

# **Center Licensing Inspection Full Report**

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

|   | Program Deta            | nils            |                    |
|---|-------------------------|-----------------|--------------------|
| Program Name  | Program Number          |                 | Program Type       |
| KIDS CARE ACADEMY                                   | 000000406601            |                 | Child Care Center  |
| Address<br>3400 KOHR BOULEVARD COLUMBUS<br>OH 43224 |                         |                 | County<br>FRANKLIN |
| Building Approval Date                              | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½  |
| 01/13/2011  | E                       | 34              | 34                 |
| Fire Inspection Approval Date                       | Food Service Risk Level |                 |                    |
| 05/04/2017  | Level III               |                 |                    |

| Inspection Information                        |                                |                  |                   |              |
|---|--------------------------------|------------------|-------------------|--------------|
| Inspection Type                               | Inspection So                  | cope             | Inspection Notice |              |
| Annual  | Full                           |                  | Unannounced       |              |
| Inspection Date Begin Time 8:05 AM 12/13/2021 |                                | End Time 2:30 PM |                   |              |
| Reviewer:<br>STEPHANIE WALTERS                |                                |                  |                   |              |
| Summary of Findings                           |                                |                  |                   |              |
| No. Rules Verified                            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58  | 9                              | 0                | 1                 | 8            |

| 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)                                  |                  | 10         | 0         | 10    |
| Young Toddler   |                  | 12         | 0         | 12    |
| Total Under 2 ½ Years                                     | 41               | 22         | 0         | 22    |
| Older Toddler   |                  | 5          | 0         | 5     |
| Preschool   |                  | 33         | 0         | 33    |
| School Age  |                  | 0          | 37        | 37    |
| Total Capacity/Enrollment                                 | 135              | 38         | 37        | 97    |

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| Stars  | 3 years to < 4 years | 1 to 7         | In room |

| Stars        | 3 years to < 4 years | 2 to 7  |                   |
|--------------|----------------------|---------|-------------------|
| Bumblebees   | 3 years to < 4 years | 1 to 10 | At arrival, Stars |
|              |                      |         | included in group |
| Bumblebees   | 3 years to < 4 years | 1 to 8  |                   |
| Hummingbirds | 3 years to < 4 years | 1 to 5  | At arrival        |
| Hummingbirds | 3 years to < 4 years | 1 to 10 |                   |
| Koalas       | 0 to < 12 months     | 1 to 3  | At arrival        |
| Koalas       | 0 to < 12 months     | 1 to 4  |                   |
| Sunflowers   | 0 to < 12 months     | 1 to 2  | At arrival        |
| Sunflowers   | 0 to < 12 months     | 1 to 3  |                   |
| Elephants    | 0 to < 12 months     | 1 to 4  | At arrival        |
| Elephants    | 0 to < 12 months     | 1 to 7  |                   |
| Pandas       | 0 to < 12 months     | 1 to 2  | At arrival        |
| Pandas       | 0 to < 12 months     | 1 to 4  |                   |

## **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: 00 License & Approvals** 

Rule: 5101:2-12-04 Fire Inspection

<u>Code</u>: The program is required to have all spaces used for child care inspected by the fire department or the state fire marshal's office prior to serving children. The program is required to obtain a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection. If violations are noted during the inspection, the program is required to have all violations corrected and have the program reinspected to obtain a completed fire form.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for fire inspection as noted in number(s) 1 below:

- 1. The program did not have documentation on file for a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection and the request for the new inspection was not made at least 30 days prior to the expiration of the previous fire inspection.
- 2. The documentation for the most recent fire inspection contained violations that had not been corrected.
- 3. The [ ] space was being used and had not been approved by the fire department or the state fire marshal's office for child care.

Submit the program's corrective action plan, which includes an updated fire inspection without any uncorrected violations, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/12/2022

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

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

Rule: 5101:2-12-12 Safe Environment

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

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program or at least one piece of equipment had chipping or peeling paint (The wall in the reading area in the Hummingbird room). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/12/2022

#### **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-12-11 Outdoor Play Fall Zones

<u>Code</u>: The program is required to provide adequate fall surface for the outdoor play space.



<u>Finding</u>: During the inspection, it was determined that while there was adequate fall surface material in the outdoor play space, proper distribution had not been maintained under and around equipment as required. Submit the program's corrective action plan, which includes a statement that fall surface material has been properly redistributed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/12/2022

### 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.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 2 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: 01/12/2022

#### **Domain: 08 Staff Files**

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

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

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

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.

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

6. Other [ ].

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

Corrective Action Plan Due: 01/12/2022

**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) 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: 01/12/2022

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.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed training in child abuse and neglect recognition and prevention as noted in number(s) 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: 01/12/2022

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.

<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 1, 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: 01/12/2022

#### Domain: 09 Children's Files

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

<u>Code</u>: The program is required to retain the JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file for at least one year.

<u>Finding</u>: In review of the children's records, it was determined that the JFS 01236 "Child Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number(s) 1 below:

- 1. The JFS 01236 had not been updated as needed and at least annually.
- 2. A separate JFS 01236 had not been used for each condition.

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

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

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted      | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |

| 5101:2-12-03 Inspection             | Compliant           |   |
|-------------------------------------|---------------------|---|
| Requirements                        |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department    | Compliant           | bocumenting statement(s), it applicable   |
| Inspection                          | Compilant           |   |
| Порессион                           |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service     | Compliant           | Documenting Statement: The food service   |
| Requirements                        | '                   | license was observed posted. Following is |
|                                     |                     | the audit number and date of expiration:  |
|                                     |                     | 9913487 3/1/22.                           |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator          | Compliant           |   |
| Qualifications                      |                     |   |
| Dula                                | Chahua              | Dogwood the Chatery and A. If             |
| Rule 5101:2-12-07 Administrator     | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Responsibilities/Requirements       | Compliant           |   |
| Responsibilities/Requirements       |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-07 Written Program  | Compliant           | Documenting Statement: During the         |
| Policies and Procedures             | - Compilant         | inspection, the requirements of the rule  |
|                                     |                     | regarding the program's written policies  |
|                                     |                     | and procedures were discussed.            |
|                                     |                     | ·   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-08 Child Care Staff | Compliant           | Documenting Statement: All Child Care     |
| Member Educational Requirements     |                     | Staff Members had verification of         |
|                                     |                     | educational requirements on file at the   |
|                                     |                     | program.                                  |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Orientation Training & | Compliant           | Documenting Statement(3), II applicable   |
| Whistle Blower Protection           | Compilant           |   |
| This is a second of                 |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-09 Background Check | Compliant           | Documenting Statement: During the         |
| Requirements                        |                     | inspection, the required documentation    |
|                                     |                     | regarding background checks was on file   |
|                                     |                     | for all employees listed.                 |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |

| Requirements   | Compliant  |   |
|--|--|---|
| D. I.  | Chatara  | Decomposition Chateron and (a) If a notice by   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years   | Compliant  |   |
| Rule   | Ctatus   | Decumenting Statement(s) If applicable  |
| Rule: 5101:2-12-11 Outdoor Space   | Status<br>Compliant                                  | Documenting Statement(s), If applicable  Documenting Statement: The quarterly   |
| Requirements   | Сопрнанс   | playground inspections were completed and documented, as required. The most recent inspection report form was dated 8/10/21.  |
|  | 6  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant  |   |
| Rule   | Status   | Documenting Statements of audicalia   |
| Rule: 5101:2-12-12 Safe Equipment  | Status<br>Compliant                                  | Documenting Statement(s), If applicable  Documenting Statement: Equipment was   |
| Naie. 5101.2-12-12 Sale Equipment  | Compliant  | observed to be in good condition.   |
|  |  | observed to be in good condition.   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and  | Compliant  | , , , , , , , , , , , , , , , , , , ,   |
| Environment  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
|  |  |   |
| _  |  | children were observed washing hands as   |
| '  |  | required by the rule.   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free<br>Environment   | Compliant  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| •  | Compliant  | , , ,   |
| Field Trip Procedures  |  | · · · ·   |
|  |  | ·   |
|  |  | permission from parents or guardians.   |
| Dula   | Chahus   | Decima anting Chate would be if you live by   |
| 7 7  |  |   |
| Dulas E101.2 12 14 Transpartation  | Compilant  |   |
| Rule: 5101:2-12-14 Transportation -  |  | I had completed the required Cliffs driver  |
| Rule: 5101:2-12-14 Transportation -<br>Driver Requirements   |  | had completed the required ODJFS driver training.   |
| Rule Rule: 5101:2-12-13 Handwashing Requirements  Rule S101:2-12-13 Handwashing Requirements  Rule S101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-14 Transportation and Field Trip Procedures  Rule | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.  Documenting Statement(s), If applicable Documenting Statement: The driver(s) |

| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement: An annual          |
| Vehicle Requirements                  |           | safety check of the vehicle(s), using the |
|                                       |           | JFS 01230 "Vehicle Inspection Report For  |
|                                       |           | Child Care Centers" form, was verified    |
|                                       |           | and dated 8/19/21.                        |
|                                       |           |   |
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement: During the         |
| Vehicle Requirements                  |           | inspection, weekly safety inspections     |
|                                       |           | and/or monthly emergency exiting drills   |
|                                       |           | were completed and documented, as         |
|                                       |           | required using the ODJFS sample form.     |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Medical, Dental, and     | Compliant |   |
| General Emergency Plan                |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the         |
| Precautions                           |           | inspection, the program had complete      |
|                                       |           | first aid kits available as required.     |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of            | Compliant | bocumenting statement(s), if applicable   |
| Communicable Disease                  | Compilant |   |
| communicable bisease                  |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury          | Compliant |   |
| Reporting                             |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Written Disaster   | Compliant | Documenting Statement: During the         |
| Plan                                  |           | inspection, the requirements of the rule  |
|                                       |           | regarding the written disaster plan were  |
|                                       |           | discussed.                                |
|                                       | l         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule           | Compliant |   |
|                                       |           |   |
|                                       | c         |   |
| Rule 5101:2-12-17 Materials and       | Status    | Documenting Statement(s), If applicable   |
|                                       | Compliant |   |
| Equipment                             |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play       | Compliant | bocumenting statement(3), it applicable   |
| 5101.2 12 17 Daily Outdoor Flay       | Compliant |   |

| Beginning!                    |           |  |
|-------------------------------|-----------|--|
|                               |           |  |
|                               |           |  |
| Rule                          | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-18 License Capacity | Compliant |  |
|                               | ·         |  |
|                               |           |  |
| Rule                          | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-18 Ratio      | Compliant | Documenting Statement: Staff/child         |
|                               |           | ratios observed during the inspection      |
|                               |           | surpassed those required by the rule.      |
|                               |           |  |
| 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: During the          |
| Records                       |           | inspection, attendance records were        |
|                               |           | reviewed. Child Care Staff Members were    |
|                               |           | viewed recording the attendance for each   |
|                               |           | child upon arrival and departure. All      |
|                               |           | attendance records met the requirements    |
|                               |           | of the rule and were kept with the group   |
|                               |           | at all times.                              |
|                               |           |  |
|                               |           |  |
| Rule                          | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Supervision      | Compliant |  |
|                               |           |  |
| D. I.                         | Chatana   | Downsonti Ci i (1) if ii i i               |
| Rule                          | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-19 Child Guidance   | Compliant |  |
|                               |           |  |
| Rule                          | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-20 Cots and Napping | Compliant | bocumenting statement(s), if applicable    |
| 3101.2-12-20 Cots and Mapping | Compliant |  |
| L                             |           |  |
| Rule                          | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-20 Cribs      | Compliant | Documenting Statement: All cribs were      |
| Naic. 3101.2-12-20 CHB3       | Compliant | labeled with the assigned infant's name.   |
|                               |           | iabeled with the assigned illiant's halle. |
|                               |           |  |
| Rule                          | Status    | Documenting Statement(s), If applicable    |
| Nuic                          | Status    | Documenting Statement(s), if applicable    |

| Rule: 5101:2-12-22 Meal and Snack<br>Requirements  | Compliant | Documenting Statement: The menu posted reflected the meal served. |
|--|-----------|---|
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                           |
| 5101:2-12-22 Fluid Milk Requirements               | Compliant |   |
| Dula   | Chatara   |   |
| Rule   | Status    | Documenting Statement(s), If applicable                           |
| 5101:2-12-22 Safe Food<br>Handling/Storage         | Compliant |   |
|  | C         |   |
| Rule   | Status    | Documenting Statement(s), If applicable                           |
| 5101:2-12-23 Infant Daily Care                     | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable                           |
| 5101:2-12-23 Infant Bottle and Food<br>Preparation | Compliant | z commence g conserved (c), n approxima                           |
| rieparation  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                           |
| Rule: 5101:2-12-23 Diapering and                   | Compliant | Documenting Statement: Appropriate                                |
| Toilet Training                                    |           | diaper changing procedures were                                   |
|  |           | observed during the inspection in the                             |
|  |           | Koalas room(s).   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable                           |
| Rule: 5101:2-12-25 Medication                      | Compliant | Documenting Statement: The program                                |
| Administration                                     |           | had complete written documentation for                            |
|  |           | administering medication or food                                  |
|  |           | supplements.  |
|  |           |   |