

# **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 Details                       |                         |                 |                   |  |  |
|---------------------------------------|-------------------------|-----------------|-------------------|--|--|
| Program Name                          | Program Number          |                 | Program Type      |  |  |
| JUMP AT THE SUN EARLY LEARNING        | 00000300306             |                 | Child Care Center |  |  |
| CENTER                                |                         |                 |                   |  |  |
| Address                               |                         |                 | County            |  |  |
| 1510 Cooper Foster Park Road W Lorain |                         |                 | LORAIN            |  |  |
| OH 44053                              |                         |                 |                   |  |  |
|                                       |                         |                 |                   |  |  |
|                                       |                         |                 |                   |  |  |
| Building Approval Date                | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |  |
| 10/29/2018                            | E                       | 100             |                   |  |  |
| Fire Inspection Approval Date         | Food Service Risk Level |                 |                   |  |  |
| 09/15/2021                            | Level III               |                 |                   |  |  |

| Inspection Information     |                                |                  |                   |              |  |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type            | Inspection So                  | соре             | Inspection Notice |              |  |
| Annual                     | Full                           |                  | Unannounced       |              |  |
| Inspection Date 03/11/2022 | Begin Time 1                   | .0:25 AM         | End Time 1:24 PM  |              |  |
| Reviewer:<br>MARY WOODLAND |                                |                  |                   |              |  |
| Summary of Findings        |                                |                  |                   |              |  |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                         | 12                             | 0                | 1                 | 13           |  |

| 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)                                 |                  | 4          | 0         | 4     |
| Young Toddler   |                  | 4          | 0         | 4     |
| Total Under 2 ½ Years                                     | 15               | 8          | 0         | 8     |
| Older Toddler   |                  | 4          | 0         | 4     |
| Preschool   |                  | 17         | 0         | 17    |
| School Age  |                  | 0          | 32        | 32    |
| Total Capacity/Enrollment                                 | 50               | 21         | 32        | 61    |

| Staff-Child Ratios at the Time of Inspection |                          |                |                   |
|--|--------------------------|----------------|-------------------|
| Group  | Age Group/Range          | Ratio Observed | Comment           |
| Toddlers                                     | 30 months to < 36 months | 1 to 2         | During Activities |



| Toddlers  | 18 months to < 30 months | 1 to 2 | At Lunch          |
|-----------|--------------------------|--------|-------------------|
| Preschool | 3 years to < 4 years     | 1 to 7 | Preschool &       |
|           |                          |        | School-Age        |
|           |                          |        | During Activities |
| Preschool | 3 years to < 4 years     | 1 to 7 | At Lunch/Nap      |
|           |                          |        | Prep              |

#### **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-O3 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

<u>Rule</u>: 5101:2-12-09 Background Check Requirements <u>Code</u>: 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(s) 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: 04/10/2022



# 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(s) 4 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: 04/10/2022

#### Domain: 03 Postings & Equipment

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan <u>Code</u>: The program is required to post the fire and weather plans.

<u>Finding</u>: During the inspection, it was determined that the following information was not posted for item number(s) 1; 2 below:

1. Fire alert plan.

2. Weather alert plan was missing details for severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms and earthquakes .

3. Weather alert plan was missing a diagram indicating evacuation routes.

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



#### Corrective Action Plan Due: 04/10/2022

#### Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 3 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 04/10/2022

# **Domain: 06 Program Information**

<u>Rule</u>: 5101:2-12-14 Transportation - Driver Requirements <u>Code</u>: The program is required to have all drivers transporting children complete the driver training.

<u>Finding</u>: During the inspection, it was determined that at least one employee who is responsible for transporting children did not have documentation of completion of the prescribed driver training as noted in number(s) 1 below:

- 1. No documentation on file
- 2. Incomplete documentation

Please refer to the Employee Record Chart which indicates any driver needing current documentation of completion of this training. Complete the training as discussed. 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: 04/10/2022



#### **Domain: 06 Program Information**

<u>Rule</u>: 5101:2-12-14 Transportation and Field Trip Procedures <u>Code</u>: 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 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: 04/10/2022

# 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 number(s) 13 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 [] did not have verification of completion of First Aid

- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of [] and [] had expired training

5. CPR – child care staff scheduled during the hours of [] and [] had did not have verification of completion of CPR

- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care

8. CPR - audiovisual or electronic media training taken by staff did not include an in-person component of the training

9. Communicable Disease – child care staff members scheduled during the hours of [] and [] had expired training

10. Communicable Disease – child care staff scheduled during the hours of [] and [] had not taken Communicable Disease training



11. Communicable Disease – trained child care staff member was not present in each building used by the program

12. Child Abuse – child care staff members scheduled during the hours of [] and [] had expired training 13. Child Abuse – child care staff scheduled during the hours of 6:00am-8:00am had not taken Child Abuse training

14. Child Abuse – trained child care staff was not in each building used by the program

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: 04/10/2022

# Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have staff complete training in child abuse and neglect recognition and prevention within sixty days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed training in child abuse and neglect recognition and prevention as noted in number(s) 1; 2 below:

1. The training was not completed within sixty days of hire.

2. The training was expired, as it is only valid for two years.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete training in child abuse and neglect recognition and prevention. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/10/2022

# Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-08 Orientation Training & Whistle Blower Protection <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(s) 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.



#### 3. Completion of the training was not verified in the OPR.

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

Corrective Action Plan Due: 04/10/2022

# Domain: 08 Staff Files

<u>Rule</u>: 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 a completed medical examination statement for the employee(s) 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: 04/10/2022

# 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(s) 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: 04/10/2022

#### Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Qualifications

<u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time period.

<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. 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: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<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 six hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

3. Training topic did not meet the requirements listed in appendix A of this rule.

4. Documentation of training did not meet the requirements of this rule.

5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development

6. Other [ ].



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

Corrective Action Plan Due: 04/10/2022

# 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 number(s) 4; 6; 10; 12; 14; 15 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 child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. 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.



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

| Rule                               | Status    | Documenting Statement(s), If applicable                                |
|------------------------------------|-----------|--|
| 5101:2-12-02 License Posted        | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable                                |
| 5101:2-12-02 Current Information   | Compliant |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable                                |
| 5101:2-12-03 Inspection            | Compliant |  |
| Requirements                       | Compliant |  |
| Requirements                       |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable                                |
| 5101:2-12-04 Building Department   | Compliant |  |
| Inspection                         |           |  |
| inspection                         |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement(s), if applicable                                |
|                                    | Compliant | Documentation of a fire inspection                                     |
|                                    |           | without any uncorrected violations must                                |
|                                    |           | be secured for the program. Secure a                                   |
|                                    |           | new fire inspection by 9/15/22.  |
|                                    |           | new me inspection by 9/15/22.  |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the                                    |
| Nule. 5101.2-12-04 The hispection  | Compliant | program had documentation of a current                                 |
|                                    |           | fire inspection without any uncorrected                                |
|                                    |           | violations at the time of the licensing                                |
|                                    |           | inspection, the program did not have the                               |
|                                    |           | fire inspection completed within 12                                    |
|                                    |           | months from the date of the last fire                                  |
|                                    |           |  |
|                                    |           | inspection without any uncorrected violations. Please ensure that fire |
|                                    |           |  |
|                                    |           | inspections are completed in accordance with the rule requirements.    |
|                                    |           | with the rule requirements.  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5101:2-12-04 Food Service    | Compliant | Documenting Statement(s), if applicable                                |
| Requirements                       |           | license was observed posted. Following is                              |
|                                    |           | the audit number and date of expiration:                               |
|                                    |           | SLOH-CBJLRW and 3/1/23.  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable                                |
| naic                               | 314143    | Documenting statement(3), if applicable                                |



| 5101:2-12-07 Administrator          | Compliant |   |
|-------------------------------------|-----------|---|
| Responsibilities/Requirements       |           |   |
| · · · · · ·                         | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program        | Compliant |   |
| -                                   | Compliant |   |
| Policies and Procedures             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care   |
| Member Educational Requirements     |           | Staff Members had verification of       |
|                                     |           | educational requirements on file at the |
|                                     |           | program.                                |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space           | Compliant |   |
| Requirements                        |           |   |
| <u> </u>                            |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant |   |
| -                                   | Compliant |   |
| Under 2 1/2 Years                   |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 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 |
|                                     |           |   |
|                                     |           | 1/25/22.                                |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: The indoor       |
|                                     |           | temperature of the program during the   |
|                                     |           | inspection was comfortable and met rule |
|                                     |           |   |
|                                     |           | compliance.                             |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant |   |
| Environment                         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing            | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| naic                                | Status    | Documenting Statement(s), if applicable |



| 5101:2-12-13 Smoke Free   | Compliant  |   |
|---|--|---|
| Environment   | 20   |   |
|   | <u> </u>   |   |
| 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, were verified   |
|   |  | for the Ford Bus VIN 3393; GMC Bus VIN  |
|   |  | 2947 and dated 5/31/22; 10/4/21.  |
|   |  |   |
|   | -  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical   | Compliant  | Documenting Statement: At the time of   |
| Care Plans  |  | the inspection, there were no children  |
|   |  | currently enrolled who had health   |
|   |  | conditions.   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard   | Compliant  | Documenting Statement: During the   |
| Precautions   |  | inspection, the program had complete  |
|   |  | first aid kits available as required.   |
|   |  |   |
|   |  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of  | Status<br>Compliant  | Documenting Statement(s), If applicable   |
|   |  | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of<br>Communicable Disease  | Compliant  |   |
| 5101:2-12-16 Management of<br>Communicable Disease<br>Rule  | Compliant<br>Status  | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of<br>Communicable Disease<br>Rule<br>5101:2-12-16 Incident/Injury  | Compliant  |   |
| 5101:2-12-16 Management of<br>Communicable Disease<br>Rule  | Compliant<br>Status  |   |
| 5101:2-12-16 Management of<br>Communicable Disease<br>Rule<br>5101:2-12-16 Incident/Injury  | Compliant<br>Status  |   |
| 5101:2-12-16 Management of<br>Communicable Disease<br>Rule<br>5101:2-12-16 Incident/Injury<br>Reporting   | Compliant<br>Status<br>Compliant   | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of         Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule  | Compliant Status Compliant Status Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of         Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan   | Compliant Status Compliant Status Compliant Compliant  | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of         Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         Rule   | Compliant Status Compliant Status Compliant Status Status Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of         Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan   | Compliant Status Compliant Status Compliant Compliant  | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of         Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         Rule   | Compliant Status Compliant Status Compliant Status Status Status   | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of         Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         Rule   | Compliant Status Compliant Status Compliant Status Status Status   | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of         Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         5101:2-12-17 Daily Schedule  | Compliant         Status         Compliant         Status         Compliant         Status         Compliant         Status         Compliant  | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of<br>Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         5101:2-12-17 Daily Schedule         Rule  | Compliant         Status         Compliant         Status         Compliant         Status         Compliant         Status   | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of<br>Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         5101:2-12-17 Daily Schedule         Rule         5101:2-12-17 Materials and         Equipment         | Compliant         Status         Compliant   | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |
| S101:2-12-16 Management of<br>Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         5101:2-12-17 Daily Schedule         Rule         S101:2-12-17 Materials and<br>Equipment         Rule | Compliant         Status         Status         Status         Status         Status         Status         Status         Status         Status | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of<br>Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         5101:2-12-17 Daily Schedule         Rule         5101:2-12-17 Materials and         Equipment         | Compliant         Status         Compliant         Status         Compliant         Status         Compliant         Status         Compliant         Status         Compliant         Status         Compliant  | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |
| S101:2-12-16 Management of<br>Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         5101:2-12-17 Daily Schedule         Rule         S101:2-12-17 Materials and<br>Equipment         Rule | Compliant         Status         Status         Status         Status         Status         Status         Status         Status         Status | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |
| S101:2-12-16 Management of<br>Communicable Disease         Rule         5101:2-12-16 Incident/Injury         Reporting         Rule         5101:2-12-16 Written Disaster Plan         Rule         5101:2-12-17 Daily Schedule         Rule         S101:2-12-17 Materials and<br>Equipment         Rule | Compliant         Status         Status         Status         Status         Status         Status         Status         Status         Status | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |



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| 5101:2-12-18 License Capacity        | Compliant |   |
|--------------------------------------|-----------|---|
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-18 Ratio                   | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-18 Group Size              | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-19 Supervision             | Compliant |   |
| Dula                                 | Charles   | Decumenting Statement(s) If emplicable                                      |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-19 Child Guidance          | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-20 Cots and Napping  | Compliant | Documenting Statement: Cots were  |
|                                      |           | placed appropriately and safely during nap time.                            |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 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                                     |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | Documenting Statement(s), in applicable                                     |
| Requirements                         |           | the program included foods from the four food groups in sufficient amounts. |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     | compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-23 Infant Daily Care       | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: During the   |
|                                      | · ·       | inspection, the requirements of the rule                                    |



|   |                     | regarding infant bottle and food preparation were discussed.  |
|---|---------------------|---|
| Rule<br>Rule: 5101:2-12-23 Diapering and<br>Toilet Training | Status<br>Compliant | Documenting Statement(s), If applicableDocumenting Statement: Appropriatediaper changing procedures wereobserved during the inspection in thetoddler room(s).                             |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-25 Medication<br>Administration             | Compliant           | Documenting Statement: There were no<br>children on medication at the time of the<br>inspection; however, the method of<br>storage and practices for the<br>administration were reviewed. |