

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 | ils | | |
|-------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| TWIN CITY HEAD START CENTER | 000000106947 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 225 N. DAWSON ST UHRICHSVILLE | | | TUSCARAWAS | |
| OH | | | | |
| 44683 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 07/23/1997 | E | 38 | 0 | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 08/16/2024 | Level III | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | ope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 10/02/2024 | 8:30 AM | | 11:10 AM | | |
| Reviewer: | | | | | |
| SHAWN CRAWFORD | | | | | |
| C f F!: . !!: | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 5 | 0 | 2 | 3 | |

| 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) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 62 | 62 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 38 | 0 | 62 | 62 |

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

| TW 1 | 3 years to < 4 years | 2 to 16 | Gross motor |
|------|----------------------|---------|-------------|
| TW 1 | 3 years to < 4 years | 3 to 16 | Breakfast |
| TW 2 | 3 years to < 4 years | 3 to 10 | Breakfast |
| TW 2 | 3 years to < 4 years | 2 to 9 | |

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 |
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Moderate Risk Non-Compliances

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Equipment

<u>Code</u>: The program is required to anchor equipment to the ground as required, to close "S" hooks to prevent the chain from slipping off and prevent strangulation and provide equipment with openings that will not pose a safety risk.

<u>Finding</u>: During the inspection, it was determined that equipment on the outdoor play space posed an imminent risk of harm to a child as noted in number(s) 7 below:

- 1. The climber was not anchored.
- 2. The swings were not securely anchored.
- 3. The slide was not securely anchored.
- 4. The climbing rope was not securely anchored at both ends.
- 5. The "S" hooks on the climber were not closed in order to prevent the chain from slipping off the hook and prevent strangulation.
- 6. The "S" hooks on the swing(s) were not closed in order to prevent the chain from slipping off the hook and prevent strangulation.



7. The climber had an opening that was greater than three and one-half inches, but less than nine inches. Equipment openings must be less than 3 1/2 inches or more than 9 inches to avoid the risk of entrapment.

Discontinue the use of this equipment until it has been removed, repaired or replaced. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/01/2024

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 number(s) 32,33 below:

1. No plan was on file.

(Page 1)

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

(Page 2)

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

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.

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

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

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

Corrective Action Plan Due: 11/01/2024

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 5 below:

- 1. There was no method in place;
- 2. The method did not include each child's name;
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times:
- 5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 11/01/2024

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to conduct and document quarterly inspections of their outdoor play space.

<u>Finding</u>: During the inspection, it was determined that quarterly inspections of one or more outdoor play area(s) and equipment had not been completed and documented as required, using the JFS 01281 "Child Care Playground Inspection Report" form. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/01/2024

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 number(s) 4 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

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|-----------------------------------|-----------|--------------------------------------------------------------------------------------|
| 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 |
|----------------------------------|-----------|-----------------------------------------|
| 5101:2-12-02 Current Information | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-03 Inspection | Compliant | (-1) |
| Requirements | | |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | Compilant | certificate of occupancy was available on- |
| bepar timent inspection | | site for review. |
| | | site for review. |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: On the day of |
| Department Inspection | Compilant | the inspection, the program was |
| Department inspection | | operating in compliance with the current |
| | | building approval(s). |
| | | building approval(s). |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| Nule: 3101.2-12-04 File hispection | Compliant | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | AND AND COMPANY OF COMMAND AND THE COMMAND AND COMPANY OF THE COMP |
| | | be secured for the program by 8/16/25. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| CANADARA CARACTERISTA CONTROL | Compliant | |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | RMDD-DZFLFM, expires 3/1/25 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Qualifications | Compliant | administrator has completed the rules |
| Qualifications | | review course. |
| | | Teview Course. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: Employment |
| Responsibilities/Requirements | Compilant | records for current as well as past |
| Nesponsibilities/ Nequilements | | employees were being maintained on file |
| | | the state of the s |
| | | as required. |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| What is the Medical State of the Control of the Con | Compliant | Documenting Statement: The |
| Responsibilities/Requirements | | administrator's hours of availability to |
| | | meet with parents were posted in a |
| | | noticeable location. |
| | | |

| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The current |
|--------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Responsibilities/Requirements | | licensing rules were available in a |
| | | noticeable location on the premises. |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Responsibilities/Requirements | Compliant | administrator's posted hours of |
| Nesponsibilities/Nequilements | | availability reflected an appropriate |
| | | |
| | | schedule meeting rule compliance. |
| | | |
| 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. |
| | | Description of the second of t |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | | had current medical statements on file. |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | , | the inspection, all child care staff |
| | | members had met orientation training |
| | | requirements. |
| | | 70 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| _ | Compilant | 100 |
| Requirements | | inspection, the required documentation regarding background checks was on file |
| | | |
| | | for all employees listed. |
| | Į. | |
| 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. |
| | | 3,53.3 |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional | Compliant | Documenting Statement: At the time of |
| Development Requirements | | the inspection, all child care staff |

| Beginning! | | |
|-------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | members had completed the required amount of professional development training. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Indoor Space Requirements | Compliant | Documenting Statement: The restrooms are used exclusively by the program. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement: The protective material used under outdoor equipment was: rubber mulch. |
| 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: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: The program used mats under the indoor climbing equipment. |
| | Charles | Decree Characteristics of a posicional a |
| 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: All electrical outlets were covered with safety receptacles. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: All area rugs had nonskid backing. |
| 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: 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 | Status | Documenting Statement(s), If applicable |
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| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | | the inspection, the program provided a |
| and the contraction of the contr | | clean environment in accordance with |
| | | Appendix A of this rule, which included |
| | | the furniture, materials and equipment. |
| | | the farmeare, materials and equipment |
| | | |
| 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: No smoking was |
| Environment | , | allowed on the premises, and the notice |
| | | stating that smoking is prohibited was |
| | | observed posted in a conspicuous place. |
| | | |
| Pode | Chahua | Decumenting Chateman and A. If and Paul |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Toothbrushing | Compliant | Documenting Statement: Tooth brushing |
| Requirements | | is practiced by the program and it was |
| | | determined to meet the requirements |
| | | outlined in the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The driver(s) |
| Field Trip Procedures | | had current and valid training in first aid, |
| | | management of communicable disease, |
| | | and CPR. |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The form(s) |
| Field Trip Procedures | Compilation | used by the program for routine and/or |
| Tield Trip Frocedures | | field trips were verified to meet the |
| | | requirements of the rule. |
| | | requirements of the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The driver(s) |
| Driver Requirements | | had completed the required ODJFS driver |
| | | training. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The vehicle(s) |
| ■ Victor Account (1985) Professional Control of the Control of the Control of Control | Server Contracts Contract Cont | used by the program to transport children |

| State Highway Patrol. | Beg <u>inning!</u> | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Requirements inspection, weekly safety inspections and/or monthly emergency exiting drills were completed and documented, as required. | | | |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan 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: 5101:2-12-16 Emergency Drills Compliant Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Rule Status Documenting Statement: During the inspection, the program had complete first aid kits available as required. Rule: 5101:2-12-16 First Aid/Standard Precautions Compliant Compliant Documenting Statement: The program had a system in place for regularly checking and replacing first aid kit supplies. Rule: 5101:2-12-16 Management of Compliant Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Rule: 5101:2-12-16 Management of Compliant Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 2,3 below: | | Compliant | inspection, weekly safety inspections and/or monthly emergency exiting drills were completed and documented, as |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan 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: 5101:2-12-16 Emergency Drills Compliant Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Rule Status Documenting Statement: During the inspection, the program had complete first aid kits available as required. Rule: 5101:2-12-16 First Aid/Standard Precautions Compliant Compliant Documenting Statement: The program had a system in place for regularly checking and replacing first aid kit supplies. Rule: 5101:2-12-16 Management of Compliant Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Rule: 5101:2-12-16 Management of Compliant Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 2,3 below: | | | * |
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| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule Rule: 5101:2-12-16 First Aid/Standard Precautions Rule Rule: 5101:2-12-16 Management of Compliant Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Rule: 5101:2-12-16 Management of Compliant Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Rule: 5101:2-12-16 Management of Compliant Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 2,3 below: | | Indiana and an and an | |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule Rule: 5101:2-12-16 First Aid/Standard Precautions Rule: 5101:2-12-16 Management of Compliant Compliant Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 2,3 below: | Rule: 5101:2-12-16 Emergency Drills | Compliant | The state of the s |
| 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 First Aid/Standard Precautions Rule: 5101:2-12-16 Management of Compliant | | | |
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| Rule: 5101:2-12-16 Management of Compliant Rule: 5101:2-12-16 Management of Compliant Rule: 5101:2-12-16 Management of Compliant Communicable Disease Rule: 5101:2-12-16 Management of Compliant Rule: 5101:2-12-16 Management of Compliant Compliant Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Rule: 5101:2-12-16 Management of Compliant Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 2,3 below: | | - Sompilario | |
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| Communicable Disease staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 2,3 below: | | | • 1000000 |
| Communicable Disease staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 2,3 below: | Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The program |
| their child had any exposure to a contagious illness by number(s) 2,3 below: | | | |
| contagious illness by number(s) 2,3 below: | | | |
| below: | | | 15/ 0.0 |
| 1. A posted notice; | | | |
| 1. A posted notice; | | | |
| · · · · · · · · · · · · · · · · · · · | | | 1. A posted notice; |



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| | | 2. Verbal communication; |
| | | 3. A written notice sent home; |
| | | 4. A note posted on the classroom door; |
| | | 5. Other []. |
| | | |
| | | |
| 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" |
| 275 | | forms reviewed during this inspection |
| | | were complete as required. |
| | | , , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the |
| Maior 5101.2 12 17 Daily Schedule | Compilation | inspection, developmentally-appropriate |
| | | practices were observed in the |
| | | classroom(s). |
| | | classroom(s). |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | | equipment was observed in all categories. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | bocumenting statement(s), it applicable |
| 5101,2-12-17 Daily Outdool Flay | Compliant | |
| | | |
| 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: Staff/child |
| | | ratios observed during the inspection |
| | | surpassed those required by the rule. |
| | | Sarpassed those required by the rule. |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: During the |
| Personal and the Company of the Comp | constraints of the section of the se | inspection, enough Child Care Staff |
| | | Members were employed to meet the |
| | | staff/child ratios. |
| | | Starry Critica Factors. |
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| 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 | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: During the inspection, child care staff were observed meeting the basic needs of all children assigned to the group. |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff 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 |
| Rule: 3101.2-12-19 Child Guldance | Compilant | child guidance techniques and practices were observed being used during the inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Posted menus |
| Requirements | | included foods from all four food groups. |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Posted menus |
| Requirements | Compliant | were current and dated. |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Meals served at the program included foods from the four food groups in sufficient amounts. |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The program served the following: breakfast, lunch, snacks. |

| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals were |
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| Requirements | | provided at intervals as required by this |
| nequirements | | rule. |
| | | Tulei |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu was |
| Requirements | Compilation | posted on parent board. |
| Requirements | | posted on parent board. |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu |
| Requirements | | posted reflected the meal served. |
| nequi ements | | posted remedical the mean served. |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Snacks served at |
| Requirements | | the program included foods from two of |
| Requirements | | the four food groups and provided |
| | | nutritional value in addition to calories. |
| | | nutritional value in addition to calories. |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Snacks were |
| Requirements | | provided at intervals as required by this |
| nequilenes | | rule. |
| | | Tule. |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food | | |
| WESTER SERVICE TO CASE A SECURIOR SERVICE TO ANALYZE TO THE SERVICE TO A SECURIOR SERVICE SERV | Compliant | Documenting Statement: Food was stored |
| Handling/Storage | | in a safe and sanitary manner. |
| Rule: 5101:2-12-22 Safe Food | Compliant | Documenting Statement: All eating |
| Handling/Storage | Compilant | utensils were developmentally |
| Hariding/Storage | | |
| | | appropriate. |
| | L | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: Medication was |
| Administration | , | stored in locked bags in the classroom. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
|---------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|
| Rule: 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements. |