2-12-14 Transportation and Field | Status Compliant | Documenting Statement(s), If applicable |
| Trip Procedures | Compliant | |
| Therrocedures | <u> </u> | |
| 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. |
| | <u> </u> | |
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: During the |
| Reporting | | inspection, the requirements of the rule |
| | | regarding reporting incidents and injuries |
| | | were discussed. |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | Documenting statement(s), it appresses |
| General Emergency Plan | | |
| | L | |

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



| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: During the 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: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding attendance records were discussed. |

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

| 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 | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate |
| Toilet Training | | diaper changing procedures were |
| | | observed during the inspection in the |
| | | infant room. |
| | | |

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

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



| 5101:2-12-07 Administrator | Compliant | |
|-------------------------------|-----------|---|
| Responsibilities/Requirements | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| Rule: CCCMTL No. 25 | Compliant | Documenting Statement(s), If applicableDocumenting Statement: During the inspection, documents and/or professional development as outlined in Child Care Center Manual Transmittal Letter (CCCMTL) No. 25, "Reopening Child Care Operations Following the Response to the Coronavirus (COVID-19) Pandemic", were not assessed. Compliance not assessed until July 1, 2021: Professional development. Requirements will be assessed according to the schedule outlined in CCCMTL No. 25. Please ensure all requirements are met and maintained on file for review. |
| | | |