

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 |
| CREATIVE CORNER LEARNING CENTER III | 000000100439 | | Child Care Center |
| INC | | | |
| Address | | | County |
| 425 CRESTVIEW DRIVE YOUNGSTOWN MAHONING | | | MAHONING |
| ОН | | | |
| 44512 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 08/04/2022 | E | 262 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 08/07/2023 | Level II | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 01/30/2024 | 7:20 AM | 7:20 AM | | |
| Reviewer: | | | | |
| KATHLEEN BONACCI | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 9 | 0 | 2 | 8 |

| 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) | | 20 | 0 | 20 |
| Young Toddler | | 28 | 0 | 28 |
| Total Under 2 ½ Years | 36 | 48 | 0 | 48 |
| Older Toddler | | 17 | 0 | 17 |
| Preschool | | 54 | 16 | 70 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 155 | 71 | 16 | 135 |

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

| Infant | 0 to < 12 months | 1 to 1 | Floor time |
|----------------------------------|--------------------------|---------|---------------------|
| Infant | 0 to < 12 months | 2 to 9 | Feeding |
| | | | Bouncer |
| | | | Sleeping |
| | | | Floor time |
| Toddlers Catterpillers | 12 months to < 18 months | 2 to 8 | Lunch |
| Toddlers Catterpillers | 12 months to < 18 months | 2 to 8 | Fee play |
| Toddlers Butterflies | 18 months to < 30 months | 2 to 10 | Video -dance to |
| | | | music |
| Toddlers Butterflies | 18 months to < 30 months | 2 to 9 | Lunch |
| Busy Bees /Toddlers 2.5-3 years | 30 months to < 36 months | 2 to 13 | Lunch |
| Busy Bees /Toddlers 2.5-3 years | 30 months to < 36 months | 2 to 12 | Table activities |
| Teddy Bears - 3 years | 3 years to < 4 years | 1 to 9 | Music video - |
| | | | dancing |
| Teddy Bears - 3 years | 3 years to < 4 years | 1 to 9 | Lunch |
| Teddy Bears - 3 years | 3 years to < 4 years | 1 to 9 | Nap |
| Shining Stars | 3 years to < 4 years | 1 to 11 | Free play |
| Shining Stars | 3 years to < 4 years | 1 to 11 | Handwashing |
| | | | Lunch |
| Shining Stars | 3 years to < 4 years | 2 to 11 | Nap |
| Pre-K | 4 years to < 5 years | 2 to 15 | Lunch |
| Pre-K | 4 years to < 5 years | 3 to 14 | Circle |
| | | | Literacy activity's |
| Combined SA, Shining Stars, Busy | 30 months to < 36 months | 1 to 5 | Breakfast (parent |
| Bees, PK, Teddy Bears | | | provided) |
| | | | Free play. |
| Combined Caterpillars & | 12 months to < 18 months | 2 to 4 | Breakfast (parent |
| Butterfliess | | | provided) |
| | | | Free play |

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 | |
|--|--|
| Serious Kisk Noil-Compliances | |
| | |
| No Serious Risk Non-Compliances were observed during this inspection | |
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| | |



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 all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person listed on the Employee Record Chart as noted in number 4 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/29/2024

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 numbers 13,27,28,29,30,31,32,33,38,39,40,44 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.
- JFS 1236 was missing page three and page four.
- 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: 02/29/2024

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional

Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number 5,6 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: []

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

Corrective Action Plan Due: 02/29/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in numbers 1, 2, 4,5 b c below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies 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);
- 6. Tuberculosis (TB) screening/test information was missing:
- 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 6a.
- 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: 02/29/2024

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 1, 2 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member. One staff member had completed the staff orientation training for family child care. Please complete the staff orientation for child care centers.
- 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: 02/29/2024

Domain: 08 Staff Files

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

<u>Code</u>: 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 for the child care staff member2 listed on the Employee Record Chart, did not meet the requirements as listed in number 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/29/2024

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 members 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: 02/29/2024

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in numbers 2,3,4,5,6 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/29/2024

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 numbers 2,7,8 below:

- 1. No medical was on file for at least one child
- 2. Medicals 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 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. Medicals 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: 02/29/2024

Domain: 09 Children's Files

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

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

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in numbers 7,13 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 not required at this time.

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-02 Current | Compliant | Documenting Statement: During the |
| Information | Compliant | inspection, the requirements of the rule |
| Information | | regarding maintaining current |
| | | information in the Ohio Child Licensing |
| | | and Quality System were discussed. |
| | | Contact Help Desk at 1-877-302-2347 |
| | | with any questions concerning service |
| | | information not saving under facility |
| | | , , |
| | | management on OCLQS. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding fire inspection were discussed. |
| | | Current fire report dated 8-7-2023. |
| | | |
| | | |
| 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: |
| | | 9969412,1020, Mahoning, Class 2, |
| | | expires 3-1-2024. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Qualifications | | administrator has completed the rules |
| | | review course. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: The written |
| Policies and Procedures | | policies and procedures reviewed on the |
| | | day of the inspection were verified as |
| | | complete. |
| | | |

| 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 | | |
| D | | 2 " 5" " " " " " " " " " " " " " " " " " |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: Outdoor play was not observed due to weather |
| Requirements | | conditions however, the quarterly |
| | | playground inspections were discussed |
| | | and documentation was on file, as |
| | | required. |
| | | requireu. |
| 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 |
| | | 11-9-2023. |
| | | |
| | _ | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: The outdoor |
| Equipment | | play space and equipment were not |
| | | viewed during this inspection due to |
| | | inclement weather conditions; however, |
| | | the requirements were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | surfaces under the outdoor equipment |
| | | were not viewed during this inspection |
| | | due to rain; however, the requirements |
| | | were discussed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-12 Safe Environment | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Cleaning |
| Nuie. 3101.2-12-12 3aie Elivironinient | Compilant | supplies were viewed stored out of the |
| | | reach of children. |
| | | reaction children. |

| 1 | | |
|--|---------------------|---|
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: The indoor temperature of the program during the inspection was comfortable and met rule compliance. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe environment was observed during the inspection. Children were protected from items and conditions which threaten their health, safety and well-being. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: During the inspection, the cleaning and sanitation of items and toys mouthed by children were discussed. |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed clean and in good repair. |
| Dula | Chahara | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Staff and children were observed washing hands as |
| | | required by the rule. |
| | | |
| Rule | Status | required by the rule. Documenting Statement(s), If applicable |
| Rule 5101:2-12-13 Smoke Free Environment | Status Compliant | |
| 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Requirements regarding routine and/or field trips were |
| S101:2-12-13 Smoke Free Environment Rule Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule: 5101:2-12-14 Transportation and | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement: The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians. At the time of this inspection the program |

| D. L. E404 2 42 46 Mardinal Desiral | Consultant | December 11 of Class and Continued of |
|--|-------------|---|
| 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. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| The second secon | | for completed fire, weather, and |
| | | · |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | Compilant | |
| Precautions | | inspection, the program had complete |
| | | first aid kit available as required. |
| | | |
| | | |
| 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 |
| Communicable Disease | | |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The JFS 01299 |
| Reporting | | "Incident/Injury Report For Child Care" |
| Reporting | | |
| | | forms reviewed during this inspection |
| | | were complete as required. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| | Compilation | |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | | of the written disaster plan was |
| | | completed by staff. |
| | | completed by stall. |
| Dulas F101.2 12 16 Weither Dieset | Compliant | Dogumenting Statements During the |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: During the |
| Plan | | inspection, the requirements of the rule |
| | | regarding the written disaster plan were |
| | | discussed. Reviewed requirements for |
| | | written documentation (signed and |
| | | written documentation (signed and |

| Designation. | | |
|---------------------------------------|-----------|---|
| | | dated by each staff member) of the |
| | | annual staff training on the disaster plan. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| Rule. 5101.2-12-17 Daily Schedule | Compliant | • |
| | | were observed posted. |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the |
| , | ' | inspection, developmentally-appropriate |
| | | practices were observed in the |
| | | classroom(s). |
| | | · · |
| | Ι. | |
| 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 |
| 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. Outdoor daily play weather |
| | | permitting between 25 degrees and 90 |
| | | degrees. |
| | | degrees. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| | | was operating within their license |
| | | capacity limits. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: During the |
| Nuic. 3101.2-12-10 Natio | Compliant | inspection, enough Child Care Staff |
| | | • |
| | | Members were employed to meet the |
| | | staff/child ratios. |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding staff/child ratios were |
| | | discussed. Updated Staff/Child Ratio chart |
| | | in Rule 18, Appendix A (revised 10-2021). |
| | | ili nule 10, Appelluix A (Teviseu 10-2021). |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | 22 | ratios observed during the inspection |
| | | were in compliance. |
| | | were in compnance. |

| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |
|--|-----------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes observed on the day of the inspection were in compliance. |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: Complete transition agreements were verified in the classrooms for children currently in transition to a new group. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: During the inspection, attendance records were reviewed. Child Care Staff Members were viewed recording the attendance for each child upon arrival and departure. All attendance records met the requirements of the rule and were kept with the group at all times. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: During the inspection, child care staff were observed assisting children throughout the day. |
| | | |
| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| 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. |
|---|---------------------|---|
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were placed 2 feet apart when occupied. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were labeled with the assigned infant's name. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals were |
| Requirements | | provided at intervals as required by this rule. Parent provided. |
| | I o | |
| Rule 5101:2-12-22 Fluid Milk Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Described Statement (a) If and inchis |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | Documenting Statement(s), If applicable |
| | I a | |
| Rule: 5101:2-12-23 Infant Daily Care | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: An appropriate |
| Rule. 5101.2-12-25 Illiant Daily Care | Compilant | program of activities with infants was observed. |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate daily written records for all infants were viewed. Bright Wheel. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: All bottles were labeled as required. |

| Compliant | Documenting Statement: Bottles and opened food were stored in a refrigerator located in the infant room. |
|-----------|--|
| Compliant | Documenting Statement: Infants were fed in conformity with parent/guardian's written, dated instructions. |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: Appropriate diaper changing procedures were observed during the inspection in the toddler room. |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: Medication was stored office. |
| | Status Compliant Status Status Status |