

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 | |
| KID WATCH | 000000101834 | | Child Care Center | |
| Address 619 E MAIN ST LOUISVILLE | | | County STARK | |
| OH 44641 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 10/25/1995 | E | 441 | 0 | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | | |
| 08/14/2020 | Level II | Level II | | |

| Inspection Information | | | | |
|------------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date Begin Time 9 | | :00 AM | End Time 5:50 PM | |
| Reviewer: | Reviewer: | | | |
| SARAH HEIL-HINTON | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 13 | 0 | 2 | 14 |

| 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 | | 140 | 0 | 140 |
| School Age | | 0 | 60 | 60 |
| Total Capacity/Enrollment | 192 | 140 | 60 | 200 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|----------------|-------------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Busy Bees (Part Day) | 3 years to < 4 years | 2 to 15 | Circle Time |

| Busy Bees (Part Day) | 3 years to < 4 years | 2 to 15 | Free Paly |
|----------------------------|--------------------------|---------|-------------------|
| Teddy Bears (Part Day) | 30 months to < 36 months | 2 to 10 | Free Paly |
| Teddy Bears (Part Day) | 30 months to < 36 months | 2 to 10 | Outdoor Play |
| Early Explorers (Part Day) | 3 years to < 4 years | 2 to 19 | Free Play |
| Early Explorers (Part Day) | 3 years to < 4 years | 2 to 19 | Outdoor Play |
| Big Builders (Part Day) | 4 years to < 5 years | 2 to 17 | Small Group |
| | | | Activity |
| Big Builders (Part Day) | 4 years to < 5 years | 2 to 17 | Handwashing/Snack |
| School Age | School-Age to < 11 years | 2 to 4 | Outdoor Play |
| Extended Day | 3 years to < 4 years | 2 to 20 | Lunch |
| Extended Day | 3 years to < 4 years | 3 to 13 | Naptime |

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: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have all staff request background checks as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number(s) 1 below:

- 1. Submitting the JFS 01175 "Request for a Background Check for Child Care" to the Department or the OPR;
- 2. Submitting fingerprints electronically according to the process established by BCI.

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

Corrective Action Plan Due: 10/27/2021

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(s) 6 below:

- 1. No plan was on file (strawberry allergy & nut allergies).
- 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: 10/27/2021



Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-12-02 Current Information

<u>Code</u>: The rule requires the JFS 00598 "Owner's Authorized Representative/Partnership Form for Child Care" to be updated and submitted to ODJFS.

be updated and submitted to ODJFS.

<u>Finding</u>: The program is required to complete an updated JFS 00598 "Owner's Authorized Representative/Partnership Form for Child Care" when an individual listed as an owner on the prescribed form changes. The updated form is to be submitted to ODJFS within thirty days of the change. During the inspection, it was determined ownership information had changed and a new form had not been submitted to the Department, as required. Complete the prescribed form with updated information. Submit the program's corrective action plan, which includes the prescribed form, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/27/2021

Domain: 00 License & Approvals

Rule: 5101:2-12-02 Current Information

<u>Code</u>: The rule requires the program to keep their information current in OCLQS.

<u>Finding</u>: During the inspection, it was determined the information in number(s) 4, 5 below was not up to date in the Ohio Child Licensing and Quality System (OCLQS):

- 1) Mailing Address
- 2) Telephone Number
- 3) Email Address
- 4) Days and Hours of Operation
- 5) Services Offered
- 6) Name of Program

Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

Domain: 00 License & Approvals

Rule: 5101:2-12-04 Fire Approval

<u>Code</u>: The program is required to obtain a fire inspection within 12 months from the date of the last fire

approval.

<u>Finding</u>: During the inspection, it was determined the program had not been inspected and approved within 12 months from the date of the last fire approval by the local fire department or local fire safety inspector, as required. The program had requested the new inspection at least 30 days prior to the expiration date of the previous approval. Submit the program's corrective action plan, which includes an updated fire approval, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/27/2021

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-20 Cots and Napping

Code: The program is required to provide cots/mats that are the appropriate dimensions for children in care.

<u>Finding</u>: During the inspection, it was determined that all cots and/or mats did not meet the dimensions as noted in number(s) 3 below:

- 1. The cot must stand at least 3" but no more than 18" off the floor;
- 2. The cot must be at least 36" in length and as long as the child is tall;
- 3. The mat must be at least 1" thick and as wide and long as the child assigned.

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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to have all surge protectors and outlets covered.

<u>Finding</u>: During the inspection, it was determined that a power surge protector in the Early Explorers did not have childproof receptacle covers. The program must have safety covers on all electrical outlets, including power

strips and surge protectors, which are within the reach of the children. 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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 7 & 12 below:

- 1. Open pull cords that are not closed loop.
- 2. Telephone cords.
- 3. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 4. Stacked chairs.
- 5. Employee(s) purse(s).
- 6. Diaper bags.
- 7. Television not securely anchored (Early Explorers).
- 8. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 9. Smoke detector needing batteries replaced.
- 10. Staff member stepped over a barrier/gate while holding a child.
- 11. Emergency exits were blocked by the following classroom furniture: [].
- 12. Other: push pins stored in a drawer accessible to children (Big Buddies).

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/27/2021

Domain: 03 Postings & Equipment

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

<u>Code</u>: 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) 6 (emergency squad) below:

- 1. The plan was not posted by each telephone.
- 2. The plan was not posted in each classroom.
- 3. The plan was not posted in other spaces used by children.
- 4. The name, address and telephone number of the program were not complete.
- 5. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 6. 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.
- 7. Location of children's records was not complete.
- 8. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 9. The current version of the prescribed form was not used.
- 10. 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: 10/27/2021

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Fall Zones

Code: The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

<u>Finding</u>: During the inspection, it was determined that the ark & the large portable climber were positioned such that the fall zone for number 1 & 3 below was not met:

- 1. The fall zone did not extend six feet from the point of furthest extension;
- 2. The fall zone was less than 6 feet from fence;
- 3. The fall zone was less than 9 feet from each piece of applicable equipment;
- 4. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment;
- 5. Other [].

The program is required to provide equipment that is safe with adequate fall zones. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/27/2021

Domain: 06 Program Information

Rule: 5101:2-12-14 Transportation and Field Trip Procedures

Code: The program is required to have staff trained in CPR, First Aid, and Communicable Diseases on all trips.

<u>Finding</u>: During the inspection, it was determined that a person trained in cardiopulmonary resuscitation (CPR), first aid and management of communicable disease, had not been present for number(s) 1 below as required by the rule:

- 1. In the vehicle for routine trips;
- 2. In the vehicle for field trips;
- 3. At the destination on all field trips.

Secure current training for the area needed or restructure the staff who are currently trained on the vehicle during routine trips and field trips. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/27/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: 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(s) 3 & 4.

- 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, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/27/2021

Domain: 08 Staff Files

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program staff is required to obtain at least 6 hours of professional development annually.

<u>Finding</u>: 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(s) 1 below:

- 1. The child care staff member(s) had not completed at least 6 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. Other [].

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

Corrective Action Plan Due: 10/27/2021

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(s) for the employee(s) listed on the Employee Record Chart were 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: 10/27/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

Code: 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(s) 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: 10/27/2021

Domain: 08 Staff Files

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

Code: 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) 10 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 [] had not taken First Aid training
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. First Aid child care staff member scheduled during the hours of [] and [] did not have verification of completion of First Aid
- 5. CPR child care staff members scheduled during the hours of [] and [] had expired training
- 6. CPR child care staff scheduled during the hours of [] and [] had not taken CPR training
- 7. CPR trained child care staff member was not present in each building used by children
- 8. CPR child care staff member scheduled during the hours of [] and [] did not have verification of completion of CPR
- 9. CPR training taken by staff did not include all age groups the program serves
- 10. Communicable Disease child care staff members scheduled during the hours of 6:30-8:00 am and 12-6:00 pm had expired training
- 11. Communicable Disease child care staff scheduled during the hours of [] and [] had not taken Communicable Disease training
- 12. Communicable Disease trained child care staff member was not present in each building used by the program
- 13. Communicable Disease child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full Communicable Disease training
- 14. Child Abuse child care staff members scheduled during the hours of [] and [] had expired training
- 15. Child Abuse trained child care staff was not in each building used by the program
- 16. Child Abuse child care staff scheduled during the hours of [] and [] had not taken Child Abuse training

- 17. Child Abuse child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full six-hour Child Abuse training
- 18. Child Abuse child care staff considered to be providing coverage had only the ODJFS prescribed Child Abuse training, which does not meet this rule compliance

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: 10/27/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The program served the following: AM Snack (apple crisps, crackers & 100% apple juice), Lunch (packed) & PM Snack. |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Snacks served at the program included foods from two of the four food groups and provided nutritional value in addition to calories. |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Snacks were provided at intervals as required by this rule. |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as |
| | | required by the rule. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | | "Communicable Disease Chart" was |

| Beginning! | | |
|--|-----------|--|
| | | posted and was readily available to staff and parents. |
| Rule: 5101:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 4 & 5 below: |
| | | A posted notice; Verbal communication; A written notice sent home; A note posted on the classroom door; Other; parent communication app. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program; door. |
| Dulo | Chahira | Decumenting Chatemant (a) If a militable |
| Rule 5101:2-12-07 Administrator | Status | Documenting Statement(s), If applicable |
| Qualifications | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - Driver Requirements | Compliant | Documenting Statement: The driver(s) had completed the required ODJFS driver training. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement(s), if applicable |
| | | |
| 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: GDAS- BYARVB expires March 1, 2022. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. |

| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| · | • | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, 4 first aid kits were reviewed |
| | | and available as required; one for each |
| | | level and one for the bus. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| | | was operating within their license |
| | | capacity limits. |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food | Compliant | Documenting Statement: Sack lunches |
| Handling/Storage | | were stored with an ice pack or in the |
| | | refrigerator |
| | | |
| Rule: 5101:2-12-22 Safe Food | Compliant | Documenting Statement: All eating |
| Handling/Storage | | utensils were developmentally |
| | | appropriate. |
| | | |
| D. I | C | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| Dulo | Ctatus | Decumenting Statement of the multiple |
| Rule 5101:2-12-11 Indoor Space | Status Compliant | Documenting Statement(s), If applicable |
| • | Compilant | |
| Requirements | | |
| Rule | Status | Documenting Statement/c) If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement(s), If applicable Documenting Statement: Documentation |
| Nuie. 3101.2-12-10 Efficigeficy Dffils | Compliant | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | during this inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | Documenting statement(s), if applicable |
| | Compliant | |
| Equipment | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------------|--|
| Rule: 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement; All equipment in the outdoor play space was observed to be anchored and stable. |
| Rule: 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement: Outdoor equipment was viewed to be safe and free of rust, sharp points, and other hazards. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play was observed for all group(s). |
| | | |
| Rule: 5101:2-12-04 Building Approval | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the program was operating in compliance with the current building approval(s). |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was posted in a visible location as required; first floor hallway bulletin board. |
| | Lau | |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Status 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 Requirements | Compliant | Documenting Statement: The quarterly playground inspection(s) were completed and documented, as required. The most recent inspection report form was dated 7/29/21. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: Shade is provided by means of trees. |
| Dula | Chahua | Decumenting Chahamant/ A If and I and |
| Rule: 5101:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, child care staff were observed meeting the basic needs of all children assigned to the group. |

| 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: 5101:2-12-19 Supervision | Compliant | Documenting Statement: During the inspection, child care staff were observed assisting children throughout the day. |
| | 16 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
| Dula | Chahua | Description (takens ant/s) If and inchis |
| Rule: 5101:2-12-15 Child Medical and | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: At the time of |
| Enrollment Records | Compliant | the inspection, 25% (20 files) of the |
| Linoillient Records | | children's records were reviewed, and the |
| | | records were complete, as required by |
| | | the rule. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | bocumenting statement(s), ii applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff Records | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: An annual |
| Vehicle Requirements | | safety check of the vehicle(s), using the |
| | | JFS 01230 "Vehicle Inspection Report For |
| | | Child Care Centers" form, was verified |
| | | and dated 8/19/21. |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: During the |
| Vehicle Requirements | Compiunt | inspection, weekly safety inspections |
| Tomore regulariones | | and/or monthly emergency exiting drills |
| | | were completed and documented, as |
| | | required using the ODJFS sample form. |
| | | . Edamer asmit the applies and but to the |
| Bula | Chabina | Decumenting Chaterer and a life and live life |
| Rule Rule: 5101:2 12 16 Incident/Injury | 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. |

| Rule: 5101:2-12-16 Incident/Injury Reporting | Compliant | Documenting Statement: The requirements for completing JFS 01299 "Incident/Injury Report For Child Care" reports were discussed during the inspection. This included bumps/blows to the head requiring first aid and COVID cases. |
|---|-----------|---|
| | | |
| 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 | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes observed on the day of the inspection were in compliance. |
| | | |
| 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; outside of each classroom. |
| 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: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration and Food Supplements | Compilant | had complete written documentation for administering medication or food supplements. |
| | l e | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Compliant | |



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