

Center Licensing Inspection Full Report

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

| | Program Deta | nils | |
|--|-------------------------|-----------------|--------------------|
| Program Name | Program Number | | Program Type |
| GROWING KIDS ACADEMY | 000000100253 | | Child Care Center |
| Address 2935 SUITE #1 MARKET STREET YOUNGSTOW OH 44507 | /N | | County MAHONING |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 10/26/2020 | E | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 01/27/2022 | Level III | | |

| Inspection Information | | | | | |
|-----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 02/24/2022 | Begin Time 1 | 0:30 AM | End Time 4:07 PM | | |
| Reviewer: KATHLEEN BONAG | Reviewer: KATHLEEN BONACCI | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 4 | 0 | 2 | 2 | |

| 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) | | 6 | 0 | 6 |
| Young Toddler | | 7 | 0 | 7 |
| Total Under 2 ½ Years | 16 | 13 | 0 | 13 |
| Older Toddler | | 1 | 0 | 1 |
| Preschool | | 18 | 0 | 18 |
| School Age | | 0 | 17 | 17 |
| Total Capacity/Enrollment | 61 | 19 | 17 | 49 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infant | 0 to < 12 months | 1 to 1 | Walker |

| Infant | 0 to < 12 months | 1 to 1 | Diaper change |
|------------|--------------------------|--------|------------------|
| Infant | 0 to < 12 months | 1 to 1 | Feeding |
| Infant | 0 to < 12 months | 1 to 1 | Sleeping in crib |
| Toddler | 12 months to < 18 months | 2 to 5 | Handwashing, |
| Toddler | 12 months to < 18 months | 2 to 5 | Lunch |
| Toddler | 12 months to < 18 months | 2 to 5 | Nap |
| Preschool | 3 years to < 4 years | 1 to 6 | Free play |
| Preschool | 3 years to < 4 years | 2 to 6 | Handwashing |
| | | | Lunch |
| Preschool | 3 years to < 4 years | 2 to 6 | Nap |
| Pre K | 4 years to < 5 years | 1 to 5 | Nap |
| Pre K | 4 years to < 5 years | 1 to 5 | Free play |
| Pre K | 4 years to < 5 years | 1 to 5 | Lunch |
| School age | School-Age to < 11 years | 1 to 2 | Snack |

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 | | | |
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Moderate Risk Non-Compliances

Domain: 05 Health & Safety

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

<u>Code</u>: Meals and snacks provided or served by the program must include all required food groups and meet the recommended daily dietary allowances as specified by the USDA.

<u>Finding</u>: During the inspection, it was determined that a meal or snack at the program did not meet the requirements as noted in number 7 below:

1. The breakfast served did not include foods from three of the four good groups.

- 2. Snack served did not include foods from two of the four food groups.
- 3. The meal did not provide 1/3 of the recommended daily dietary allowances as specified by the USDA.
- 4. Juice used to meet the fruit or snack component was not 100% undiluted fruit or vegetable juice.
- 5. The meal served did not include an item from the meat or meat alternative group.
- 6. The meal served did not include an item from the bread or grain group.
- 7. The meal served did not include two items from the fruit/vegetable group.
- 8. The meal served did not include a vegetable (two fruits were served).
- 9. The meal served did not include a serving of fluid milk.

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

Corrective Action Plan Due: 03/26/2022

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<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 has 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 for administering a medication or medical food that is not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" or a prescription topical product to a child as noted in number 19 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 and was needed to determine the correct dosage.
- 4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
- 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 medication's expiration date was missing on the JFS 01217.
- 10. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 11. Physician instructions were missing on the JFS 01217.
- 12. Possible side effects 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. Epi Pen / VNS Therapy and Valtoco Nasal Spray
- 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: 03/26/2022

Low Risk Non-Compliances

Domain: 08 Staff Files

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

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

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

- 1. The child care staff member had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [].

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

Corrective Action Plan Due: 03/26/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statement for those employee listed on the Employee Record Chart did not include the required information listed below in 4 a number.

- 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: 03/26/2022

Rules In-Compliance/Not Verified

| us | Documenting Statement(s), If applicable |
|---------|---|
| npliant | |
| | |

| Rule | Status | Documenting Statement/s) If applicable |
|--------------------------------------|-------------|---|
| 5101:2-12-02 Current Information | Status | Documenting Statement(s), If applicable |
| 3101.2-12-02 Current information | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | bootimenting statement(s), it applicable |
| Requirements | Compilation | |
| педанения | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | 0 |
| | | |
| | | |
| 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: |
| | | 9938116,241,Class 3 expires 3-1-2023. |
| | | |
| | | |
| 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: During the |
| Policies and Procedures | | inspection, the requirements of the rule |
| | | regarding the program's written policies |
| | | and procedures were discussed. |
| | | |
| Dula | Chabus | Decumenting Chate |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| Dulo | Ctatus | Dogumenting Statement(s) If and itself |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| Dulo | Ctatus | Dogumenting Statement(s) If any live live |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |

| | | regarding background checks was on file for all employees listed. |
|---|------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| · | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | | and readily accessible during all hours of |
| | | operation. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | |
| | l a | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |
| , | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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 | · | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 1-3-2022. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Status Compliant | Documenting Statement: Equipment was |
| | Somphant | observed to be in good condition. |
| | | |
| Pula | Ctatus | Decumenting Statements If a reliable |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
|---|---|---|
| | | supplies were viewed stored out of the |
| | | reach of children. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| Rule. 3101.2-12-12 Sale Lilvironinient | Compliant | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | ' | the inspection, the program provided a |
| | | clean environment in accordance with |
| | | Appendix A of this rule, which included |
| | | the furniture, materials and equipment. |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the cleaning and sanitation of |
| ' ' | | items and toys mouthed by children were |
| | | discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5101:2-12-13 Handwashing | Compliant | |
| Rule: 5101:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Staff and |
| Rule: 5101:2-12-13 Handwashing Requirements | Compliant | |
| _ | Compliant | Documenting Statement: Staff and children were observed washing hands as |
| Requirements | | Documenting Statement: Staff and children were observed washing hands as required by the rule. |
| _ | Status | Documenting Statement: Staff and children were observed washing hands as |
| Requirements | | Documenting Statement: Staff and children were observed washing hands as required by the rule. |
| Rule 5101:2-12-13 Smoke Free Environment | Status Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable |
| Rule 5101:2-12-13 Smoke Free Environment Rule | Status Compliant Status | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and | Status Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the |
| Rule 5101:2-12-13 Smoke Free Environment Rule | Status Compliant Status | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule |
| Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and | Status Compliant Status | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements (|
| Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and | Status Compliant Status | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements (immunizations) and enrollments forms |
| Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and | Status Compliant Status | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements (|
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| Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and Enrollment Records | Status Compliant Status Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements (immunizations) and enrollments forms were discussed. |
| Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and Enrollment Records Rule: 5101:2-12-15 Child Medical and | Status Compliant Status Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements (immunizations) and enrollments forms were discussed. Documenting Statement: At the time of |
| Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and Enrollment Records Rule: 5101:2-12-15 Child Medical and | Status Compliant Status Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements (immunizations) and enrollments forms were discussed. Documenting Statement: At the time of the inspection, 25% of the children's |
| Rule 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-15 Child Medical and Enrollment Records Rule: 5101:2-12-15 Child Medical and | Status Compliant Status Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements (immunizations) and enrollments forms were discussed. Documenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records |
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| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule: 5101:2-12-16 Emergency Plan Rule: 5101:2-12-16 Emergency Drills Rule: 5101:2-12-16 First Aid/Standard Precautions Rule: 5101:2-12-16 First Aid/Standard Precautions Rule: 5101:2-12-16 Management of Compliant Rule: 5101:2-12-16 Management of Compliant Rule: 5101:2-12-16 Incident/Injury Reporting Rule: 5101:2-12-16 Incident/Injury Reporting Rule: 5101:2-12-16 Incident/Injury Reporting Rule: 5101:2-12-16 Incident/Injury Reporting Rule: 5101:2-12-16 Written Disaster Plan Rule: Status 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: 5101:2-12-16 Written Disaster Plan Rule: Status Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule: 5101:2-12-17 Daily Schedule Compliant Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. | | | status and the required treatment plan for the children with health conditions. |
|--|---------------------------------------|--------|--|
| Rule Status Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. | Rule | Status | Documenting Statement(s). If applicable |
| Rule Status Documenting Statement(s), if applicable Rule Status Documenting Statement(s), if applicable inspection. Rule Status Documenting Statement(s), if applicable inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), if applicable inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), if applicable inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), if applicable inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), if applicable inspection were omplete as required. Rule Status Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Rule Status Documenting Statement(s), if applicable Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Status Documenting Statement(s), if applicable Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. | Rule: 5101:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were |
| Rule Status Documenting Statement(s), if applicable Rule Status Documenting Statement(s), if applicable inspection. Rule Status Documenting Statement(s), if applicable inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), if applicable inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), if applicable inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), if applicable inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), if applicable inspection were omplete as required. Rule Status Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Rule Status Documenting Statement(s), if applicable Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Status Documenting Statement(s), if applicable Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. | Bula | Ctatus | Decumenting Statement(s) If applicable |
| Rule Status Documenting Statement: During the inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable Disease Rule Stoti:2-12-16 Incident/Injury Rule: 5101:2-12-16 Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Rule Status Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Rule Status Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Status Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Status Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Status Documenting Statement: Daily schedules were observed posted. | | | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| Rule Status Documenting Statement: During the inspection, the program had complete first aid kit available as required. Rule Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable Disease Rule Status 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 Status Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Rule Status Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Status Documenting Statement: During the Inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Status Documenting Statement: Daily schedules were observed posted. | Rule | Status | Documenting Statement(s). If applicable |
| Rule Status Documenting Statement(s), If applicable "Incident/Injury Reporting" Status Documenting Statement: The JFS 01299 "Incident/Injury Reporting "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Rule Status Documenting Statement(s), If applicable Rule: 5101:2-12-16 Written Disaster Plan | Rule: 5101:2-12-16 First Aid/Standard | | Documenting Statement: During the inspection, the program had complete |
| Rule Status Documenting Statement(s), If applicable "Incident/Injury Reporting" Rule Status Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Rule Status Documenting Statement(s), If applicable Pocumenting Statement(s), If applicable Rule: 5101:2-12-16 Written Disaster Plan Rule Status Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Status Documenting Statement(s), If applicable Pocumenting Statement (s), If applicable Pocument | Pulo | Status | Documenting Statement(c) If applicable |
| Rule: 5101:2-12-16 Incident/Injury Reporting Compliant Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Rule Rule: 5101:2-12-16 Written Disaster Plan Compliant Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Rule: 5101:2-12-17 Daily Schedule Compliant Documenting Statement(s), If applicable Documenting Statement: Daily schedules were observed posted. | 5101:2-12-16 Management of | | Documenting Statement(s), if applicable |
| Rule: 5101:2-12-16 Incident/Injury Reporting Compliant Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection were complete as required. Rule Rule: 5101:2-12-16 Written Disaster Plan Compliant Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Rule: 5101:2-12-17 Daily Schedule Compliant Documenting Statement(s), If applicable Documenting Statement: Daily schedules were observed posted. | Rule | Status | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-16 Written Disaster Plan Compliant Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Rule: 5101:2-12-17 Daily Schedule Compliant Documenting Statement(s), If applicable Documenting Statement: Daily schedules were observed posted. | Rule: 5101:2-12-16 Incident/Injury | | Documenting Statement: The JFS 01299 "Incident/Injury Report For Child Care" forms reviewed during this inspection |
| Rule: 5101:2-12-16 Written Disaster Plan Compliant Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. Rule Rule: 5101:2-12-17 Daily Schedule Compliant Documenting Statement(s), If applicable Documenting Statement: Daily schedules were observed posted. | Pula | Status | Decumenting Statement(e) If applicable |
| Rule: 5101:2-12-17 Daily Schedule Compliant Documenting Statement: Daily schedules were observed posted. | Rule: 5101:2-12-16 Written Disaster | | Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were |
| Rule: 5101:2-12-17 Daily Schedule Compliant Documenting Statement: Daily schedules were observed posted. | | | |
| Pulo | | | Documenting Statement: Daily schedules |
| I STILL I LIQUIMANTINI STATEMENTICI IT ANNICANIA | Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
|---------------------------------------|---------------------|---|
| Equipment | Compliant | equipment was observed in all categories. |
| Equipment | | equipment was observed in all categories. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: During the |
| · · · · · · · · · · · · · · · · · · · | ' | inspection, the requirements of the rule |
| | | regarding daily outdoor play were |
| | | discussed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| 2.1 | | D C. 1 // \ / C 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | , , , , , , , , , , , , , , , , , , , |
| | F | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| Rule | Ctatus | Decumenting Statement(s) If applicable |
| 5101:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-13 Supervision | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | 1. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were |
| | - Simpliant | separated from the play space by a safe |
| | | and sturdy and physical barrier. |
| | | 22 22 p,52 22 |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were |
| | | labeled with the assigned infant's name. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Fluid Milk | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the requirements of the rule |



| | | regarding fluid milk were discussed. See Appendix C |
|---|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | Total mental gold to mental (a), in application |
| 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 |
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: All bottles were warmed in accordance with the rule in a bottle warmer . |
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: Bottles and opened food were stored in a refrigerator located in the infant area. |
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: Infants were fed in conformity with parent/guardian's written, dated instructions. |
| 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 room. |