

Center Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| | Program Deta | nils | |
|--------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| CLEAR FORK CHRISTIAN PRESCHOOL | 000000400179 | | Child Care Center |
| | | | - |
| Address | | | County |
| 115 MAIN STREET BUTLER | | | RICHLAND |
| OH 44822 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 10/09/2013 | E | | 0 |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 05/16/2018 | Exempt | | |

| Inspection Information | | | | |
|--|--------------------------------|-------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date Begin Time 10:00 AM 05/12/2022 | | End Time 12:45 PM | | |
| Reviewer: MATTHEW PIGNA | Reviewer: MATTHEW PIGNATO | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 8 | 0 | 3 | 6 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 3 | 47 | 50 |
| School Age | | 0 | 19 | 19 |
| Total Capacity/Enrollment | 52 | 3 | 66 | 69 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|---------------------------|---------|-----|
| Group Age Group/Range Ratio Observed Comment | | | |
| M-Th AM | 5 years to < Kindergarten | 1 to 10 | 1st |

| M-Th PM | 5 years to < Kindergarten | 2 to 9 | 1st for pm group/2nd for |
|---------------------|---------------------------|---------|-----------------------------|
| | | | classroom |
| Full Day Child Care | 3 years to < 4 years | 2 to 7 | 1st |
| Full Day Child Care | 3 years to < 4 years | 2 to 7 | 2nd |
| M-Th AM 2 | 4 years to < 5 years | 1 to 13 | 1st |
| T, Th AM | 3 years to < 4 years | 2 to 7 | 1st |

Summary of Non-Compliances

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

| Serious Risk Non-Compliances | | |
|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Moderate Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

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

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 1 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.

- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/11/2022

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to store medication out of the reach of children.

<u>Finding</u>: During the inspection, it was determined that a medication, Flovent Inhaler, Albuterol Inhaler, Children's Claritin, was within the reach of children in the upstairs hallway. All medications must be stored out of the reach of children. Create procedures that assure medications will always be inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/11/2022

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

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

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for administering a medication or medical food that is not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" or a prescription topical product to a child as noted in numbers 1, 19 below:

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

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

Corrective Action Plan Due: 06/11/2022



Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements

Code: The program is required to respond to noncompliances by the date noted in the inspection report.

<u>Finding</u>: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 1/6/22. The rule requires the program to complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/11/2022

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 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: 06/11/2022

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: The program is required to post the current weekly menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

<u>Finding</u>: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in numbers 2, 3 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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 Medical Statement

Code: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 3,4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);

- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 4. Tuberculosis (TB) screening/test
- a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
- b. Results of a TB test for employees meeting both criteria in 4a;
- c. Results of additional testing for employees with a positive TB test;
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/11/2022

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety 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 required health and safety training as noted in number(s) 2, 3, 5, 6 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

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

Corrective Action Plan Due: 06/11/2022

Domain: 09 Children's Files

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

Code: 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 10 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 |
|------|--------|---|

| Rule | Beginning! | | |
|--|--------------------------------------|-----------|--|
| Status Documenting Statement(s), if applicable | 5101:2-12-02 Current Information | Compliant | |
| Status Documenting Statement: Please Note: Documenting Statement: The program has obtained a food service exemption status from the local health department. Please Note: Documenting Statement: Please Note: Documenting Statement: Please Note: Documenting Statement: Please Note: Documenting Statement(s), If applicable Status Please Note: Documenting Statement(s), If applicable Status Please Note: Documenting Statement(s), If applicable Status Please Note: Please Note | | | |
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| Status Documenting Statement(s), If applicable 5101:2-12-10 Professional Compliant | | ı | 1 |
| Status Documenting Statement(s), If applicable 5101:2-12-10 Professional Compliant | Rule | Status | Documenting Statement(s). If applicable |
| Requirements Rule Status Documenting Statement(s), If applicable 5101:2-12-10 Professional Compliant | | | |
| Rule Status Documenting Statement(s), If applicable 5101:2-12-10 Professional Compliant | _ | | |
| 5101:2-12-10 Professional Compliant | | <u> </u> | |
| 5101:2-12-10 Professional Compliant | Rule | Status | Documenting Statement(s) If applicable |
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| 23.3.5 (1.04) | | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| Nequilements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | Documenting statement(s), if applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compilant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | bounding statement(s)) appsass |
| 3101.2-12-12 Sale Equipment | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | Compliant | |
| Elivironinent | | |
| | T | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-13 Handwashing | Compliant | a commence of the control of the con |
| | | |
| 5101:2-12-13 Handwashing | | |
| 5101:2-12-13 Handwashing Requirements | Compliant | |
| 5101:2-12-13 Handwashing Requirements Rule | Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free | Compliant | |
| 5101:2-12-13 Handwashing Requirements Rule | Compliant | |
| 5101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free | Compliant | |
| 5101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free | Compliant | |
| 5101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used |
| S101:2-12-13 Handwashing Requirements Rule S101:2-12-13 Smoke Free Environment Rule | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were |
| S101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the |
| S101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were |
| S101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the |
| S101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the |
| S101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Status Compliant Status Compliant Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the rule. |
| S101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the rule. Documenting Statement(s), If applicable |
| Rule 5101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Status Compliant Status Compliant Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the rule. Documenting Statement(s), If applicable Documenting Statement: Documentation |
| S101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the rule. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |
| S101:2-12-13 Handwashing Requirements Rule S101:2-12-13 Smoke Free Environment Rule Rule: S101:2-12-14 Transportation and Field Trip Procedures | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the rule. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| S101:2-12-13 Handwashing Requirements Rule S101:2-12-13 Smoke Free Environment Rule Rule: S101:2-12-14 Transportation and Field Trip Procedures | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the rule. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |
| S101:2-12-13 Handwashing Requirements Rule S101:2-12-13 Smoke Free Environment Rule Rule: S101:2-12-14 Transportation and Field Trip Procedures | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: The form used by the program for routine trips were verified to meet the requirements of the rule. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |



| Beginning! | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | · | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | 0 (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| | | |
| 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 |



| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |
|-------------------------------------|---------------------|---|
| Rule 5101:2-12-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | boomening statement(s), it approaches |
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