

# **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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                      | nils            |                   |
|---|-----------------------------------|-----------------|-------------------|
| Program Name  | Program Number                    |                 | Program Type      |
| WONDERFUL WORLD OF KIDS INC                               | 000000204518                      |                 | Child Care Center |
| Address<br>1290 NW WASHINGTON BOULEVARD HAMIL<br>OH 45013 | TON                               |                 | County<br>BUTLER  |
| Building Approval Date                                    | Use Group/Code                    | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 11/02/2020                  | Food Service Risk Level Level III |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Follow-up                  | Full                           |                  | Unannounced       |              |
| Inspection Date 06/02/2021 | Begin Time 1                   | 0:00 AM          | End Time 3:58 PM  |              |
| Reviewer:<br>BRENDA MEYER  |                                |                  |                   |              |
|                            | Summary of Findings            |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 59                         | 10                             | 0                | 1                 | 11           |

| 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)                                  |                  | 11         | 0         | 11    |
| Young Toddler   |                  | 5          | 0         | 5     |
| Total Under 2 ½ Years                                     | 38               | 16         | 0         | 16    |
| Older Toddler   |                  | 11         | 0         | 11    |
| Preschool   |                  | 30         | 0         | 30    |
| School Age  |                  | 35         | 0         | 35    |
| Total Capacity/Enrollment                                 | 102              | 76         | 0         | 92    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Preschool                                    |                 | 2 to 18        |         |

| Pre-K/SA | 1 to 7  | Pre-K |
|----------|---------|-------|
| Pre-K/SA | 2 to 25 | SA    |
| Toddler  | 2 to 14 |       |
| Infants  | 2 to 7  |       |

## **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

Code: The program is required to have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number 2 and 3 below:

- 1. Owner;
- 2. Administrator;
- 3. Child Care Staff Member, employee.

Submit the program's corrective action plan, which includes a statement the background check update has been requested, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/02/2021

### **Low Risk Non-Compliances**

## Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number 1 below:

- 1. There was no method in place;
- 2. The method did not include each child's name;
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times;
- 5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 07/02/2021

#### **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-12 Safe Equipment

Code: The program is required to use straps on equipment that is manufactured with straps.

<u>Finding</u>: During the inspection, it was determined that the following equipment was not used according to manufacturer's guidelines as noted in number 2 below:

- 1. The straps were missing on the [ ].
- 2. The straps were attached, but were not used on the table in infant room.
- 3. The straps were attached and were used, but were not used in a safe manner.
- 4. Manufacturer's guidelines for the [ ] were not followed in that [ ].

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

Corrective Action Plan Due: 07/02/2021



#### Domain: 05 Health & Safety

Rule: 5101:2-12-22 Fluid Milk Requirements

<u>Code</u>: The program is required to obtain documentation from a licensed physician if a child between 12 and 24 months of age is to be served anything other than whole homogenized Vitamin D fortified milk.

<u>Finding</u>: During the inspection, it was determined that there was no documentation from a licensed physician, physician's assistant, or certified nurse practitioner as required by the rule, when children between 12 and 24 months of age were served anything other than whole homogenized Vitamin D fortified fluid milk. 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: 07 Diapering & Infant Care**

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

Code: The program staff is required to label bottles containing formula or breast milk.

<u>Finding</u>: During the inspection, it was determined that bottles containing formula for a particular infant were not labeled with the child's name and date of preparation. 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: 08 Staff Files**

Rule: 5101:2-12-08 Orientation and Staff Records

<u>Code</u>: The program is required to have staff complete the online staff orientation training.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number 1 below:

- 1. Within 30 days of starting employment at the program as a child care staff member.
- 2. No documentation of completing the training after December 31, 2016.

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

Corrective Action Plan Due: 07/02/2021

**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: 07/02/2021

#### **Domain: 08 Staff Files**

Rule: 5101:2-12-08 Medical Statement

Code: 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: 07/02/2021

## **Domain: 08 Staff Files**

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

Code: 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 numbers 1 and 2 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: 07/02/2021

#### **Domain: 08 Staff Files**

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

<u>Code</u>: 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 numbers 1 and 5 below:

- 1. First Aid child care staff members scheduled during the hours of 5:30 and 5:45 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 5:30 and 5:45 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 [ ] and [ ] 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: 07/02/2021

#### Domain: 09 Children's Files

Rule: 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 5 and 14 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
- 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

Rule: 5101:2-12-15 Child Medical and Enrollment Records

Code: 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 2 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: 07/02/2021

## **Rules In-Compliance/Not Verified**

| Rule                              | Status    | Documenting Statement(s), If applicable   |
|-----------------------------------|-----------|---|
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Posted menus       |
| Requirements                      |           | included foods from all four food groups. |

| <u> </u>   |  |  |
|--|--|--|
| Rule: 5101:2-12-22 Meal and Snack  | Compliant  | Documenting Statement: The menu was  |
| Requirements   | Compliant  | posted with substitutions.   |
| Requirements   |  | posteu with substitutions.   |
|  |  |  |
| D. J.  | Chahara  | Described Chatananaha) If a calicable  |
| 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  | J , , , , , , , , , , , , , , , , , , ,  |
| Qualifications   |  |  |
| <u> </u>   |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation -  | Compliant  | Documenting Statement: During the  |
| Driver Requirements  | Compilant  | inspection, the requirements of the rule   |
| Driver Requirements  |  | regarding transportation drivers were  |
|  |  | discussed. Driver's training will be   |
|  |  | <u> </u>   |
|  |  | completed for all drivers prior to using   |
|  |  | vehicles again on 6/7/21.  |
|  |  |  |
|  |  |  |
| D. I.  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| Rule<br>5101:2-12-16 Written Disaster Plan   | Status<br>Compliant                                  | Documenting Statement(s), If applicable  |
|  |  | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Written Disaster Plan   | Compliant  |  |
| 5101:2-12-16 Written Disaster Plan   | Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan  Rule  5101:2-12-24 Swimming and Water  | Compliant  |  |
| 5101:2-12-16 Written Disaster Plan   | Compliant  |  |
| Safety Requirements  | Status Compliant                                     | Documenting Statement(s), If applicable  |
| S101:2-12-16 Written Disaster Plan  Rule  5101:2-12-24 Swimming and Water Safety Requirements  Rule                                | Status Compliant Status Status                       |  |
| Safety Requirements  | Status Compliant                                     | Documenting Statement(s), If applicable  |
| S101:2-12-16 Written Disaster Plan  Rule  5101:2-12-24 Swimming and Water Safety Requirements  Rule                                | Status Compliant Status Status                       | Documenting Statement(s), If applicable  |
| Rule 5101:2-12-24 Swimming and Water Safety Requirements  Rule 5101:2-12-04 Food License   | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-12-24 Swimming and Water Safety Requirements  Rule 5101:2-12-04 Food License   | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  |
| Rule 5101:2-12-24 Swimming and Water Safety Requirements  Rule 5101:2-12-04 Food License  Rule 5101:2-12-13 Sanitary Equipment and | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-12-24 Swimming and Water Safety Requirements  Rule 5101:2-12-04 Food License   | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |

| - Calabara S                         |               |  |
|--------------------------------------|---------------|--|
| Rule                                 | Status        | Documenting Statement(s), If applicable        |
| 5101:2-12-19 Child Guidance          | Compliant     |  |
|                                      | ·             |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable        |
| 5101:2-12-16 First Aid/Standard      |               | Documenting statement(s), it applicable        |
|                                      | Compliant     |  |
| Precautions                          |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable        |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant     |  |
|                                      | ,             |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable        |
|                                      |               | Documenting Statement(S), if applicable        |
| 5101:2-12-18 License Capacity        | Compliant     |  |
|                                      |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable        |
| 5101:2-12-22 Safe Food               | Compliant     |  |
| Handling/Storage                     |               |  |
|                                      | 1             |  |
| Rule                                 | Status        | Documenting Statement/s) If applicable         |
|                                      |               | Documenting Statement(s), If applicable        |
| 5101:2-12-07 Written Program         | Compliant     |  |
| Policies and Procedures              |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable        |
| 5101:2-12-11 Indoor Space            | Compliant     |  |
| Requirements                         | - Compiler    |  |
| Requirements                         |               |  |
| 0.1                                  |               |  |
| 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.                        |
|                                      |               | 2  |
|                                      |               |  |
| Dula                                 | Status        | Decumenting Statements of a residualis         |
| Rule                                 | Status        | Documenting Statement(s), If applicable        |
| 5101:2-12-17 Materials and           | Compliant     |  |
| Equipment                            |               |  |
| <u> </u>                             |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable        |
| Rule: 5101:2-12-11 Outdoor Play      | Compliant     | Documenting Statement: The outdoor             |
| Equipment                            | - Compilation | play space and equipment were not              |
| Equipment                            |               | 1 ' ' '  |
|                                      |               | viewed during this inspection due to rain;     |
|                                      |               | however, the requirements were                 |
|                                      |               | discussed.                                     |
|                                      |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable        |
| 5101:2-12-17 Daily Outdoor Play      | Compliant     | 2 553. Herriting State Herriting in applicable |
| J101.2-12-17 Daily Outuooi Flay      | Compliant     |  |
|                                      |               |  |

| Rule                                  | Status    | Documenting Statement(s), If applicable    |
|---------------------------------------|-----------|--|
| 5101:2-12-04 Building Approval        | Compliant | 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3    |
| 3 11                                  | '         |  |
|                                       |           | ·  |
| 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 quarterly       |
| Requirements                          |           | playground inspections completed and       |
|                                       |           | documented, as required. The most          |
|                                       |           | recent inspection report form was dated    |
|                                       |           | 5/12/21.                                   |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Supervision              | Compliant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-02 Current Information      | Compliant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-17 Daily Schedule           | Compliant |  |
|                                       |           |  |
|                                       | l a       |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-20 Cots and Napping         | Compliant |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-23 Infant Daily Care  | Compliant | Documenting Statement: Appropriate         |
| Rule. 3101.2-12-23 Illiant Daily Care | Compliant | daily written records for all infants were |
|                                       |           | viewed.                                    |
|                                       |           | viewed.                                    |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-15 Medical/Physical   | Compliant | Documenting Statement: The program         |
| Care Plans                            | Compilant | had current information on the medical     |
| Cure rians                            |           | status and the required treatment plan     |
|                                       |           | for the children with health conditions.   |
|                                       |           | for the children with health conditions.   |
|                                       |           |  |
| Rule                                  | Ctatus    | Documenting Statement/s\ If applicable     |
|                                       | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-20 Cribs              | Compliant | Documenting Statement: During the          |
|                                       |           | inspection, the requirements of the rule   |
|                                       |           | regarding cribs were discussed. The size   |

|  |                     | of infants in porta vs. regular size cribs was discussed. Creating a more defined space for mobile and non-mobile infants was discussed. The discontinued use of playpens was discussed. |
|--|---------------------|--|
| P. J.  | Chahara             | Decree of the Chatery and All If and I all I   |
| Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 2.1  |                     |  |
| Rule 5101:2-12-10 Professional Development Requirements    | Not Verified        | Documenting Statement(s), If applicable  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment                              | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation -                        | Compliant           | Documenting Statement: During the  |
| Vehicle Requirements                                       | Compilant           | inspection, the requirements of the rule   |
|  |                     | regarding vehicles used for transporting   |
|  |                     | children were discussed. Vehicle has not   |
|  |                     | been used for over one year. Vehicle will  |
|  |                     | be inspected prior to use on 6/7/21.   |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field Trip Procedures      | Compliant           |  |
|  | 1.                  |  |
| 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 Medical, Dental, and                          | Compliant           | bocumenting statement(s), if applicable  |
| General Emergency Plan                                     | Compilant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size                                    | Compliant           | 2 cosmoning statement(s), ii applicable  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio   | Compliant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |

| 5101:2-12-23 Diapering and Toilet    | Compliant |  |
|--------------------------------------|-----------|--|
| Training                             |           |  |
|                                      | T -       | 1  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-25 Medication              | Compliant |  |
| Administration and Food Supplements  |           |  |
|                                      | I a       |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection              | Compliant |  |
| Requirements                         |           |  |
| D. I.                                | Chahara   | Decree which the continue of t |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator           | Compliant |  |
| Responsibilities/Requirements        |           |  |
| DI-                                  | Ct-tu-    | Decomposition Charles and All If and itself.   |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02.2 Transitional Pandemic | Compliant |  |
| Requirements                         |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: CCCMTL No. 25                  | Compliant | Documenting Statement: During the  |
| Rule. CCCIVITE No. 23                | Compilant | 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.  |
|                                      |           | 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.   |
|                                      |           |  |
|                                      |           |  |