

# **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                     | ails            |                    |
|--|----------------------------------|-----------------|--------------------|
| Program Name   | Program Number                   |                 | Program Type       |
| PLAY ACADEMY   | 000000300629                     |                 | Child Care Center  |
| Address<br>6285 PEARL RD #30 PARMA HEIGHTS<br>OH 44130 |                                  |                 | County<br>CUYAHOGA |
| Building Approval Date 09/29/2014                      | Use Group/Code                   | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date 12/08/2021               | Food Service Risk L<br>Level III | evel            | ,                  |

| Inspection Information     |  |        |                   |              |  |
|----------------------------|--|--------|-------------------|--------------|--|
| Inspection Type            | Inspection So  | cope   | Inspection Notice |              |  |
| Annual                     | Full   |        | Unannounced       |              |  |
| Inspection Date 03/09/2022 | Begin Time 9   | :45 AM | End Time 1:45 PM  |              |  |
| Reviewer:                  |  |        |                   |              |  |
| RENADA FITCH               |  |        |                   |              |  |
|                            | Summary of Findings  |        |                   |              |  |
| No. Rules Verified         | No. Rules with Non-compliances No. Serious Risk No. Moderate Risk No. Low Risk |        |                   | No. Low Risk |  |
| 58                         | 8  | 0      | 1                 | 10           |  |

| 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                                     | 36               | 16         | 0         | 16    |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 22         | 0         | 22    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 158              | 24         | 0         | 40    |

| Staff-Child Ratios at the Time of Inspection |                  |                |         |
|--|------------------|----------------|---------|
| Group  | Age Group/Range  | Ratio Observed | Comment |
| Infants                                      | 0 to < 12 months | 3 to 8         | am      |

| Infants   | 0 to < 12 months         | 4 to 8  | afternoon |
|-----------|--------------------------|---------|-----------|
| Toddlers  | 18 months to < 30 months | 2 to 7  | am        |
| Toddlers  | 18 months to < 30 months | 2 to 6  | nap       |
| Preschool |                          | 2 to 11 | am        |
| Preschool | 3 years to < 4 years     | 2 to 11 | nap       |
| PreK      | 4 years to < 5 years     | 1 to 8  | am        |
| PreK      | 4 years to < 5 years     | 1 to 8  | afternoon |

# **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 | ٦ |  |
|  |   |  |
|  | ٦ |  |
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|  |   |  |
|  |   |  |

## **Moderate Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to store chemicals and machinery in a place that is inaccessible to children. The program is required to provide an outdoor play area away from machinery in operation.

<u>Finding</u>: During the inspection, a potentially hazardous item or toxic substance was used or stored on a low shelf where children had access to it, as noted in number(s) 1 below.

- 1. Bleach.
- 2. Cleaning agent.
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.
- 7. Flammable substance.
- 8. Windshield washer fluid.

- 9. Aerosol cans.
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/08/2022

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

### 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 at least one area of the program or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/08/2022

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

<u>Code</u>: The program is required to use an appropriate germicidal solution to sanitize equipment.

<u>Finding</u>: During the inspection, it was determined that an appropriate germicidal solution was not used to sanitize the tables before and after meals, as required by Appendix A of this rule, as noted in number(s) 2 below:

- 1. The manufacturer's directions were not followed;
- 2. The solution used was not a commercial product registered by the United States Environmental Protection Agency as a sanitizer;
- 3. 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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to provide equipment that is safe and hazard free.

<u>Finding</u>: During the inspection, equipment was determined to be unsafe or hazardous to children and in need of repair as noted in number(s) 4 below:

- 1. The equipment had sharp points or corners;
- 2. The equipment had splinters;
- 3. The equipment had protruding nails;
- 4. The equipment had loose or rusty parts;
- 5. The equipment had paint which contains lead or other poisonous materials;
- 6. The equipment had hazardous features;
- 7. Other [ ].

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

Corrective Action Plan Due: 04/08/2022

### **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) 8 below:

- 1. The plan was not posted in each classroom.
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 5. 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.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. 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: 04/08/2022

#### **Domain: 03 Postings & Equipment**

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

<u>Code</u>: The program is required to have the JFS 01201 "Dental First Aid" posted in a readily available area at the program.

<u>Finding</u>: During the inspection it was determined that the JFS 01201 "Dental First Aid" was not posted in a location readily available to center staff and parents as required. 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: 03 Postings & Equipment**

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan Code: 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) 2 below:

- 1. Fire alert plan, including a diagram indicating evacuation routes.
- 2. Weather alert plan was missing details.
- 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: 04/08/2022

#### **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-20 Cribs

Code: The program is required to put all crib matresses in their lowest position.

<u>Finding</u>: During the inspection, it was determined the mattress support was not maintained at the lowest position for all cribs when in use, as required. Except when infants are being placed in cribs, removed from cribs, or being soothed, the sides should remain in the highest position. 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: 04/08/2022

**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: 04/08/2022

**Domain: 10 Written Policies & Procedures** 

Rule: 5101:2-12-07 Written Program Policies and Procedures

Code: The program's policies and procedures are required to include all topics outlined in rule.

<u>Finding</u>: During the inspection, it was determined the program's written policies and procedures provided to the parents/guardians and employees was missing item number(s)1,14,22,24,26,29 below:

#### General Information

- 1. Program name, address, email address and telephone number.
- 2. Description of the program's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in program activities.
- 6. Opportunities for parents to meet with teachers regarding their child.
- 7. Payment schedule, overtime charges and registration fees as applicable.
- 8. Supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

#### **Program Policies and Procedures**

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Compliance with the Americans with Disabilities Act (ADA), including administering medication to children with disabilities and administering care procedures to children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice.)
- 17. Food and dietary policy, including, information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals and snacks, and a policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return and notification of parent of ill child.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products including medical foods, modified diets and whether school age children are permitted to carry their own medication and ointments.
- 21. Transportation for fieldtrips, routine trips (if applicable) and emergencies, including if the center will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks and information about daily activities.
- 24. Sleeping, Napping and Resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation including closing due to weather, school delays or closings and any other factors.
- 27. Situations that may require disenrollment of a child, if applicable.
- 28. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the child care program.



29. Formal screenings and assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

Revise the program's written policies and procedures to include the missing information. Submit the program's corrective action plan, which includes the revised written policies and procedures, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/08/2022

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

| Status    | Documenting Statement(s), If applicable  |
|-----------|--|
| Compliant | 0 (,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
|           |  |
|           |  |
| Status    | Documenting Statement(s), If applicable  |
| Compliant |  |
|           |  |
|           |  |
|           | Documenting Statement(s), If applicable  |
| Compliant |  |
|           |  |
|           |  |
| Status    | Documenting Statement(s), If applicable  |
| Compliant |  |
|           |  |
|           |  |
| Status    | Documenting Statement(s), If applicable  |
| Compliant | Documenting Statement: Please Note:  |
|           | Documentation of a fire inspection   |
|           | without any uncorrected violations must  |
|           | be secured for the program. Secure a   |
|           | new fire inspection by 12-8-22.  |
|           |  |
| Compliant | Documenting Statement: Although the  |
|           | program had documentation of a current   |
|           | fire inspection without any uncorrected  |
|           | violations at the time of the licensing  |
|           | Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant |

|                                      |                  | 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.   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| 5101:2-12-04 Food Service            | Compliant        | (e))  |
| Requirements                         |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| 5101:2-12-07 Administrator           | Compliant        |   |
| Qualifications                       |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| 5101:2-12-07 Administrator           | Compliant        |   |
| Responsibilities/Requirements        |                  |   |
|                                      | Lau              |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| 5101:2-12-08 Child Care Staff Member | Compliant        |   |
| Educational Requirements             |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| 5101:2-12-08 Orientation Training &  | Compliant        |   |
| Whistle Blower Protection            |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| 5101:2-12-09 Background Check        | Compliant        |   |
| Requirements                         |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-10 Health Training   | Compliant        | Documenting Statement(s), if applicable  Documenting Statement: The program |
| -                                    | Compliant        | had at least one Child Care Staff Member                                    |
| Requirements                         |                  |   |
|                                      |                  | with currently valid training in First Aid,                                 |
|                                      |                  | Management of Communicable Disease,   |
|                                      |                  | CDD and Child Abuse Decurrentian contract                                   |
|                                      |                  | CPR, and Child Abuse Prevention present                                     |
|                                      |                  | and readily accessible during all hours of                                  |
|                                      |                  | ,   |
|                                      |                  | and readily accessible during all hours of                                  |
| Rule                                 | Status           | and readily accessible during all hours of                                  |
| Rule<br>5101:2-12-11 Indoor Space    | Status Compliant | and readily accessible during all hours of operation.                       |
|                                      |                  | and readily accessible during all hours of operation.                       |
| 5101:2-12-11 Indoor Space            |                  | and readily accessible during all hours of operation.                       |

| oedinand.                             |           | <del></del>                              |
|---------------------------------------|-----------|--|
| 5101:2-12-11 Separation of Children   | Compliant |  |
| Under 2 1/2 Years                     |           |  |
|                                       |           | ·  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space            | Compliant | 0 (7 1)                                  |
| Requirements                          |           |  |
| Requirements                          |           |  |
| Rule                                  | Ctatus    | Documenting Statement/s) If applicable   |
|                                       | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play       | Compliant | Documenting Statement: Outdoor           |
| Equipment                             |           | equipment was viewed to be safe and      |
|                                       |           | free of rust, sharp points, and other    |
|                                       |           | hazards.                                 |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones  | Compliant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing              | Compliant |  |
| Requirements                          |           |  |
| ·                                     |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free               | Compliant | bootinenting statement(s), it applicable |
| Environment                           | Compliant |  |
| Environment                           |           |  |
| Rule                                  | Ctatus    | Decumenting Statement/s) If applicable   |
|                                       | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field | Compliant |  |
| Trip Procedures                       |           |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Driver  | Compliant |  |
| Requirements                          |           |  |
|                                       |           | ·  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle | Compliant |  |
| Requirements                          | '         |  |
| - va qui en en e                      |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Child Medical and  | Compliant | Documenting Statement: At the time of    |
| Enrollment Records                    | Compliant |  |
| Enrollment Records                    |           | the inspection, 25% of the children's    |
|                                       |           | records were reviewed, and the records   |
|                                       |           | were complete, as required by the rule.  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care    | Compliant |  |
| Plans                                 |           |  |
|                                       |           |  |

| 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.                   |
|                                     |                     |   |
|                                     |                     | <u>.</u>                                  |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard     | Compliant           |   |
| Precautions                         |                     |   |
| Rule                                | Ctatus              | Decumenting Statement(c) If applicable    |
| 5101:2-12-16 Management of          | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Communicable Disease                | Compliant           |   |
| Communicable Disease                |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury        | Compliant           | ( //                                      |
| Reporting                           | '                   |   |
|                                     | 1                   | -   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan  | Compliant           |   |
|                                     |                     |   |
| Dula                                | Chahua              | Decumenting Statement (a) If and inchin   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule         | Compliant           |   |
| L                                   |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and    | Compliant           | Documenting Statement: Sufficient         |
| Equipment                           |                     | equipment was observed in all categories. |
|                                     |                     |   |
| Dula                                | Chahua              | Decumenting Chatemant (a) If and include  |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play     | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity       | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio            | Compliant           | Documenting Statement: Staff/child        |
| Naic. 3101.2 12-10 Naii0            | Compliant           | ratios observed during the inspection     |
|                                     |                     | surpassed those required by the rule.     |
|                                     |                     | surpussed those required by the rule.     |
| Rule: 5101:2-12-18 Ratio            | Compliant           | Documenting Statement: During the         |
|                                     | ,                   | inspection, enough Child Care Staff       |
|                                     |                     | Members were employed to meet the         |
|                                     |                     | staff/child ratios.                       |
|                                     |                     |   |

| Rule                                     | Status    | Documenting Statement(s), If applicable    |
|--|-----------|--|
| 5101:2-12-18 Group Size                  | Compliant |  |
|  |           |  |
|  | I .       |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-18 Attendance            | Compliant | Documenting Statement: Child Care Staff    |
| Records                                  |           | Members were observed recording the        |
|  |           | attendance for each child upon arrival     |
|  |           | and documenting each child's departure.    |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Supervision                 | Compliant |  |
| '  | •         |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Child Guidance              | Compliant |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-20 Cots and Napping            | Compliant | bocamenting statement(s), if applicable    |
| STOTIZ TZ ZO COLS and Happing            | Compilant |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Meal and Snack              | Compliant |  |
| Requirements                             |           |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Fluid Milk Requirements     | Compliant |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Safe Food                   | Compliant |  |
| Handling/Storage                         |           |  |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-23 Infant Daily Care           | Compliant |  |
|  |           |  |
| Dulo                                     | Ctatus    | Decumenting State or author if a malicable |
| Rule 5101:2-12-23 Infant Bottle and Food | Status    | Documenting Statement(s), If applicable    |
| Preparation                              | Compliant |  |
| Γισματατιοπ                              |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-23 Diapering and         | Compliant | Documenting Statement: Appropriate         |
| Toilet Training                          | 22        | diaper changing procedures were            |
|  |           | observed during the inspection in the      |
|  |           | infant room.                               |
|  |           |  |
|  | 1         |  |



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