

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 Details | | | | |
|------------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| JEWEL'S LEARNING AND CHILDCARE LLC | 000000401237 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 620 GARFIELD AVE LANCASTER | | | FAIRFIELD | |
| OH 43130 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| | | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 06/18/2021 | Level III | | | |

| | Inspection Information | | | | |
|-----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection S | соре | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 08/04/2021 | Begin Time a | 3:50 AM | End Time 1:50 PM | | |
| Reviewer: CHRISTY HUNTER | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 57 | 13 | 0 | 2 | 18 | |

| 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) | | 9 | 0 | 9 |
| Young Toddler | | 9 | 0 | 9 |
| Total Under 2 ½ Years | 66 | 18 | 0 | 18 |
| Older Toddler | | 4 | 0 | 4 |
| Preschool | - | 30 | 0 | 30 |
| School Age | - | 51 | 0 | 51 |
| Total Capacity/Enrollment | 105 | 85 | 0 | 103 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infant 1 | 0 to < 12 months | 1 to 5 | |



| Infant 1 | 0 to < 12 months | 1 to 3 | |
|------------|--------------------------|---------|--|
| infant 2 | 12 months to < 18 months | 1 to 4 | |
| infant 2 | 12 months to < 18 months | 1 to 5 | lunch |
| toddler 1 | 18 months to < 30 months | 2 to 14 | toddler 1 and toddler 2 combimed |
| toddler 1 | 18 months to < 30 months | 2 to 14 | Toddler 1 and toddler 2 combined at lunch |
| preschool | 3 years to < 4 years | 1 to 11 | |
| preschool | 3 years to < 4 years | 2 to 11 | lunch |
| prek | 4 years to < 5 years | 1 to 12 | |
| prek | | 1 to 12 | lunch |
| school-age | 11 years + | 2 to 26 | |
| school-age | School-Age to < 11 years | 2 to 28 | lunch |

Summary of Non-Compliances

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

Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

Domain: 08 Staff Files

<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: 09/03/2021

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration and Food Supplements

<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 had 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 requirement(s) for administering a medication, food supplement or medical food to a child as noted in number(s) 6 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.
- 4. The child's weight was missing on the JFS 01217.
- 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 Parent/Guardian's dated signature was missing on the JFS 01217.
- 10. Possible side effects were missing on the JFS 01217.
- 11. Expiration date was missing on the JFS 01217.
- 12. Physician instructions 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: 09/03/2021

Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

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

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 2, 3 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: 09/03/2021

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide nonskid rugs and correct any floor hazard that may be unsafe.

<u>Finding</u>: During the inspection, it was determined that the program had two area rugs that did not have a nonskid backing, toddler 2 classroom. A walking surface that is not hazardous to children must be maintained at the program. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.



Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

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

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 3 below:

- 1. Open pull cords that are not closed loop.
- 2. Telephone cords.

3. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled. (electrical box cover broken in toddler 2 classroom)

- 4. Stacked chairs.
- 5. Employee(s) purse(s).
- 6. Diaper bags.
- 7. Television not securely anchored.
- 8. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 9. Smoke detector needing batteries replaced.
- 10. Staff member stepped over a barrier/gate while holding a child.
- 11. Emergency exits were blocked by the following classroom furniture: [].
- 12. Other [].

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: 09/03/2021

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) 1 below:

1. The equipment had sharp points or corners; (broken blue basket and broken pencil tub in school-age)



- 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: 09/03/2021

Domain: 03 Postings & Equipment

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

<u>Code</u>: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 5 below:

- 1. The plan was not posted by each telephone.
- 2. The plan was not posted in each classroom.
- 3. The plan was not posted in other spaces used by children.
- 4. The name, address and telephone number of the program were not complete.

5. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.

6. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.

7. Location of children's records was not complete.

8. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.

9. The current version of the prescribed form was not used.

10. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 09/03/2021



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) 1, 2 (in infant 1 classroom) below:

1. Fire alert plan, including a diagram.

2. Weather alert plan, including a diagram.

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

Corrective Action Plan Due: 09/03/2021

Domain: 05 Health & Safety

<u>Rule</u>: 5101:2-12-16 First Aid/Standard Precautions <u>Code</u>: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined the program was missing required items listed in appendix A of this rule, that are to be contained in a first aid kit, as noted in number(s) 9, 12, 13 below: (on bus)

1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].

2. One roll of hypoallergenic first-aid tape.

3. Individually wrapped sterile gauze squares in assorted sizes.

4. Sterile adhesive bandages in assorted sizes.

5. Tweezers.

6. Gauze rolled bandage.

7. Triangular bandage.

8. Rounded end scissors.

9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).

10. A working digital thermometer.

11. Disposable non-latex gloves.

12. A working flashlight.

13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.

14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.

15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.

16. Soap or waterless sanitizer (field trip or transporting away from the program only).

17. Bottled water (field trip or transporting away from the program only).



18. The program did not have a system to replace items as they were used, expired, damaged or sterile packages were opened.

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: 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 cardiopulmonary resuscitation (CPR), first aid and management of communicable disease, had not been present for number(s) 1 below as required by the rule:

1. In the vehicle for routine trips;

2. In the vehicle for field trips;

3. At the destination on all field trips.

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

Corrective Action Plan Due: 09/03/2021

Domain: 06 Program Information

<u>Rule</u>: 5101:2-12-14 Transportation and Field Trip Procedures <u>Code</u>: The program is required to take all required safety and health items on trips.

<u>Finding</u>: During the inspection, it was determined that all required items were not taken on a field trip and/or routine trip as determined in that the item number(s) 2 below was missing:

1. Completed copies of the JFS 01234 "Child Enrollment and Health Information For Child Care" (except routine walks);

2. First aid supplies;

3. A working cellular phone or other means of immediate communication (not to be used while a vehicle is in motion);

4. Written record of children on the trip, including which vehicle each child is being transported in and the cellular phone number of the adult in that vehicle who could be contacted in an emergency.



Provide staff training. Submit the program's corrective action plan, which includes a written plan that ensures these safety guidelines will be met when children are transported, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/03/2021

Domain: 06 Program Information

Rule: 5101:2-12-14 Transportation - Vehicle Requirements

<u>Code</u>: The program is required to have all vehicles used to transport children inspected by an ASE certified mechanic annually, and correct all repairs that are listed on the vehicle inspection report.

<u>Finding</u>: During the inspection, it was determined information on the JFS 01230 ""Vehicle Inspection Report For Child Care Centers" had not been completed in that the bus had a sticker from the inspector but the form wasn't completed.

Submit the program's corrective action plan, which includes either discontinuing the use of the vehicle or a copy of the completed JFS 01230 "Vehicle Inspection Report for Child Care Centers", to the Department to verify compliance with the requirements of this rule."

Corrective Action Plan Due: 09/03/2021

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 identification, including the program's name, address, and a contact phone number, on children while on trips.

<u>Finding</u>: During the inspection, it was determined that the children were not provided with any, or complete, program identification, while on a field trip and/or routine trip. The identification must include the program's name, address, and a telephone number to contact in the event the child becomes lost. 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

<u>Rule</u>: 5101:2-12-10 Professional Development Requirements Code: The program staff is required to obtain at least 6 hours of professional development annually.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

1. The child care staff member(s) had not completed at least 6 hours of professional development.

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

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

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

5. Other [].

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

Corrective Action Plan Due: 09/03/2021

Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-07 Administrator Responsibilities/Requirements <u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

<u>Finding</u>: During the inspection, it was determined employment records were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in number(s) 3, 4, 5 below:

1. At least one administrator, employee or child care staff member (including substitutes) had not created an employment record in the OPR for the program.

2. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard in the OPR.

3. At least one individual's schedule was not current.

4. At least one individual's position or role was not current.

5. At least one individual's employment had not been end dated.

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: 09/03/2021



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) 3b and 3c.

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: 09/03/2021

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration and Food Supplements

<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.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for the JFS 01217 "Request for Administration of Medication for Child Care" as noted in number(s) 1 below:

1. The JFS 01217 was missing or incomplete for a topical product, food supplement, medical food.

- 2. The program used an old version of the JFS 01217.
- 3. The signature date on the JFS 01217 exceeded more than 12 months.



4. The time period to administer the medication on the JFS 01217 was exceeded.

- 5. The JFS 01217 included more than one medication.
- 6. The JFS 01217 included more than one child's name.
- 7. The JFS 01217 was not on file for one year.
- 8. The prescription label was not current.

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

Corrective Action Plan Due: 09/03/2021

Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-25 Medication Administration and Food Supplements <u>Code</u>: The program is required to remove all medication that is no longer administered or has expired.

<u>Finding</u>: During the inspection, it was determined that medication has expired and was still being stored at the program. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Domain: 09 Children's Files

<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) 3, 4, 5, 13 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"



9. Emergency transportation information

- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator

15. Other []

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Domain: 09 Children's Files

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

<u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 6 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file were not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 6. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 8. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
- 9. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of
- conscience, including religious convictions

10. Other []

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

Corrective Action Plan Due: 09/03/2021



Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu |
| Requirements | | posted reflected the meal served. |
| | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Children were |
| Requirements | | viewed washing their hands, as required |
| | | by the rule. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Approval | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), it applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant | |
| Communicable Disease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | Documenting statement(s), it applicable |
| Environment | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | Compliant | |
| Qualifications | | |
| 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. |
| | | program. |
| L | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| naiv | Status | bocamenting statement(s), it applicable |



| | Constitution | |
|--------------------------------------|--------------|---|
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The driver(s) |
| Driver Requirements | | had completed the required ODJFS driver |
| | | training. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food License | Compliant | Documenting Statement: The food service |
| Rule. 5101.2-12-04 FOOd License | Compliant | - |
| | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | CSHE-BL3LAG, exp. 3/1/22. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | compliant | inspection, the equipment was observed |
| | | |
| | | clean and in good repair. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| • | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | Compliant | |
| | | |
| 2 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | 1 | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------------------------|---|
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| Rule | Status | Decumenting Statement(a) If annliable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | · · · · · · · · · · · · · · · · · · · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
| | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspection(s) were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 4/22/21. |
| | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | Gersterner (-/) in oppinson (- |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots/mats were |
| | compliant | assigned individually by child's name. |
| | | assigned manuadity by child 5 hume. |
| L | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate |
| , | | daily written records for all infants were |
| | | viewed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | | had current information on the medical |
| | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | |
| | | |
| 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 |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff | Compliant | |
| Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | | and readily accessible during all hours of |
| | | operation. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| Dula | Chatura | |
| 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. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and Toilet Training | Compliant | Documenting Statement: Appropriate diaper changing procedures were observed during the inspection in the infant room. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Compliant | |
| | | |