

# **Center Licensing Inspection Full Report**

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

| Program Details               |                         |                 |                   |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name                  | Program Number          |                 | Program Type      |
| KIDS COUNTRY                  | 00000103389             |                 | Child Care Center |
|                               |                         |                 |                   |
| Address                       |                         |                 | County            |
| 4923 HUDSON DRIVE STOW        |                         |                 | SUMMIT            |
| OH 44224                      |                         |                 |                   |
|                               |                         |                 |                   |
|                               |                         |                 |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 09/20/1999                    | E                       | 58              |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 05/04/2017                    | Level III               |                 |                   |

| Inspection Information        |                                |                  |                                  |              |
|-------------------------------|--------------------------------|------------------|----------------------------------|--------------|
| Inspection Type<br>Annual     | Inspection So<br>Full          | cope             | Inspection Notice<br>Unannounced |              |
| Inspection Date<br>09/06/2023 | Begin Time 1                   | 0:00 AM          | End Time 3:29 PM                 |              |
| Reviewer:<br>AQILA BROWN      |                                |                  |                                  |              |
| Summary of Findings           |                                |                  |                                  |              |
| No. Rules Verified            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk                | No. Low Risk |
| 58                            | 5                              | 0                | 1                                | 5            |

| 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)                                 |                  | 32         | 0         | 32    |
| Young Toddler   |                  | 14         | 0         | 14    |
| Total Under 2 ½ Years                                     | 60               | 46         | 0         | 46    |
| Older Toddler   |                  | 15         | 0         | 15    |
| Preschool   |                  | 57         | 0         | 57    |
| School Age  |                  | 25         | 0         | 25    |
| Total Capacity/Enrollment                                 | 188              | 97         | 0         | 143   |

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



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| Infants    | 0 to < 12 months         | 2 to 9  | Arrival        |
|------------|--------------------------|---------|----------------|
|            |                          |         | Infant Feeding |
| Infants    | 0 to < 12 months         | 2 to 10 | 2nd            |
| Infants    | 0 to < 12 months         | 2 to 10 | 3rd            |
| Babies     | 0 to < 12 months         | 2 to 10 | Activity       |
|            |                          |         | Bottle Feeding |
| Babies     | 0 to < 12 months         | 2 to 10 | Lunch          |
| Babies     | 0 to < 12 months         | 2 to 10 | 3rd            |
| Two's      | 18 months to < 30 months | 2 to 12 | Diaper Change  |
| Two's      | 18 months to < 30 months | 2 to 12 | Lunch          |
| Two's      | 18 months to < 30 months | 1 to 12 | Nap            |
| Toddlers   | 12 months to < 18 months | 2 to 10 | Activity       |
| Toddlers   | 12 months to < 18 months | 2 to 10 | Nap            |
| PS 1       | 30 months to < 36 months | 3 to 15 | Lunch          |
| PS 1       | 30 months to < 36 months | 3 to 15 | Outdoor Play   |
| PS 1       | 30 months to < 36 months | 2 to 15 | Nap            |
| MAPs       | 3 years to < 4 years     | 2 to 20 | Outdoor Play   |
| MAPs       | 3 years to < 4 years     | 2 to 20 | Lunch          |
| MAPs       | 3 years to < 4 years     | 2 to 20 | 3rd            |
| PS 2       | 3 years to < 4 years     | 2 to 14 | Outdoor Play   |
| PS 2       | 3 years to < 4 years     | 2 to 14 | Lunch          |
| PS 2       | 3 years to < 4 years     | 1 to 14 | Nap            |
| Pre K      | 3 years to < 4 years     | 2 to 12 | Outdoor Play   |
| Pre K      | 3 years to < 4 years     | 2 to 12 | Activity       |
| Pre K      | 3 years to < 4 years     | 2 to 12 | Lunch          |
| School Age | School-Age to < 11 years | 2 to 22 | AM             |
| Toddlers   | 12 months to < 18 months | 2 to 10 | Lunch          |

#### **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** 

No Serious Risk Non-Compliances were observed during this inspection



#### Moderate Risk Non-Compliances

#### Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have 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 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: 10/06/2023

# Low Risk Non-Compliances

# Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: 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 number 1 below.

1. A medical statement was not on file for at least one employee;



2. The medical statement(s) 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: 10/06/2023

# Domain: 08 Staff Files

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

<u>Code</u>: The program is required to maintain a current JFS 01176 "Program Notification of Background Check Review for Child Care" on file for each staff.

<u>Finding</u>: In review of the staff records, it was determined that background check requirements had not been followed, for the individual(s) listed on the Employee Record Chart, as noted in number 1 below:

1. The JFS 01177 "Individual Notification of Background Check Review for Child Care" was on file instead of the JFS 01176.

2. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/06/2023



#### **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, 5 and 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 names of the child care staff members who must complete the required health and safety trainings. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/06/2023

# Domain: 09 Children's Files

<u>Rule</u>: 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 10, 13 and 14 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.

#### Domain: 09 Children's Files

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

<u>Code</u>: 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 1 and 2 below:

- 1. No medical was on file for at least one child
- 2. Medical 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: 10/06/2023

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

| Status    | Documenting Statement(s), If applicable  |
|-----------|--|
| Compliant |  |
|           |  |
|           |  |
|           | Documenting Statement(s), If applicable  |
| Compliant |  |
|           |  |
| Status    | Documenting Statement(s), If applicable  |
| Compliant |  |
|           |  |
|           |  |
| Status    | Documenting Statement(s), If applicable  |
| Compliant | Documenting Statement: A copy of the   |
|           | certificate of occupancy was available on-   |
|           | site for review.   |
|           |  |
|           |  |
|           | Documenting Statement(s), If applicable  |
| 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 8/10/2024.  |
|           |  |
| Status    | Documenting Statement(s), If applicable  |
| Compliant | Documenting Statement: The food service  |
|           | license was observed posted. Following is  |
|           | the audit number and date of expiration:   |
|           | KWET-CPJRM7; Expires 3-1-2024  |
|           |  |
|           | Compliant Status Status Status Status Status Status Status Status Status |



| 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              |                     |  |
| Dula                                       | Chatura             | Decumenting Statement(s) If emplicable                                   |
| Rule<br>Rule: 5101:2-12-07 Written Program | Status<br>Compliant | Documenting Statement(s), If applicableDocumenting Statement: No changes |
| Policies and Procedures                    | Compliant           | have been made to the written policies                                   |
| Folicies and Frocedures                    |                     | and procedures since it was last approved                                |
|  |                     | by this Department.  |
|  |                     | by this bepartment.  |
|  |                     |  |
| Rule                                       | Status              | Documenting Statement(s), If applicable                                  |
| 5101:2-12-08 Orientation Training &        | Compliant           |  |
| Whistle Blower Protection                  |                     |  |
|  |                     |  |
| 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                               | compliant           |  |
|  |                     |  |
| 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 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                                  |
|  |                     | 8/29/2023.   |
|  |                     |  |
|  |                     | · · · · · · · · · · · · · · · · · · ·                                    |
| Rule                                       | Status              | Documenting Statement(s), If applicable                                  |
| Rule: 5101:2-12-11 Outdoor Play            | Compliant           | Documenting Statement: Outdoor   |
| Equipment                                  |                     | equipment was viewed to be safe and                                      |



|  | free of rust, sharp points, and other<br>hazards. |
|--|---|
|  |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective   |
| Zones                                |           | material used under outdoor equipment   |
|                                      |           | was mulch.                              |
|                                      |           |   |

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-12 Safe Equipment | Compliant |   |

| Rule                                | Status    | Documenting Statement(s), If applicable   |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: All electrical outlets were covered with safety receptacles. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Pets were viewed to be properly housed and cared for.        |

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the       |
| Equipment and Environment   |           | inspection, the equipment was observed  |
|                             |           | clean and in good repair.               |
|                             |           |   |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and        |
| Requirements                   |           | children were observed washing hands as |
|                                |           | required by the rule.                   |
|                                |           |   |

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|---|
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was     |
| Environment                   |           | observed posted stating that smoking is |
|                               |           | prohibited at the program.              |

| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| Rule: 5101:2-12-14 Transportation and<br>Field Trip Procedures | Compliant | Documenting Statement: The program uses the ODJFS sample trip permission       |
|  |           | form for routine trips to secure written permission from parents or guardians. |



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| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| 5101:2-12-14 Transportation - Driver  | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| 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 |
|                                       |           | JFS 01230 "Vehicle Inspection Report For  |
|                                       |           | Child Care Centers" form, was verified    |
|                                       |           | and dated 10/14/2022.                     |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical   | Compliant | Documenting Statement: The program        |
| Care Plans                            |           | had current information on the medical    |
|                                       |           | status and the required treatment plan    |
|                                       |           | for the children with health conditions.  |
|                                       |           |   |
|                                       | -         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant | Documenting Statement: On the day of      |
| and General Emergency Plan            |           | the inspection, the complete prescribed   |
|                                       |           | JFS 01242 "Medical, Dental, and General   |
|                                       |           | Emergency Plan For Child Care" were       |
|                                       |           | posted in the program as required.        |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation      |
| Nule. 5101.2 12 10 Energency Drins    | Compliant | for completed fire, weather, and          |
|                                       |           | emergency/lockdown drills was verified    |
|                                       |           | during this inspection.                   |
|                                       |           | during this inspection.                   |
|                                       |           |   |
| 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   |
| Rule: 5101:2-12-16 Management of      | Compliant | Documenting Statement: The JFS 08087      |
| Communicable Disease                  |           | "Communicable Disease Chart" was          |
|                                       |           | posted and was readily available to staff |
|                                       |           | and parents.                              |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(a) If applicable    |
| Kule                                  | Status    | Documenting Statement(s), If applicable   |



| Rule: 5101:2-12-16 Incident/Injury<br>Reporting | Compliant           | Documenting Statement: The JFS 01299<br>"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             | Compliant           | Documenting Statement: Annual training  |
| Plan  |                     | of the written disaster plan was completed by staff.                            |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule                     | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Materials and<br>Equipment         | Compliant           |   |
| D. I.   | Chabur              |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play           | Compliant           | Documenting Statement: Outdoor play<br>was observed for the Toddler and         |
|   |                     | Preschool groups.   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity                   | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio                        | Compliant           | Documenting Statement: Staff/child  |
|   |                     | ratios observed during the inspection   |
|   |                     | were in compliance.   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Group Size                         | Compliant           |   |
| Pulo  | Status              | Decumenting Statement(s) If any list his  |
| Rule<br>Rule: 5101:2-12-18 Attendance           | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Attendance<br>Records        | Compliant           | Documenting Statement: During the<br>inspection, attendance records were        |
| necorus   |                     | 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  |
| 5101:2-12-19 Supervision             | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| 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.                              |
|                                      |           |  |
|                                      |           |  |
| Dute                                 | Chatura   |  |
| 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             |           |  |
| Rule: 5101:2-12-20 Cribs             | Compliant | Documenting Statement: All cribs were    |
|                                      |           | placed 2 feet apart.                     |
|                                      |           |  |
| 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: The program       |
| Requirements                         |           | served the following: Breaded chicken    |
|                                      |           | tenders, mashed potatoes, corn,          |
|                                      |           | pineapple and milk                       |
|                                      |           | hundablic and unit                       |
| L                                    | 1         | I  |
| Rule                                 | Status    | Documenting Statement(s) If applicable   |
|                                      |           | 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  |
|                                      |           |  |



| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: An appropriate program of activities with infants was observed.      |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate<br>daily written records for all infants were<br>viewed. |

| 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.   |
| Rule: 5101:2-12-23 Infant Bottle and<br>Food Preparation | Compliant | Documenting Statement: All bottles were<br>warmed in accordance with the rule in a<br>cup of warm tap water. |

| Rule                             | Status    | Documenting Statement(s), If applicable                                  |
|----------------------------------|-----------|--|
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate                                       |
| Toilet Training                  |           | diaper changing procedures were<br>observed during the inspection in the |
|                                  |           | toddler room.  |

| Rule   | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements | Compliant | Documenting Statement: All Child Care<br>Staff Members had verification of<br>educational requirements on file at the<br>program. |