

Center Licensing Inspection Full Report

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

| | Program Deta | ails | | |
|--|-------------------------|-----------------|-------------|-------------------|
| Program Name | Program Number | | Prog | gram Type |
| OHCAC BUCYRUS HEAD START | 000000500355 | | Chilo | d Care Center |
| Address 740 TIFFIN STREET BUCYRUS OH 44820 | | | Cour CRA | nty WFORD |
| D 1111 | 1 | I a | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | | Maximum Under 2 ½ |
| 11/23/2016 | E | 100 | | 100 |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 10/29/2020 | Level II | | | |

| Inspection Information | | | | |
|--|--|---------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date Begin Time 12:15 PI 10/04/2021 | | 2:15 PM | End Time 2:45 PM | |
| Reviewer: KAROLINE OBERH | Reviewer: KAROLINE OBERHAUS | | | |
| Summary of Findings | | | | |
| No. Rules Verified | erified No. Rules with Non-compliances No. Serious Risk No. Moderate Ris | | | No. Low Risk |
| 57 | 8 | 0 | 2 | 6 |

| License Capacity and Enrollment at the Time of Inspection | | | | | |
|---|------------------|------------|-----------|-------|--|
| Age Group | License Capacity | Enrollment | | | |
| | Totals | Full Time | Part Time | Total | |
| Infant (Birth to < 18 m) | | 5 | 0 | 5 | |
| Young Toddler | | 8 | 0 | 8 | |
| Total Under 2 ½ Years | 75 | 13 | 0 | 13 | |
| Older Toddler | | 3 | 0 | 3 | |
| Preschool | | 38 | 0 | 38 | |
| School Age | | 0 | 0 | 0 | |
| Total Capacity/Enrollment | 113 | 41 | 0 | 54 | |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Preschool 1 | 3 years to < 4 years | 2 to 18 | |

| Preschool 2 | 3 years to < 4 years | 2 to 16 | |
|-------------|----------------------|---------|--|
| EHS 4 | 0 to < 12 months | 2 to 5 | |

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 | | |
|--|-------|--|
| Non-Compliances were observed during this inspection | No Se | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Non-Compliances were observed during this inspection | No Se | |

Moderate Risk Non-Compliances

Domain: 09 Children's Files

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

Code: The program staff is required to administer medication following the instructions on the JFS 01217

"Request for Administrator of Medication for Child Care" form or attached prescription label.

<u>Finding</u>: During the inspection, it was determined the program had administered medication to a child and the written instructions on the JFS 01217 "Request for Administration of Medication for Child Care" form or attached prescription label were not followed as noted in number 1 below:

- 1. Medication had been administered to a child at the center at a different time than directed.
- 2. Medication was administered to a child for a longer or shorter period of time than directed.
- 3. The dose administered did not match the dosage required by the manufacturer's directions.
- 4. The dose administered did not match the dosage required by the written physician's instructions or the prescription label.
- 5. A child was administered the wrong medication provided to the program for that child.
- 6. Other: [].

Provide training to the staff designated to administer medication that the parent's and physician's instructions on the prescribed form, as well as instructions on the prescription label, must be followed to avoid over or under medicating a child. 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: 11/03/2021

Domain: 09 Children's Files

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

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan" 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 "Child Medical/Physical Care Plan" for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan" must be on file for any child having health conditions which require monitoring for symptoms or a medical procedure be performed 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 18 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. Symptoms to watch for were missing.
- 6. Action to be taken if symptoms to occur were missing.
- 7. Activities/foods/environmental conditions to avoid, if applicable, were missing.
- 8. Medical procedures to be followed were missing.
- 9. Expected benefit was missing.
- 10. Name of any applicable medication was missing.
- 11. 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.
- 12. Instructions regarding emergency evacuation, if applicable, were missing.
- 13. Training instructions were missing.
- 14. Dated signature of parent or certified professional who trained the program staff was missing.
- 15. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 16. Directions regarding additional services, if applicable, were missing.
- 17. Dated signature of parent giving permission to perform the procedure was missing.
- 18. Dated signature of program administrator was missing.
- 19. The plan was not implemented.
- 20. The plan was not able to be implemented due to conflicting information.
- 21. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236 "Child Medical/Physical Care Plan", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/03/2021



Low Risk Non-Compliances

Domain: 05 Health & Safety

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

<u>Code</u>: The program is required to have an accurate menu posted.

<u>Finding</u>: During the inspection, it was determined that the posted menu was not accurate as noted in number 2 below:

- 1. The entire menu was substituted;
- 2. Item on menu did not match what was served;
- 3. The meal or snack served did not match menu posted.

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: 05 Health & Safety

Rule: 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 12 below:

- 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. (EHS 1)
- 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: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: 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 3 below:

- 1. Monthly fire drills;
- 2. Monthly weather emergency drills (March through September);
- 3. Quarterly emergency/lockdown drills.

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

Corrective Action Plan Due: 11/03/2021

Domain: 07 Diapering & Infant Care

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

Code: The program is required to safely store, prepare, and serve formula, breast milk, and food.

<u>Finding</u>: During the inspection, it was determined that open containers of ready to serve food and concentrated formula was not stored appropriately as noted in number 2 below:

- 1. The food/formula was not covered;
- 2. The food/formula was not dated;
- 3. The food/formula was not refrigerated according to the manufacturer's instructions;
- 4. The food/formula was not discarded or sent home daily if not used;
- 5. The food/formula was not refrigerated upon arrival;
- 6. The food/formula was not refrigerated immediately after preparation;
- 7. The food/formula was served beyond the expiration date;
- 8. The food/formula was not prepared prior to the manufacturer's instructions;
- 9. The food/formula was not prepared according to the instructions from the infant's physician, physician's assistant or certified nurse practitioner;

10. 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: 08 Staff Files

Rule: 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 numbers 2 & 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: 11/03/2021

Domain: 09 Children's Files

Rule: 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 numbers 12 & 14 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.

Rules In-Compliance/Not Verified

| | | · · · · · · · · · · · · · · · · · · · |
|------|--------|---|
| Rule | Status | Documenting Statement(s), If applicable |

| T : | T . | |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: It was discussed |
| Requirements | | with the staff that hand washing shall |
| | | occur upon arrival to the program. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Approval | Compliant | Documenting Statement: Please Note: An |
| | | annual fire inspection approval must be |
| | | secured for the program. Secure a new |
| | | approval by 10/29/21. |
| | | |
| | _ | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: During the |
| Communicable Disease | | inspection the requirements regarding |
| | | the isolation of a child suspected of |
| | | having a communicable disease were |
| | | discussed, but not observed. |
| | | |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The program |
| Communicable Disease | · | staff stated parents were informed when |
| | | their child had any exposure to a |
| | | contagious illness by number 1 below: |
| | | |
| | | 1. A posted notice; |
| | | 2. Verbal communication; |
| | | 3. A written notice sent home; |
| | | 4. A note posted on the classroom door; |
| | | 5. Other []. |
| | | S. Guier []. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: No smoking was |
| Environment | | allowed on the premises, and the notice |
| | | stating that smoking is prohibited was |
| | | observed posted in a conspicuous place. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | 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 |
| · · · · · · · · · · · · · · · · · · · | • | |

| beginning. | | adversariance in a section of the section |
|--|-----------|---|
| | | educational requirements on file at the |
| | | program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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 |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food License | Compliant | Documenting Statement: The caterer's |
| | | food service license information was |
| | | observed during the inspection. Following |
| | | is the audit number and date of |
| | | expiration: LUTT-BG4PDX, 3-1-22. |
| Rule: 5101:2-12-04 Food License | Compliant | Decumenting Statement, The food convice |
| Rule. 5101.2-12-04 Food License | Compliant | Documenting Statement: The food service license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | SJOK-AEUPEK, 3-1-22. |
| | | SJOK ALOI LK, S I 22. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | | the inspection, the program provided a |
| | | clean environment in accordance with |
| | | Appendix A of this rule, which included |
| | | the furniture, materials and equipment. |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, it was discussed that blankets |
| | | were washed weekly. |
| | | , |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the cleaning and sanitation of |
| | | items and toys mouthed by children were |
| | | discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate |
| The second secon | 30p | child guidance techniques and practices |
| | 1 | cring Bardanice techniques and practices |

| | | were observed being used during the inspection. |
|--|---------------------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Fluid Milk | Compliant | Documenting Statement: All |
| Requirements | | infants/toddlers were served |
| | | formula/milk in sufficient amounts to |
| | | meet the nutritional requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | surfaces under the outdoor equipment |
| | | were not viewed during this inspection |
| | | due to rain; however, the requirements |
| | | were discussed. |
| Dula | Chahua | Described Chater and A If and its life |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| | | was operating within their license |
| | | capacity limits. |
| Dula | Chahua | Decrease which Chatene and (a) If a muliciple |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | Compliant | have been made to the written policies |
| Folicies and Procedures | | and procedures since it was last approved |
| | | |
| | | by this Department. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | bocamenting statement(s), it applicable |
| Requirements | Compliant | |
| | | |
| Rula | Status | Documenting Statement/s) If applicable |
| Rule: 5101:2-12-17 Materials and | Status | Documenting Statement(s), If applicable Documenting Statement: Sufficient |
| Rule: 5101:2-12-17 Materials and | Status Compliant | Documenting Statement: Sufficient |
| 1 7 | | |
| Rule: 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. |
| Rule: 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and Equipment Rule Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. Documenting Statement(s), If applicable Documenting Statement: The outdoor |
| Rule: 5101:2-12-17 Materials and Equipment | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. Documenting Statement(s), If applicable |

| | | however, the requirements were discussed. |
|-----------------------------------|-----------|---|
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: Entrapment |
| 1 | Compliant | - |
| Equipment | | issues on the playground equipment were |
| | | not verified on this inspection as the |
| | | necessary tools in the playground safety |
| | | kit were not used. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| , | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | Doorners and Doorners (e), in appreciate |
| JIOI.2 12 04 Building Approval | Compilant | |
| Dula | Chabina | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | posted in a visible location as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor |
| Requirements | | play space was not viewed or inspected |
| | | during this inspection due to rain during |
| | | the inspection |
| | | the inspectionin |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| · | | and documented, as required. |
| | | , ' ' |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement: Child Care Staff |
| Rule: 5101:2-12-19 Supervision | Compliant | _ |
| | | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
| | | · |
| Pulo | Status | Declimenting Statement(s) If any lively |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time. |
|--|-----------|---|
| | T - | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: An appropriate program of activities with infants was observed. |
| 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: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was observed to be in good condition. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were placed 2 feet apart. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| 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 Under 2 1/2 Years | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation and Staff Records | Compliant | boomening statement(s), it approaches |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training Requirements | Compliant | Documenting Statement: The program 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. |



| Beginning! | | |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all staff had completed the required amount of professional development training. |
| Rulo | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the reach of children. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: All electrical outlets were covered with safety |
| | | receptacles. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: All area rugs had nonskid backing. |
| | | Had Horiskid backing. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from items and conditions which threaten their |
| | | health, safety and well-being. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: The indoor |
| | | temperature of the program during the |
| | | inspection was comfortable and met rule compliance. |
| | | |
| Rule: 5101:2-12-14 Transportation - | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The vehicle(s) |
| Vehicle Requirements | Compilant | used by the program to transport children |
| | | is inspected and licensed by the Ohio |
| | | State Highway Patrol. |
| | 1 - | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, |
| | | and CPR. |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The form(s) |
| Field Trip Procedures | | used by the program for routine and/or |
| | | field trips were verified to meet the |
| | | requirements of the rule. |

| Beginning! | | |
|---|--------------------|---|
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement: The driver(s) had current and valid training in first aid, management of communicable disease, and CPR. |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement: The form(s) used by the program for routine and/or field trips were verified to meet the requirements of the rule. |
| | I . | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury Reporting | Compliant | Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | Compilant | the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: During the 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. |
| Rulo | Status | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-18 Group Size | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The group sizes observed on the day of the inspection |
| | | were in compliance. |
| | Status | were in compliance. Documenting Statement(s), If applicable |

| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |
|--|---------------------|---|
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
| Dula | Chahua | Decumenting Chatement (a) If a multiplicate |
| Rule | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the |
| Rule: 5101:2-12-23 Diapering and Toilet Training | Compliant | inspection, there was discussion |
| Tollet Halling | | concerning diapering routines. Child-care |
| | | staff indicated diapers were changed at |
| | | appropriate intervals throughout the day. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check Requirements | Compliant | |
| qu | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Ctatus | Decumenting Statement(s) If anni-s-late |
| 1.0.0 | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees had current medical statements on file. |
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