

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 |
| A Step Above 2 INC | 2230027870 | | Child Care Center |
| Address 3728 Pearl Rd Cleveland OH 44109 | | | County CUYAHOGA |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 03/28/2023 | E E | 199 | iviaxiiiiuiii Oliuei 2 /2 |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 03/30/2023 | Level III | | |

| | Insp | ection Information | | |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | ope | Inspection Notice | |
| Provisional | Full | | Unannounced | |
| Inspection Date 11/03/2023 | Begin Time 8 | :36 AM | End Time 12:03 PM | |
| Reviewer: | <u> </u> | | - | |
| Akeea Nelson | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 4 | 0 | 1 | 4 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 11 | 0 | 11 |
| Young Toddler | | 5 | 0 | 5 |
| Total Under 2 ½ Years | 42 | 16 | 0 | 16 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 14 | 0 | 14 |
| School Age | | 0 | 27 | 27 |
| Total Capacity/Enrollment | 182 | 17 | 27 | 60 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |

| Preschool | 3 years to < 4 years | 2 to 8 | Arrival Ratio |
|------------|---------------------------|--------|------------------|
| Preschool | 3 years to < 4 years | 2 to 8 | Departure Ratio- |
| | | | Lunch Time |
| Infants | 0 to < 12 months | 2 to 6 | Arrival Ratio |
| Infants | 0 to < 12 months | 2 to 7 | Departure Ratio |
| Toddlers | 18 months to < 30 months | 1 to 6 | Departure Ratio- |
| | | | Lunch Time |
| School-age | 5 years to < Kindergarten | 1 to 4 | Arrival Ratio |
| School-age | 5 years to < Kindergarten | 1 to 3 | Departure Ratio- |
| | | | Lunch Time |
| Toddlers | 18 months to < 30 months | 1 to 6 | Arrival Ratio |

Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances |
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| No Serious Risk 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 for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 1 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.

- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. 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.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/03/2023

Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 7 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The record did not include the name of at least one child.
- 4. The record did not include the birth date of at least one child.
- 5. The record did not include the assigned group.
- 6. The record did not include the child's weekly schedule.
- 7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
- 8. The original attendance record was not kept at the program for a period of one year.

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



Corrective Action Plan Due: 12/03/2023

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 4 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 12/03/2023

Domain: 09 Children's Files

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

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

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1, 8 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care

- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other []

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

Corrective Action Plan Due: 12/03/2023

Domain: 09 Children's Files

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

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 5, 6, 7, 10, 15 below.

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

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 12/03/2023

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| | | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by 3/30/24. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | KSHY-CQJJNL 3/1/24. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | · | have been made to the written policies |
| | | and procedures since it was last approved |
| | | by this Department. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 10/3/23. |
| | | 10/3/23. |
| | | 10/3/23. |

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|---------------------------------------|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| ' | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | | Bocamenting statement(3), it applicable |
| 3101.2-12-12 Sale Equipment | Compliant | |
| | | |
| | T - | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | <u> </u> | 1 |
| Pule | Ctatus | Decumenting Statement/s\ If smalleship |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| Environment | | |
| 0.1 | C | D :: C: 1 1/ \ IC I: II |
| 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 parente or guarante |
| <u> </u> | <u> </u> | 1 |
| Rule | Status | Documenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The driver(s) |
| Driver Requirements | | had completed the required ODJFS driver |
| | | training. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: An annual |
| Vehicle Requirements | | safety check of the vehicle(s), using the |
| vernole nequirements | | , |
| | | JFS 01230 "Vehicle Inspection Report For |
| | | Child Care Centers" form, was verified |
| | | and dated |
| | | |
| | | VIN#:1GBJG316391115630. |
| | | |

| Beginning! | | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| ceneral zmergency man | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| | | |
| D. J. | Chatura | Decree entire Chaterer ent/a) If a colimbia |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | bootinenting statement(s), it approases |
| | Compilant | |
| Reporting | | |
| | | |
| D. I. | C | D 1: 61 1 1/) If 1: 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Status Compliant | Documenting Statement: Annual training |
| | | Documenting Statement: Annual training of the written disaster plan was |
| Rule: 5101:2-12-16 Written Disaster | | Documenting Statement: Annual training |
| Rule: 5101:2-12-16 Written Disaster | | Documenting Statement: Annual training of the written disaster plan was |
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| Rule: 5101:2-12-16 Written Disaster | | Documenting Statement: Annual training of the written disaster plan was |
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-17 Daily Schedule | Status Compliant Status Status | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and | Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-17 Daily Schedule | Status Compliant Status Status | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment | Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment | Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity | Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity | Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity | Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-18 Group Size | Compliant | |
| 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | 3 (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| 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 |



| 5101:2-12-25 Medication Administration | Compliant | |
|---|-----------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |