

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 Det | ails | |
|---------------------------------------------------|----------------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| First Steps Early Learning Center | 00000501072 | | Child Care Center |
| Address 5855 W Sylvania Ave Toledo OH 43623 | | | County LUCAS |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 06/15/2020 | Food Service Risk L Level III | Level | , |

| | Insp | ection Information | | |
|------------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | ope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date 04/27/2021 | Begin Time 9 | :00 AM | End Time 11:30 AM | |
| Reviewer: SARA DIERKSHEID | E | | | |
| | Sur | nmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 60 | 4 | 0 | 1 | 3 |

| Li | cense Capacity ar | nd Enrollme | ent at the Time of In | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group | License Capacity | | Enr | ollment |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 12 | 0 | 12 |
| Young Toddler | | 13 | 0 | 13 |
| Total Under 2 ½ Years | 198 | 25 | 0 | 25 |
| Older Toddler | | 12 | 0 | 12 |
| Preschool | | 38 | 0 | 38 |
| School Age | | 0 | 21 | 21 |
| Total Capacity/Enrollment | 198 | 50 | 21 | 96 |

| S | taff-Child Ratios at the Time of Ins | pection | |
|---------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infants | 0 to < 12 months | 2 to 8 | |

| Toddler 1 | 18 months to < 30 months | 2 to 9 | |
|-----------|--------------------------|---------|--|
| Toddler 2 | 30 months to < 36 months | 1 to 4 | |
| Pre K 1 | 3 years to < 4 years | 1 to 10 | |
| Pre K 2 | 4 years to < 5 years | 1 to 9 | |
| PreK 3 | 4 years to < 5 years | 1 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 |
| No serious kisk Non-Compliances were observed during this inspection |
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Moderate Risk Non-Compliances

Domain: 09 Children's Files

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

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan" 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(s) 6, 9 15 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: 05/27/2021

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-08 Orientation and Staff Records

<u>Code</u>: The program is required to have staff complete the online staff orientation training.

<u>Finding</u>: 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 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.

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

Corrective Action Plan Due: 05/27/2021

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.

<u>Finding</u>: During the inspection, it was determined employment records were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in number(s) 3 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: 05/27/2021

Domain: 08 Staff Files

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

Code: The program is required to have staff complete the required one hour prescribed Child Abuse training.

<u>Finding</u>: In review of the staff records, it was determined that the requirement for the ODJFS one-hour prescribed Child Abuse Training was not met as noted in number(s) 2 below:

- 1. The training was not completed within sixty days of hire;
- 2. The training expired, as it is only valid for two years;
- 3. Not all administrators, Child Care Staff Members, and substitutes have completed the training.

Refer to the Employee Record Chart for the name(s) of the Child Care Staff Member(s) who must complete the ODJFS one-hour prescribed Child Abuse Training. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/27/2021

Rules In-Compliance/Not Verified

| | Rules In-Compliance | Not Verified |
|----------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The menu was posted in the entryway. |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The menu posted reflected the meal served. |
| Rule | Status | Decumenting Statement(c) If applicable |
| Rule: 5101:2-12-13 Handwashing Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: Staff and children were observed washing hands as required by the rule. |
| 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 6-15-21. |
| Dula | Chahua | Decrease which Chatene and a life and leading |
| Rule: 5101:2-12-16 Management of Communicable Disease | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. |
| Rule: 5101:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) below: 1 1. A posted notice; 2. Verbal communication; 3. A written notice sent home; 4. A note posted on the classroom door; 5. Other []. |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------|
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | | observed posted stating that smoking is |
| | | prohibited at the program. |
| | | |
| | | |
| 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 |
| | | educational requirements on file at the |
| | | program. |
| | | |
| | • | |
| 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. |
| | | |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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: |
| | | JTUK-BVYHSJ, 3-1-22. |
| | | 0.0 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| Equipment and Environment | | clean and in good repair. |
| | | cican and in good repair. |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate |
| The state is a simulation of the state of th | 23 | child guidance techniques and practices |
| | | were observed being used during the |
| | | inspection. |
| | | пізресціон. |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| nuic | Jiaius | Documenting Statement(3), if applicable |

| Dulas F101.2 12 1C First Aid/Chandond | Commisset | Decumenting Statement, During the |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, 3 first aid kits were reviewed |
| | | and available as required. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was shredded rubber. The pieces of |
| | | equipment that do not meet licensing |
| | | requirements for fall zones will be moved. |
| | | The program is working with the |
| | | manufacturer to meet the licensing rule. |
| | | mandiacturer to meet the licensing rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| Rule. 3101.2-12-16 License Capacity | Compliant | was operating within their license |
| | | , , |
| | | capacity limits. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food | | Documenting Statement: Food was stored |
| | Compliant | |
| Handling/Storage | | in a safe and sanitary manner. |
| | | |
| | | |
| Pulo | Status | Documenting Statement(s) If applicable |
| Rule Pule: 5101:2-12-07 Written Program | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Status Compliant | Documenting Statement: No changes |
| | | Documenting Statement: No changes have been made to the written policies |
| Rule: 5101:2-12-07 Written Program | | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved |
| Rule: 5101:2-12-07 Written Program | | Documenting Statement: No changes have been made to the written policies |
| Rule: 5101:2-12-07 Written Program | | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved |
| Rule: 5101:2-12-07 Written Program Policies and Procedures | Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule | Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space | Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule | Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements | Status Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule | Status Compliant Status Status | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements | Status Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule | Status Compliant Status Status | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule | Status Compliant Status Status | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule | Status Compliant Status Status | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule | Status Compliant Status Status | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule Rule: 5101:2-12-16 Emergency Drills | Status Compliant Status Compliant Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule Rule: 5101:2-12-16 Emergency Drills | Status Compliant Status Compliant Status Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule Rule: 5101:2-12-16 Emergency Drills Rule Rule: 5101:2-12-17 Materials and | Status Compliant Status Compliant Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Sufficient |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule Rule: 5101:2-12-16 Emergency Drills | Status Compliant Status Compliant Status Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule Rule: 5101:2-12-16 Emergency Drills Rule Rule: 5101:2-12-17 Materials and | Status Compliant Status Compliant Status Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Documenting Statement(s), If applicable Documenting Statement: Sufficient |
| Rule: 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-11 Indoor Space Requirements Rule Rule: 5101:2-12-16 Emergency Drills Rule Rule: 5101:2-12-17 Materials and | Status Compliant Status Compliant Status Compliant | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Documenting Statement(s), If applicable Documenting Statement: Sufficient |

| Rule: 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement: The playground safety kit was used to verify the outdoor play equipment was free from entrapment hazards and unsafe and protruding bolts. The equipment that was previously marked non complaint has been identified as not useable until the 6 or 9 feet fall zones are brought into compliance. The program administrator stated that the children were not using the equipment. This was verified during the inspection. |
|--------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pulo | Status | Decumenting Statement/s) If and itself |
| Rule: 5101:2-12-17 Daily Outdoor Play | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Outdoor play was observed for the toddler and pre-k group(s). |
| | | 1 S |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | |
| 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 Requirements | Compliant | Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspection(s) [was/were] completed and documented, as required. The most recent inspection report form was dated 4-1-21. |
| | | |
| Rule: 5101:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff |
| Traic. 5101.2-12-13 Supervision | Compliant | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|-------------------------------------------|
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All surfaces |
| Food Preparation | | used for the preparation of infant food |
| | | were maintained in a sanitary manner. |
| | | ,,,,, |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: During the |
| Food Preparation | ' | inspection, the requirements of the rule |
| | | regarding infant bottle and food |
| | | preparation were discussed. |
| | | proparation in order |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| , | | were observed posted. |
| | | · |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Mats were |
| | | assigned individually by a child's name |
| | | |
| | | |
| 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 | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | | |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: In review of |
| Enrollment Records | | 25% of the records, at the time of the |
| | | inspection, children's medical statements |
| | | were complete and on file, as required by |
| | | the rule. |
| | | |
| | | |
| 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. |
| | | |

| | 1 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
| | | labeled with the assigned infant s hame. |
| L | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | bocumenting statement(s), if applicable |
| · | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | |
| | | |
| | | health, safety and well-being. |
| | | health, safety and well-being. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program |
| | | Documenting Statement(s), If applicable Documenting Statement: The program uses the ODJFS sample trip permission |
| Rule: 5101:2-12-14 Transportation and | | Documenting Statement(s), If applicable Documenting Statement: The program uses the ODJFS sample trip permission form for routine trips to secure written |
| Rule: 5101:2-12-14 Transportation and | | Documenting Statement(s), If applicable Documenting Statement: The program uses the ODJFS sample trip permission |
| Rule: 5101:2-12-14 Transportation and | | Documenting Statement(s), If applicable Documenting Statement: The program uses the ODJFS sample trip permission form for routine trips to secure written |
| Rule: 5101:2-12-14 Transportation and | | Documenting Statement(s), If applicable Documenting Statement: The program uses the ODJFS sample trip permission form for routine trips to secure written |
| Rule: 5101:2-12-14 Transportation and | | Documenting Statement(s), If applicable Documenting Statement: The program uses the ODJFS sample trip permission form for routine trips to secure written |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | 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. |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule Rule: 5101:2-12-16 Incident/Injury | Compliant | 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 JFS 01299 |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule | Compliant | 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 JFS 01299 "Incident/Injury Report For Child Care" |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule Rule: 5101:2-12-16 Incident/Injury | Compliant | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule Rule: 5101:2-12-16 Incident/Injury | Compliant | 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 JFS 01299 "Incident/Injury Report For Child Care" |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule Rule: 5101:2-12-16 Incident/Injury | Compliant | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Incident/Injury Reporting | Status Compliant | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Incident/Injury Reporting Rule | Status Compliant Status Status | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Incident/Injury Reporting Rule Rule: 5101:2-12-16 Medical, Dental, | Status Compliant | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: On the day of |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Incident/Injury Reporting Rule | Status Compliant Status Status | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Incident/Injury Reporting Rule Rule: 5101:2-12-16 Medical, Dental, | Status Compliant Status Status | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Incident/Injury Reporting Rule Rule: 5101:2-12-16 Medical, Dental, | Status Compliant Status Status | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Incident/Injury Reporting Rule Rule: 5101:2-12-16 Medical, Dental, | Status Compliant Status Status | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Incident/Injury Reporting Rule Rule: 5101:2-12-16 Medical, Dental, | Status Compliant Status Status | 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 JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were |

| Beginning! | | |
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| 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. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes observed on the day of the inspection were in compliance. |
| | 1 - | |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement(s), If applicable 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. |
| | Lau | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and Toilet Training | Compliant | Documenting Statement: Appropriate diaper changing procedures were observed during the inspection in the infant/toddler room(s). |
| Bula | Ctatus | Decumenting Statement/s) If applicable |
| Rule: 5101:2-12-25 Medication Administration and Food Supplements | Compliant | Documenting Statement(s), If applicable Documenting Statement: The program had complete written documentation for administering medication or food supplements. |
| | | |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|------------------------------------------------------------------------------|
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees had current medical statements on file. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02.2 Transitional Pandemic | Compliant | |
| Requirements | | |
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