



## 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 GRACE LEARNING CENTER	Program Number 000000406475	Program Type Child Care Center	
Address 100 GRACE DRIVE XENIA OH 45385		County GREENE	
Building Approval Date 07/15/2005	Use Group/Code E	Occupancy Limit 352	Maximum Under 2 ½ 63
Fire Inspection Approval Date 02/14/2019	Food Service Risk Level Level III		

Inspection Information		
Inspection Type Annual	Inspection Scope Full	Inspection Notice Unannounced
Inspection Date 01/20/2022	Begin Time 9:30 AM	End Time 4:35 PM
Reviewer: SULYN ROMER		

Summary of Findings				
No. Rules Verified 58	No. Rules with Non-compliances 22	No. Serious Risk 0	No. Moderate Risk 1	No. Low Risk 26

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)		7	0	7
Young Toddler		12	0	12
<b>Total Under 2 ½ Years</b>	25	19	0	19
Older Toddler		4	0	4
Preschool		28	0	28
School Age		45	0	45
<b>Total Capacity/Enrollment</b>	110	77	0	96

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Infants	0 to < 12 months	1 to 3	



Infants	0 to < 12 months	1 to 3	
Toddler 1	18 months to < 30 months	2 to 8	
Toddler 2	18 months to < 30 months	1 to 7	
Pre-K	3 years to < 4 years	1 to 10	
Pre-K	3 years to < 4 years	2 to 11	

**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  
Code: 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.

Finding: 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: 02/25/2022

### Low Risk Non-Compliances

#### Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to have the information listed in rule on all attendance records.

Finding: During the inspection, it was determined that the attendance records did not include the required information listed in number 2 & 4 below:



1. The name of the child.
2. The birth date of the child.
3. The assigned group.
4. The child's weekly schedule.
5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

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

Corrective Action Plan Due: 02/25/2022

**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-13 Smoke Free Environment

Code: The program is required to post a "No Smoking" sign in a conspicuous place at the main entrance.

Finding: During the inspection, it was determined that a "No Smoking" sign was not displayed in a conspicuous place at the main entrance. 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: 5101:2-12-13 Handwashing Requirements

Code: The program is required to have all children wash their hands as outlined in rule.

Finding: During the inspection, it was determined that at least one child in the infant group did not wash his or her hands at the time listed in number 3 below, as required in rule.

1. Upon arrival.
2. Prior to departure.
3. After toileting/diaper change.
4. After contact with bodily fluids.
5. After returning from outdoor play.
6. After handling pets, pet cages, or other pet objects that have come in contact with the pet, before moving on to another activity.
7. Before eating or assisting with food preparation.



8. After water activities.
9. When visibly soiled (must use soap and water)
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: 02/25/2022

**Domain: 02 Safe & Sanitary Environment**

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

Code: The program is required to provide equipment and materials that are easy to clean.

Finding: During the inspection, it was determined that at least one piece of equipment, furnishings, or material at the program was not constructed of materials to facilitate cleaning as noted in number 1 below:

1. The material had a tear - Toddler 1 changing pad torn
2. The material was not washable.
3. The material was porous.
4. The surface was cracked.
5. The surface was repaired, but in a manner that still did not facilitate cleaning.
6. Other [ ].

Equipment, furnishings, and furniture shall be constructed of materials to facilitate cleaning. 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

Code: The program is required to store chemicals in a place that is inaccessible to children.

Finding: During the inspection, a potentially hazardous substance, which was determined to not present a serious risk to a child, was accessible to children as noted in number 11 below:

1. Cosmetics;
2. Disinfecting wipes;
3. Fish food;



4. Hand lotion;
5. Hand sanitizer (for children under 24 months);
6. Laundry detergent;
7. Powder dish washing soap;
8. Paint cans;
9. White out;
10. Potting Soil;
11. Other potentially hazardous substance: bleach and wasp spray in kitchen with open door to gym.

The potentially hazardous substance was determined to be accessible to children in the following area: [ ].  
Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance is no longer accessible to children and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/25/2022

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

Rule: 5101:2-12-12 Safe Environment

Code: 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.

Finding: 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 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 - (wall mounted TV in Toddler 2)
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: 02/25/2022



**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-13 Handwashing Requirements

Code: The program is required to have all staff wash their hands as outlined in rule.

Finding: During the inspection, it was determined that at least one staff member with the infant group did not wash his or her hands at the time listed in number 3 & 5 below, as required in rule.

1. Upon arrival for the day.
2. Prior to departure.
3. Upon entry into a classroom.
4. After toileting or assisting a child with toileting.
5. After each diaper change or pull-up change.
6. After contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.
7. After cleaning or sanitizing or using any chemical products.
8. After handling pets, pet cages or other pet objects that have come in contact with the pet.
9. Before eating, serving or preparing food or bottles or feeding a child.
10. Before and after completing a medical procedure or administering medication.
11. When visibly soiled (must use soap and water).
12. Other [ ].

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

Corrective Action Plan Due: 02/25/2022

**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-12 Safe Equipment

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

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

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



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

Corrective Action Plan Due: 02/25/2022

**Domain: 02 Safe & Sanitary Environment**

**Rule:** 5101:2-12-12 Safe Environment

**Code:** The program is required to label all cleaning and sanitizing supplies.

**Finding:** During the inspection, it was determined that not all cleaning/sanitizing supplies had been clearly labeled in Toddler 1 and Pre-K. When cleaning or sanitizing supplies are not stored in their original containers, the container must be labeled with the contents. 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**

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

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

**Finding:** 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 1 below:

1. The plan was not posted in each classroom - page 2 was not available (stapled to wall/board).
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: 02/25/2022

**Domain: 05 Health & Safety**

Rule: 5101:2-12-16 Emergency Drills

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

Finding: During the inspection, it was determined that the required drills were not completed for item number(s) 1, 2, and 3 below:

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

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

Corrective Action Plan Due: 02/25/2022

**Domain: 05 Health & Safety**

Rule: 5101:2-12-16 First Aid/Standard Precautions

Code: The program is required to have a first aid kit onsite.

Finding: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) below:

Bus #1 - 4, 8, 12

Bus #2 - 4, 6, 8, 12

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).

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**

Rule: 5101:2-12-14 Transportation and Field Trip Procedures

Code: The program is required to have staff trained in CPR, First Aid, and Communicable Diseases on all trips.

Finding: 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 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: 02/25/2022



**Domain: 06 Program Information**

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

Code: The program is required to have children and staff practice and document safely exiting vehicles during an emergency.

Finding: During the inspection, it was determined that the program had not conducted and/or documented monthly emergency exiting drills on vehicles with children, including the date of the drill and all staff who transport 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: 02/25/2022

**Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-23 Diapering and Toilet Training

Code: The program is required to launder diapers according to manufacturer's guidelines.

Finding: During the inspection, it was determined that the program was not storing or laundering soiled diapers or clothing according to the rule, in that the program did not meet the condition indicated in number 6 (container lid not on or closed) below.

1. Store for no longer than one day
2. Store in an individual covered container or plastic bag away from children's belongings
3. Kept out of reach of children
4. Store soiled diapers and diapering washcloths laundered by the center in a covered container with sanitizing solution
5. Hold soiled diapers to be commercially laundered for no more than seven days
6. Store soiled disposable diapers in a plastic-lined covered container not easily accessible to children
7. Discard disposable diapers daily or more frequently as needed to eliminate odor
8. Launder diapers according to manufacturer's guidelines
9. 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: 07 Diapering & Infant Care**



**Rule:** 5101:2-12-20 Cribs

**Code:** The program is required to provide clean sheets for all cribs that are not too large or too small for the crib.

**Finding:** During the inspection, it was determined that sheets did not meet the rule requirement as noted in number 2 below:

1. At least one crib did not have a sheet.
2. At least one sheet was too large.
3. At least one sheet was too small.
4. At least one sheet was torn.
5. Crib sheets were not clean.

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

**Domain: 08 Staff Files**

**Rule:** 5101:2-12-08 Orientation Training & Whistle Blower Protection

**Code:** The program is required to have staff complete the online staff orientation training.

**Finding:** In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number(s) 1 and 2 below:

1. Within 30 days of starting employment at the program as a child care staff member.
2. No documentation of completing the training after December 31, 2016.
3. Completion of the training was not verified in the OPR.

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

Corrective Action Plan Due: 02/25/2022

**Domain: 08 Staff Files**

**Rule:** 5101:2-12-08 Medical Statement

**Code:** The program staff medicals are required to be completed and on file at the program.

**Finding:** In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's



corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/25/2022

**Domain: 08 Staff Files**

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

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

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

1. The training was not completed within sixty days of hire.
2. The training was expired, as it is only valid for two years.

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

Corrective Action Plan Due: 02/25/2022

**Domain: 08 Staff Files**

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

Finding: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number 4, 5, 6, 7 below:

1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.



5. At least one individual's schedule was not current.
6. At least one individual's position or role did not include an applicable group assignment.
7. At least one individual's employment had not been end dated.
8. Other: [ ]

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

Corrective Action Plan Due: 02/25/2022

**Domain: 08 Staff Files**

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

Code: The program staff is required to have educational verification on file at the program.

Finding: In review of the staff records, it was determined that verification of a high school education was not on file for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/25/2022

**Domain: 08 Staff Files**

Rule: 5101:2-12-10 Professional Development Requirements

Code: 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.

Finding: 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 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: 02/25/2022

**Domain: 08 Staff Files**

**Rule:** 5101:2-12-08 Medical Statement

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

**Finding:** 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 C and 4 ABCD.

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: 02/25/2022

**Domain: 09 Children's Files**

**Rule:** 5101:2-12-25 Medication Administration



Code: The program staff is required to ensure medical foods, topical products and lotions are stored in the original container.

Finding: During the inspection, it was determined a medical food or topical product or lotion, lotion used for diapering (in a glass jar), had not been brought to the program in its original container. Staff and parents must be trained in the requirement that each medical food, topical product or lotion must be in its original container. 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: 02/25/2022

**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" .

Finding: 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) 1, 2, 10, 12, 13, 14, 15 below.

1. No enrollment form was completed for at least one child
2. The current JFS 01234 was not completed for at least one child
3. Complete child information
4. Complete parent information
5. Complete emergency contact information
6. Complete physician information
7. Information regarding the parent list
8. Health information
9. Additional information for all boxes checked "yes"
10. Emergency transportation information
11. Parent/guardian's signature
12. Diapering Statement
13. Acknowledgement of Policies and Procedures
14. Enrollment form for at least one child was not updated by either the parent or the administrator
15. Enrollment form for at least one child was not signed by the administrator
16. Other [ ]

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





**Domain: 09 Children's Files**

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

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

**Finding:** 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) 1 and 2 below:

1. No medical was on file for at least one child
2. Medical(s) on file was 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. The date of the exam was more than 13 months prior to the date the form was signed.
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. 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
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. 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
10. 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
11. Other [ ]

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

Corrective Action Plan Due: 02/25/2022

**Rules In-Compliance/Not Verified**



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Building Department Inspection	Compliant	Documenting Statement: During the inspection, documentation required by rule and strategies to maintain compliance were discussed with program staff. The following resources were provided: copies of all building approvals for the program.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Fire Inspection	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food Service Requirements	Compliant	Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: Greene Co. 9919664 Level III.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-05 Denial, Revocation and Suspension	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-07 Written Program Policies and Procedures	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding the program's written policies and procedures were discussed. Discussed new requirements and center is in the process of updating.



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check Requirements	Compliant	
5101:2-12-11 Indoor Space Requirements	Compliant	
5101:2-12-11 Separation of Children Under 2 1/2 Years	Compliant	
5101:2-12-11 Outdoor Space Requirements	Compliant	
5101:2-12-11 Outdoor Play Equipment	Compliant	
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
5101:2-12-14 Transportation - Vehicle Requirements	Compliant	
Rule: 5101:2-12-16 Management of Communicable Disease	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding management of communicable diseases were discussed. Informed the new Communicable Disease Chart is available.
5101:2-12-16 Incident/Injury Reporting	Compliant	
Rule: 5101:2-12-16 Written Disaster Plan	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed.
5101:2-12-17 Daily Schedule	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and Equipment	Compliant	
5101:2-12-17 Daily Outdoor Play	Compliant	
5101:2-12-18 License Capacity	Compliant	
5101:2-12-18 Ratio	Compliant	
5101:2-12-18 Group Size	Compliant	
5101:2-12-19 Supervision	Compliant	
5101:2-12-19 Child Guidance	Compliant	
5101:2-12-20 Cots and Napping	Compliant	
5101:2-12-22 Meal and Snack Requirements	Compliant	
5101:2-12-22 Fluid Milk Requirements	Compliant	
5101:2-12-22 Safe Food Handling/Storage	Compliant	
5101:2-12-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable



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