

# **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      |
| LOVING CARE LEARNING CENTER                       | 000000503376                     |                 | Child Care Center |
| Address<br>360 N. LOCUS STREET OTTAWA<br>OH 45875 |                                  |                 | County<br>PUTNAM  |
| Building Approval Date<br>05/25/2012              | Use Group/Code<br>F              | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 10/11/2018          | Food Service Risk Level Level II |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | ope              | Inspection Notice |              |
| Follow-up                  | Full                           |                  | Unannounced       |              |
| Inspection Date 04/29/2021 | Begin Time 2                   | :12 PM           | End Time 2:30 PM  |              |
| Inspection Date 04/30/2021 | Begin Time 9                   | :30 AM           | End Time 2:30 PM  |              |
| Inspection Date 05/03/2021 | Begin Time 9                   | :05 AM           | End Time 10:27 AM |              |
| Reviewer:                  | ·                              |                  |                   |              |
| REBECCA COY                |                                |                  |                   |              |
| Reviewer:                  |                                |                  |                   |              |
| REBECCA COY                |                                |                  |                   |              |
| Reviewer:                  |                                |                  |                   |              |
| REBECCA COY                |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 59                         | 8                              | 0                | 2                 | 9            |

| License Capacity and Enrollment at the Time of Inspection |                  |           |           |         |
|---|------------------|-----------|-----------|---------|
| Age Group   | License Capacity |           | Enr       | ollment |
|   | Totals           | Full Time | Part Time | Total   |
| Infant (Birth to < 18 m)                                  |                  | 24        | 0         | 24      |
| Young Toddler   |                  | 31        | 0         | 31      |
| Total Under 2 ½ Years                                     | 53               | 55        | 0         | 55      |

| Older Toddler             |     | 1  | 0  | 1   |
|---------------------------|-----|----|----|-----|
| Preschool                 |     | 91 | 0  | 91  |
| School Age                |     | 0  | 26 | 26  |
| Total Capacity/Enrollment | 153 | 92 | 26 | 173 |

|              | Staff-Child Ratios at the Time of Inspection |                |         |  |  |
|--------------|--|----------------|---------|--|--|
| Group        | Age Group/Range                              | Ratio Observed | Comment |  |  |
| Nursery A    | 0 to < 12 months                             | 2 to 10        |         |  |  |
| Nursery B    | 0 to < 12 months                             | 2 to 11        |         |  |  |
| Explorers    | 18 months to < 30 months                     | 1 to 7         |         |  |  |
| Climbers     | 12 months to < 18 months                     | 2 to 14        |         |  |  |
| Young 3's    | 30 months to < 36 months                     | 2 to 16        |         |  |  |
| 3 year old's | 3 years to < 4 years                         | 1 to 9         |         |  |  |
| Prek 1       | 4 years to < 5 years                         | 2 to 10        |         |  |  |
| Prek 2       | 4 years to < 5 years                         | 1 to 11        |         |  |  |
| Prek 3       | 4 years to < 5 years                         | 1 to 12        |         |  |  |
| Prek 4       | 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 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## **Moderate Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number 3 below:

- 1. Owner;
- 2. Administrator;
- 3. Child Care Staff Member, employee.

Submit the program's corrective action plan, which includes a statement the background check update has been requested, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2021

#### Domain: 09 Children's Files

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

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication, food supplement or medical food to a child as noted in number 1 below:

- 1. No JFS 01217 "Request for Administration of Medication for Child Care" was on file.
- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217.
- 4. The child's weight was missing on the JFS 01217.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217.
- 7. The time to administer was missing on the JFS 01217.
- 8. The time period to administer was missing on the JFS 01217.
- 9. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 10. Possible side effects were missing on the JFS 01217.
- 11. Expiration date was missing on the JFS 01217.
- 12. Physician instructions were missing on the JFS 01217.
- 13. Physician's dated signature was missing on the JFS 01217.
- 14. Physician's phone number was missing on the JFS 01217.
- 15. Date medication was administered was missing on the JFS 01217.
- 16. Time medication was administered was missing on the JFS 01217.
- 17. Dosage administered was missing on the JFS 01217.
- 18. Staff member's signature was missing on the JFS 01217.
- 19. A prescription label was not attached to the prescription medication.
- 20. The medication or product, [ ], was not brought to the program in its original container.
- 21. Parent instructions conflict with either the manufacturer or physician instructions.



Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2021

## **Low Risk Non-Compliances**

**Domain: 00 License & Approvals** 

Rule: 5101:2-12-04 Food License

<u>Code</u>: The program is required to maintain the food service license of any caterer they may utilize.

<u>Finding</u>: During the inspection, it was determined that a copy of the food service license for the catering food service was not on file at the program. Submit the program's corrective action plan, which includes a copy of the caterer's current food service license, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2021

**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 3(c):

- 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: 06/02/2021

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

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

Code: 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 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: 06/02/2021

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

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

<u>Code</u>: 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 2 below:

- 1. The training was not completed within sixty days of hire;
- 2. The training expired



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: 06/02/2021

### Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: In review of the staff records, it was determined that completed medical examination statement(s) for the employee(s) listed on the Employee Record Chart were not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2021

## **Domain: 08 Staff Files**

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

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

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

Corrective Action Plan Due: 06/02/2021

## Domain: 09 Children's Files

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

<u>Code</u>: The program is required to refrain from administering the first dose of a medication to a child.

<u>Finding</u>: During the inspection, it was determined that a child had not received the first dose or application prior to the program administering a dose or applying the product for any non-emergency medication, food supplement, medical food and/or topical product. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2021

### **Domain: 09 Children's Files**

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

Code: The program is required to remove all medication that is no longer administered or has expired.

<u>Finding</u>: During the inspection, it was determined that medication has expired and was still being stored at the program. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time. Submit the programs corrective action plan to the department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2021

## **Domain: 09 Children's Files**

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

Code: The program is required to have medication labeled with the child's name.

<u>Finding</u>: During the inspection, it was determined that medication was at the program which had not been labeled with the child's name. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2021

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

| Rule                              | Status    | Documenting Statement(s), If applicable    |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Posted menus        |
| Requirements                      | '         | included foods from all four food groups.  |
| ·                                 |           |  |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Posted menus        |
| Requirements                      |           | were current and dated.                    |
|                                   |           |  |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals served at     |
| Requirements                      |           | the program included foods from the four   |
|                                   |           | food groups in sufficient amounts.         |
|                                   |           |  |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals were          |
| Requirements                      |           | provided at intervals as required by this  |
|                                   |           | rule.                                      |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu was        |
|                                   | Compliant | posted in the entryway.                    |
| Requirements                      |           | posted in the entryway.                    |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu            |
| Requirements                      | Compilant | posted reflected the meal served.          |
|                                   |           | F  |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Snacks served at    |
| Requirements                      | ·         | the program included foods from two of     |
| ·                                 |           | the four food groups and provided          |
|                                   |           | nutritional value in addition to calories. |
|                                   |           |  |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Snacks were         |
| Requirements                      |           | provided at intervals as required by this  |
|                                   |           | rule.                                      |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement/s) If applicable     |
| 5101:2-12-13 Handwashing          | Compliant | Documenting Statement(s), If applicable    |
| Requirements                      | Compliant |  |
| requirements                      |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Fire Approval  | Compliant | Documenting Statement: Please Note: An     |
| - 1-1-                            |           | annual fire inspection approval must be    |
|                                   |           | secured for the program. Secure a new      |
|                                   |           | approval by 10/14/2021.                    |
|                                   |           |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-16 Management of  | Compliant | Documenting Statement: The JFS 08087       |
| Communicable Disease              |           | "Communicable Disease Chart" was           |

| DESIGNATION CO.                                       |                     |  |
|---|---------------------|--|
|   |                     | 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 5 below:   |
|   |                     | <ol> <li>A posted notice;</li> <li>Verbal communication;</li> <li>A written notice sent home;</li> <li>A note posted on the classroom door;</li> <li>Other: emails and text alerts</li> </ol>  |
| Dula  | Chahara             | Daniel Charles |
| Rule 5101:2-12-13 Smoke Free                          | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Environment   | Compilant           |  |
|   | ı                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator                            | Compliant           |  |
| Qualifications  |                     |  |
| Rula  | Ctatus              | Decumenting Statement/s) If a validable  |
| Rule 5101:2-12-16 Written Disaster Plan               | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 3101.2 12 10 WHITEH BISUSTER HUIT                     | Compilant           |  |
|   | I -                 |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and Environment       | Compliant           |  |
| 2viroinnene   | <u> </u>            |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-19 Child Guidance                     | Compliant           | Documenting Statement: Appropriate   |
|   |                     | child guidance techniques and practices  |
|   |                     | were observed being used during the  |
|   |                     | inspection.  |
|   | l                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements                  | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 First Aid/Standard                 | Compliant           | Documenting Statement: During the  |
| Precautions   | '                   | inspection, first aid kits were reviewed   |
|   |                     | and available as required.   |
|   |                     |  |
| Dula  | Chahua              | Design out in a Ct-to-rest/ A If   |
| Rule 5101:2-12-11 Outdoor Play Fall Zones             | Status              | Documenting Statement(s), If applicable  |
| STUT.Z-TZ-TT OUTGOO! Play Fall Zones                  | Compliant           |  |

| Beginning!                            |           |   |
|---------------------------------------|-----------|---|
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity         | Compliant |   |
| 3101.2 12 10 Electise capacity        | Compilant |   |
|                                       |           |   |
| Rule                                  | Ctatus    | Documenting Statement(s) If applicable    |
|                                       | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-22 Safe Food          | Compliant | Documenting Statement: Food was stored    |
| Handling/Storage                      |           | in a safe and sanitary manner.            |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program          | Compliant |   |
| Policies and Procedures               | ,         |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement/s) If applicable    |
|                                       |           | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space             | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation      |
| ,                                     | '         | for completed fire, weather, and          |
|                                       |           | emergency/lockdown drills was verified    |
|                                       |           |   |
|                                       |           | during this inspection.                   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and      | Compliant | Documenting Statement: Sufficient         |
| Equipment                             |           | equipment was observed in all categories. |
|                                       |           |   |
|                                       | •         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Equipment   | Compliant | bocamenting statement(s), it applicable   |
| 3101.2-12-11 Outdoor Flay Equipment   | Compliant |   |
|                                       |           |   |
| Dula                                  | Chatura   | Dogumenting Chatananatia (Chatananatia)   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play       |
|                                       |           | was observed.                             |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Approval        | Compliant | , , , , , , , , , , , , , , , , , , ,     |
| STOTIZ TZ OT Ballallig Approval       | Compilant |   |
| L                                     |           |   |
| Rule                                  | Status    | Documenting Statement(s) If applicable    |
|                                       | 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   |

| Designation.                         | 1          |  |
|--------------------------------------|------------|--|
| Rule: 5101:2-12-11 Outdoor Space     | Compliant  | Documenting Statement: The outdoor         |
| Requirements                         |            | play area is separated from traffic and    |
|                                      |            | other hazards by a fence.                  |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant  | Documenting Statement: The quarterly       |
| Requirements                         | Compilarie | playground inspection(s) were completed    |
| Requirements                         |            | and documented, as required. The most      |
|                                      |            | recent inspection report form was dated    |
|                                      |            | 3/29/21.                                   |
|                                      |            | 3/29/21.                                   |
|                                      |            |  |
| Rule                                 | Status     | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-19 Supervision       | Compliant  | Documenting Statement: During the          |
|                                      |            | inspection, child care staff were observed |
|                                      |            | meeting the basic needs of all children    |
|                                      |            | assigned to the group.                     |
| Rule: 5101:2-12-19 Supervision       | Compliant  | Documenting Statement: Child Care Staff    |
| Male 310112 12 13 Supervision        | Compilarie | Members were supervising the children      |
|                                      |            | and were able to intervene as needed.      |
|                                      |            | and were able to intervene as needed.      |
|                                      |            |  |
| Rule                                 | Status     | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-02 Current           | Compliant  | Documenting Statement: The program         |
| Information                          |            | had current information entered in the     |
|                                      |            | Ohio Child Licensing and Quality System    |
|                                      |            | (OCLQS).                                   |
|                                      |            |  |
| Rule                                 | Status     | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant  | Documenting Statement: Bottles and         |
| Food Preparation                     |            | opened food were stored in a refrigerator  |
|                                      |            | located in the infant rooms.               |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant  | Documenting Statement: All bottles were    |
| Food Preparation                     |            | labeled as required.                       |
|                                      |            | idocida do reganica.                       |
| 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                                 | 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    |
|                                      |            |  |

| Pules 5101-2, 12, 20 Cots and Nanning   |  |  |
|---|--|--|
| Rule: 5101:2-12-20 Cots and Napping   | Compliant  | Documenting Statement: The rest area   |
|   |  | had adequate lighting, which allowed for   |
|   |  | the visual supervision of children.  |
|   |  | the visual supervision of children.  |
| Rule: 5101:2-12-20 Cots and Napping   | Compliant  | Documenting Statement: Cots were   |
| Rule. 3101.2-12-20 Cots and Napping   | Compliant  |  |
|   |  | placed appropriately and safely during   |
|   |  | nap time.  |
|   |  |  |
| Rule: 5101:2-12-20 Cots and Napping   | Compliant  | Documenting Statement: Cots/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: Appropriate   |
| ,,,,,,,,,   |  | daily written records for all infants were   |
|   |  | '  |
|   |  | viewed.  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), if applicable  |
| 5101:2-12-12 Safe Equipment   | Compliant  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), if applicable  |
| 5101:2-12-15 Medical/Physical Care  | Compliant  |  |
|   |  |  |
| Plans   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
|   | Status<br>Compliant  | Documenting Statement: Cribs were  |
| Rule  |  |  |
| Rule  |  | Documenting Statement: Cribs were  |
| Rule  |  | Documenting Statement: Cribs were separated from the play space by a safe  |
| Rule  | Compliant  | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.   |
| Rule: 5101:2-12-20 Cribs  |  | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were  |
| 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  Rule: 5101:2-12-20 Cribs  | Compliant  | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  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.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were  |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  | Compliant  | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.   |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  | Compliant  | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were  |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  | Compliant  Compliant  Compliant  | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.   |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  | Compliant  Compliant  Compliant  | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were  |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  | Compliant  Compliant  Compliant  | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.   |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  | Compliant  Compliant  Compliant  | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.   |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-12 Cribs  | Compliant  Compliant  Compliant  Status  Compliant                         | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.  Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-12 Cribs  Rule  5101:2-12-11 Separation of Children Under 2 1/2 Years  Rule   | Compliant  Compliant  Compliant  Status  Compliant  Status                 | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.   |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years  Rule 5101:2-12-10 Professional                                | Compliant  Compliant  Compliant  Status  Compliant                         | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.  Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-12 Cribs  Rule  5101:2-12-11 Separation of Children Under 2 1/2 Years  Rule   | Compliant  Compliant  Compliant  Status  Compliant  Status                 | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.  Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years  Rule 5101:2-12-10 Professional                                | Compliant  Compliant  Compliant  Status  Compliant  Status                 | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.  Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years  Rule 5101:2-12-10 Professional                                | Compliant  Compliant  Compliant  Status  Compliant  Status                 | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.  Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years  Rule 5101:2-12-10 Professional Development Requirements       | Compliant  Compliant  Compliant  Status Compliant  Status Not Verified     | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule: 5101:2-12-20 Cribs  Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years  Rule 5101:2-12-10 Professional Development Requirements  Rule | Compliant  Compliant  Compliant  Status Compliant  Status Verified  Status | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier.  Documenting Statement: All cribs were placed 2 feet apart.  Documenting Statement: All cribs were labeled with the assigned infant's name.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |

| Beginning!                            |             |  |
|---------------------------------------|-------------|--|
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation and | Compliant   | Documenting Statement: The program       |
| Field Trip Procedures                 |             | uses the ODJFS sample trip permission    |
| ·                                     |             | form for routine trips to secure written |
|                                       |             | permission from parents or guardians.    |
|                                       |             | permission from parents of guardians.    |
|                                       |             |  |
| D.I.                                  | C           |  |
| 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 Medical, Dental,   | Compliant   | Documenting Statement: On the day of     |
| and General Emergency Plan            |             | the inspection, the complete prescribed  |
|                                       |             | JFS 01242 "Medical, Dental, and General  |
|                                       |             | Emergency Plan For Child Care" were      |
|                                       |             | posted in the program as required.       |
|                                       |             | posted in the program as required.       |
|                                       | 1           |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Attendance         | Compliant   | Documenting Statement: Child Care Staff  |
| Records                               | Compilation | Members were observed recording the      |
| Records                               |             | _  |
|                                       |             | attendance for each child upon arrival   |
|                                       |             | and documenting each child's departure.  |
|                                       |             |  |
| 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.                            |
|                                       |             | at an times.                             |
|                                       | l           |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Group Size         | Compliant   | Documenting Statement: The group sizes   |
| Naie. 3101.2-12-10 Group Size         | Compliant   |  |
|                                       |             | observed on the day of the inspection    |
|                                       |             | were in compliance.                      |
|                                       |             |  |
|                                       | I -         |  |
| Rule                                  | Status      | 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.                                |
|                                       |             | . equil cu.                              |
|                                       |             |  |

| D. I. 5404 2 42 40 D. I.             | Constitut | Decree of the Challenger of Challette       |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-18 Ratio             | Compliant | Documenting Statement: Staff/child          |
|                                      |           | ratios observed during the inspection       |
|                                      |           | were in compliance.                         |
|                                      |           |   |
| Dula                                 | Chabina   | Designment in Chatage and (a) If a maliable |
| 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       |
|                                      |           | infant room(s).                             |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-03 Inspection              | Compliant |   |
| Requirements                         |           |   |
| •                                    |           | 1   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-07 Administrator     | Compliant | Documenting Statement: The                  |
| Responsibilities/Requirements        |           | administrator has completed the rules       |
|                                      |           | review course.                              |
|                                      |           |   |
| Rule: 5101:2-12-07 Administrator     | Compliant | Documenting Statement: The                  |
| Responsibilities/Requirements        |           | administrator's posted hours of             |
| , , , ,                              |           | availability reflected an appropriate       |
|                                      |           | schedule meeting rule compliance.           |
|                                      |           |   |
|                                      |           | 1   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-02.2 Transitional Pandemic | Compliant |   |
| Requirements                         |           |   |
| Dula                                 | Chabina   | Designation (taken and (a) If and inchis    |
| Rule: CCCMTL No. 25                  | Status    | Documenting Statement(s), If applicable     |
| Rule. CCCIVITE NO. 25                | Compliant | Documenting Statement: During the           |
|                                      |           | inspection, documents and/or                |
|                                      |           | professional development as outlined in     |
|                                      |           | Child Care Center Manual Transmittal        |
|                                      |           | Letter (CCCMTL) No. 25, "Reopening Child    |
|                                      |           | Care Operations Following the Response      |
|                                      |           | to the Coronavirus (COVID-19)               |
|                                      |           | Pandemic", were not assessed.               |
|                                      |           | Requirements will be assessed according     |
|                                      |           | to the schedule outlined in CCCMTL No.      |
|                                      |           | 25. Please ensure all requirements are      |
|                                      |           | met and maintained on file for review.      |
|                                      |           |   |
| 1                                    |           |   |
|                                      |           |   |