

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 |
| MARIEMONT COMMUNITY CHURCH | 000000200129 | | Child Care Center |
| PRESCHOOL | | | |
| Address | | | County |
| 3908 PLAINVILLE RD CINCINNATI | | | HAMILTON |
| OH 45227 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 08/03/2022 | Level II | | |

| | Insp | ection Information | | |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 01/05/2023 | Begin Time 8 | 3:50 AM | End Time 11:10 AM | |
| Reviewer: NANCY SCHMITT | | | | |
| | Summary of Findings | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 4 | 0 | 0 | 5 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|---------|
| Age Group | License Capacity | Enrollment | | ollment |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 2 | 2 |
| Total Under 2 ½ Years | 14 | 0 | 2 | 2 |
| Older Toddler | | 0 | 12 | 12 |
| Preschool | | 0 | 68 | 68 |
| School Age | | 0 | 40 | 40 |
| Total Capacity/Enrollment | 95 | 0 | 120 | 122 |

| S | taff-Child Ratios at the Time of Insរុ | pection | |
|-------|--|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| M/TH 2's | 18 months to < 30 months | 2 to 10 | |
|----------|--------------------------|---------|--|
| TTH 3's | 3 years to < 4 years | 2 to 11 | |
| MWTHF PK | 4 years to < 5 years | 1 to 5 | |
| M-F PK | 4 years to < 5 years | 2 to 15 | |

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 | |
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| No Moderate Risk Non-Compliances were observed during this inspection | |
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Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

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

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 4. Tuberculosis (TB) screening/test
- a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
- b. Results of a TB test for employees meeting both criteria in 4a;
- c. Results of additional testing for employees with a positive TB test;
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/04/2023

Domain: 08 Staff Files

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

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

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

- 1. The child care staff member(s) 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: 02/04/2023

Domain: 09 Children's Files

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

<u>Code</u>: The program is required to have all children's records available.

<u>Finding</u>: During the inspection, it was determined that children's records had not been available to the Department and/or the Ohio Department of Health. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/04/2023

Domain: 10 Written Policies & Procedures

Rule: 5101:2-12-07 Written Program Policies and Procedures

<u>Code</u>: The program is required to provide appendix C to all parents of the children enrolled.

<u>Finding</u>: During the inspection, it was determined that parent(s) of the children enrolled in the program were not provided with a copy of Appendix C to this rule. 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: 10 Written Policies & Procedures

Rule: 5101:2-12-07 Written Program Policies and Procedures

Code: The program's policies and procedures are required to include all topics outlined in rule.

<u>Finding</u>: During the inspection, it was determined the program's written policies and procedures provided to the parents/guardians and employees was missing item number 15 below:

General Information

- 1. Program name, address, email address and telephone number.
- 2. Description of the program's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in program activities.
- 6. Opportunities for parents to meet with teachers regarding their child.
- 7. Payment schedule, overtime charges and registration fees as applicable.
- 8. Supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

Program Policies and Procedures

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Compliance with the Americans with Disabilities Act (ADA), including administering medication to children with disabilities and administering care procedures to children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice.)
- 17. Food and dietary policy, including, information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals and snacks, and a policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return and notification of parent of ill child.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products including medical foods, modified diets and whether school age children are permitted to carry their own medication and ointments.
- 21. Transportation for fieldtrips, routine trips (if applicable) and emergencies, including if the center will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks and information about daily activities.
- 24. Sleeping, Napping and Resting.
- 25. Evening and overnight care, if applicable.

- 26. Policy on hours of operation including closing due to weather, school delays or closings and any other factors.
- 27. Situations that may require disenrollment of a child, if applicable.
- 28. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the child care program.
- 29. Formal screenings and assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

Revise the program's written policies and procedures to include the missing information. Submit the program's corrective action plan, which includes the revised written policies and procedures, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/04/2023

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

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| 5101:2-12-04 Food Service | Compliant | |
| Requirements | | |
| , | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | | |
| 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. |
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| | | |
| 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 |
| Training & Tribate Blower Frocestion | | members had met orientation training |
| | | _ |
| | | requirements. |
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| | | |
| Rule | Status | Documenting Statement(s). If applicable |
| | Status | Documenting Statement(s), If applicable Documenting Statement: During the |
| Rule: 5101:2-12-09 Background Check | Status Compliant | Documenting Statement: During the |
| | | Documenting Statement: During the inspection, the required documentation |
| Rule: 5101:2-12-09 Background Check | | Documenting Statement: During the |
| Rule: 5101:2-12-09 Background Check | | Documenting Statement: During the inspection, the required documentation regarding background checks was on file |
| Rule: 5101:2-12-09 Background Check | | Documenting Statement: During the inspection, the required documentation |
| Rule: 5101:2-12-09 Background Check | | Documenting Statement: During the inspection, the required documentation regarding background checks was on file |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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 |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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 |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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 |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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 |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training Requirements | Status Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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 |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training Requirements | Status Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training Requirements Rule 5101:2-12-11 Indoor Space | Status Compliant Status Status | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training Requirements Rule | Status Compliant Status Status | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| Rule Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training Requirements Rule 5101:2-12-11 Indoor Space Requirements | Status Compliant Status Compliant Status Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check Requirements Rule Rule: 5101:2-12-10 Health Training Requirements Rule 5101:2-12-11 Indoor Space | Status Compliant Status Status | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. Documenting Statement(s), If applicable Documenting Statement: The program 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. |

| 5101:2-12-11 Separation of Children | Compliant | |
|---|-----------|---|
| Under 2 1/2 Years | Compilant | |
| Officer 2 1/2 rears | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: Outdoor play |
| Requirements | Compilant | was not observed due to weather |
| Requirements | | conditions however, the quarterly |
| | | playground inspections were discussed |
| | | and documentation was on file, as |
| | | required. |
| | | required. |
| 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 & brick wall. |
| | | , |
| | | |
| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| , | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
| | | |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. |
| | | |
| Rule | Status | Documenting Statement(c) If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | Documenting Statement(s), If applicable |
| Environment | Compilant | |
| zomicit | | |
| 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 |
|---------------------------------------|---------------------|---|
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: Parent provided |
| Field Trip Procedures | Compilation | field trip transportation for preschool |
| | | children. School age children walk to & |
| | | from the elementary school next door to |
| | | program. |
| | | |
| | 1 | |
| 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. |
| | | |
| Bula | Ctatus | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Documentation |
| Naie: 3101.2-12-10 Lineigency Dinis | Compliant | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | adding this hispection. |
| | • | , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | Comphant | "Communicable Disease Chart" was |
| Sommanicable Discuse | | posted and was readily available to staff |
| | | and parents. |
| | | |
| _ | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | |
| Dula | Ct-t | Decrease the Chateron and a life and leading |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
| | | |
| 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. |
| | | |
| Bula | Status | Decumenting Statement(s) If anyline lie |
| 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(e) If applicable |
| 5101:2-12-18 Group Size | Compliant | Documenting Statement(s), If applicable |
| 5101.2-12-18 Group Size | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | 2 out the state mental, it applicable |
| 2-01:2-12-13-34pc: 13:011 | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The program |
| Requirements | 32 | served the following: parent provided |
| | | snacks & lunches (optional lunch bunch |
| | | until 1:00 PM). |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |