

# **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 Deta            | ils             |                   |
|-----------------------------------|-------------------------|-----------------|-------------------|
| Program Name                      | Program Number          |                 | Program Type      |
| GMV YMCA @ ATRIUM YMCA CHILDREN'S | 000000207340            |                 | Child Care Center |
| CENTER                            |                         |                 |                   |
| Address                           | Address                 |                 |                   |
| 5750 INNOVATION DR MIDDLETOWN     |                         |                 | WARREN            |
| ОН                                |                         |                 |                   |
| 45005                             |                         |                 |                   |
|                                   |                         |                 |                   |
| Building Approval Date            | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
|                                   | E with I-2              | 4.4             |                   |
| Fire Inspection Approval Date     | Food Service Risk Level |                 |                   |
| 01/30/2025                        | Level IV                |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Annual                 | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 09/24/2025             | 10:15 AM                       | 10:15 AM         |                   | 4:00 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Wendy Staker           |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 55                     | 7                              | 0                | 1                 | 11           |  |

| 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)                                 |                  | 9          | 0         | 9     |
| Young Toddler   |                  | 21         | 0         | 21    |
| Total Under 2 ½ Years                                     | 70               | 30         | 0         | 30    |
| Older Toddler   |                  | 11         | 0         | 11    |
| Preschool   |                  | 32         | 0         | 32    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 294              | 43         | 0         | 73    |

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



| Red    | 1 to 3  | at arrival |
|--------|---------|------------|
| Red    | 2 to 8  |            |
| Purple | 1 to 4  | at arrival |
| Purple | 1 to 8  |            |
| Green  | 1 to 11 | at arrival |
| Green  | 1 to 11 |            |
| White  | 2 to 9  |            |
| White  | 2 to 8  | at arrival |
| Blue   | 2 to 10 |            |
| Blue   | 2 to 10 | at arrival |
| Yellow | 1 to 5  | at arrival |
| Yellow | 1 to 5  |            |
| Pink   | 1 to 5  |            |
| Pink   | 1 to 5  | at arrival |
| Orange | 2 to 8  | at arrival |
| Orange | 2 to 8  |            |

# **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 5180:2-12-03 and 5180:2-13-03 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 |          |
|  |          |
|  | $\neg 1$ |
|  |          |
|  |          |
|  |          |

# **Moderate Risk Non-Compliances**

Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child



Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in numbers 1, 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: 10/26/2025

## **Low Risk Non-Compliances**

## Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) [ ] below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Employee(s) purse(s).
- 7. Diaper bags.
- 8. Television not securely anchored.
- 9. Small or lightweight pieces of shelving units are not securely anchored to the wall.



- 10. Smoke detector needing batteries replaced.
- 11. An area rug did not have a nonskid backing.
- 12. An area rug presented a tripping hazard.
- 13. A floor surface that was unsafe in that [ ].
- 14. No platform was provided for the sink or toilet in the [ ] classroom.
- 15. The platform provided for the sink or toilet in the [ ] classroom was not sturdy.
- 16. The platform provided for the sink or toilet in the [ ] classroom posed a safety hazard in that [ ].
- 17. Telephone cords.
- 18. Staff member stepped over a barrier/gate while holding a child.
- 19. Emergency exits were blocked by the following classroom furniture: [ ].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Gallon of wall paint in low unlocked cabinet.

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/26/2025

## Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-13 Sanitary Equipment and Environment

Code: The program is required to follow the cleaning schedule for equipment.

<u>Finding</u>: During the inspection, it was determined that the program was not providing a clean and healthy environment, furniture, materials and equipment as required by Appendix A, as noted in number 15 below:

- 1. Item(s) soiled with blood or bodily fluids were not cleaned/sanitized immediately.
- 2. Blankets/sheets were not cleaned weekly, when soiled, or before use by another child.
- 3. Children's individual blankets and belongings were stored in an unsanitary manner.
- 4. Bottles, bottle caps, nipples and other equipment used for bottle feeding were not cleaned and sanitized in a dishwasher or by washing, rinsing, and boiling for one minute.
- 5. Carpets were not vacuumed weekly or cleaned when soiled.
- 6. Changing table/pad was not sanitized after each use or cleaned when visibly soiled.
- 7. Reusable cloths were not being washed daily or when visibly soiled.
- 8. Cots/Pads/Mats were not cleaned and sanitized before assigning to a different child, when used by a sick child, when soiled or at least every three months.
- 9. Cribs were not cleaned and sanitized monthly, or when soiled, or before use by another child.
- 10. Diaper Receptables were not cleaned and sanitized daily or more frequently as needed to eliminate odor.
- 11. Dishes/Cups/Silverware were not cleaned and sanitized after each use.
- 12. Water Containers were not labeled with the child's name, or were not cleaned and sanitized before use again on another day.
- 13. Dividers were not cleaned when visibly soiled.
- 14. Dress up clothes and hats (dramatic play) were not cleaned monthly or when soiled.



- 15. Floors were not cleaned weekly or when soiled.
- 16. The food prep area, including sinks, were not cleaned before and after preparing food (including bottle preparation) or between preparing raw or cooked food.
- 17. Potty chairs were not cleaned after each use, rinsed with water, cleaned and sanitized or contents were not emptied into a toilet.
- 18. Food tables, highchair trays were not cleaned before and after each use.
- 19. Tables used for play were not cleaned when visibly soiled or sanitized daily.
- 20. Toilet bowls were not cleaned when visibly soiled or sanitized weekly.
- 21. Toilet seat(s), handle(s) and hand washing sink(s) were not cleaned when visibly soiled or sanitized daily.
- 22. Mouthed toys were not cleaned and sanitized after each child's use.
- 23. Toys, other than those mouthed by children, were not cleaned monthly or when visibly soiled.
- 24. Washable furniture, including fabrics on infant equipment, were not cleaned weekly or when soiled.
- 25. Upholstered furniture was not steam cleaned when soiled.
- 26. Slip covers were not washed at least every six months or when soiled.
- 27. Wastebaskets/rinse buckets, including lids, were not being emptied daily or cleaned and sanitized when visibly soiled.
- 28. The manufacturer's directions for the cleaning product were not followed.
- 29. The solution used for sanitizing was not a commercial product registered by the United States Environmental Protection Agency as a sanitizer.
- 30. Other [ ].

Furniture, materials and equipment must be maintained according to the cleaning and sanitizing schedule in Appendix A 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: 02 Safe & Sanitary Environment

Rule: 5180:2-12-13 Sanitary Equipment and Environment

<u>Code</u>: The program is required to provide equipment and materials that are easy to clean.

<u>Finding</u>: During the inspection, it was determined that at least one piece of equipment, furnishings, or material at the program was not constructed of materials to facilitate cleaning as noted in number 1 below:

- 1. The material had a tear.
- 2. The material was not washable.
- 3. The material was porous.
- 4. The surface was cracked.
- 5. The surface was repaired, but in a manner that still did not facilitate cleaning.
- 6. Other [ ].



Equipment, furnishings, and furniture shall be constructed of materials to facilitate cleaning. 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: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/26/2025

# Domain: 07 Diapering & Infant Care

Rule: 5180:2-12-20 Cribs

<u>Code</u>: The program is required to provide cribs with mattresses in good condition and sheets that are not too large or too small for the crib.

<u>Finding</u>: During the inspection, it was determined that sheets, mattresses and/or mattress covers did not meet the rule requirement as noted in number 2 below:

- 1. At least one crib did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. At least one sheet was torn.
- 5. The mattress was not at least one and one-half inches thick.
- 6. The mattress was not firm.
- 7. There was space between the mattress and the sides and end panels of the crib which exceeded one and one-half inches.
- 8. The mattress cover was not waterproof.
- 9. The mattress cover was torn.
- 10. Other: [].



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

Corrective Action Plan Due: 10/26/2025

**Domain: 08 Staff Files** 

Rule: 5180:2-12-08 Medical Statement

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

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in numbers 1, 5a, 5b and 5c 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: 10/26/2025

Domain: 09 Children's Files



Rule: 5180:2-12-25 Medication Administration

<u>Code</u>: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in number 2 below:

- 1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
- 2. The medication, medical food, or topical product had expired and had not been removed from the program.
- 3. The prescription label had expired.

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

Corrective Action Plan Due: 10/26/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 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 number 1 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) 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: 10/26/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 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 3, 4, 6, 10, 12 and 13 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.



Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to ensure that there is at least one child care staff member who has signed the JFS 01236 "Child Medical/Physical Care Plan for Child Care" caring for the child at all times when a child with a health condition is present.

<u>Finding</u>: During the inspection, it was determined a child with a condition that required a JFS 01236 "Child Medical/Physical Care Plan" had been present and the program did not ensure there was at least one child care staff member caring for the child at all times who had signed the JFS 01236 on the child's condition. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/26/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-25 Medication Administration

<u>Code</u>: The program is required to have medication, medical foods and topical products labeled with the child's name.

<u>Finding</u>: During the inspection, it was determined that a medication, medical food or topical product was at the program which had not been labeled with the child's name. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/26/2025

# Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5180:2-12-16 Written Disaster Plan | Compliant |   |



| Rule   | Status                                | Documenting Statement(s), If applicable |
|--|---------------------------------------|---|
| 5180:2-12-02 License Posted  | Compliant                             |   |
|  |                                       |   |
|  |                                       |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department   | Compliant                             |   |
| Inspection   | · · · · · · · · · · · · · · · · · · · |   |
|  |                                       |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information   | Compliant                             |   |
|  |                                       |   |
|  |                                       |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection  | Compliant                             |   |
| Requirements   |                                       |   |
|  |                                       |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection   | Compliant                             |   |
| ·  |                                       |   |
|  |                                       |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service  | Compliant                             |   |
| Requirements   | ,                                     |   |
|  |                                       |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator   | Compliant                             |   |
| Qualifications   | SSSTAN Automata Processa Approaches   |   |
|  | 1                                     |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator   | Compliant                             | 0 ( // , 1 )                            |
| Responsibilities/Requirements  | 99                                    |   |
| Nespensional espension surface | ŀ                                     |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program   | Compliant                             | booting statement(s)) is approach       |
| Policies and Procedures  | Compilant                             |   |
| 1 Offices and 1 roccures   |                                       |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member   | Compliant                             | Documenting Statement(3), it applicable |
| Educational Requirements   | Compliant                             |   |
| Educational Nequilements   |                                       |   |
| Dula   | Chatus                                | Decumenting Statement(s) If applicable  |
| Rule 5180:2-12-08 Orientation Training &   | Status                                | Documenting Statement(s), If applicable |
|  | Compliant                             |   |
| Whistle Blower Protection  |                                       |   |
|  |                                       |   |
| Rule   | Status                                | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check  | Compliant                             |   |
| Requirements   |                                       |   |
|  |                                       |   |



| Cilitaren & Touth                    |                     |  |
|--------------------------------------|---------------------|--|
| Rule<br>5180:2-12-10 Health Training | Status<br>Compliant | Documenting Statement(s), If applicable    |
| Requirements                         | Compliant           |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| 5180:2-12-10 Professional            | Compliant           | Bocumenting Statement(3), if applicable    |
| Development Requirements             | Compilant           |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Indoor Space            | Compliant           | Bocamenting Statement(3), it applicable    |
| Requirements                         | 33                  |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Separation of Children  | Compliant           | (2),                                       |
| Under 2 1/2 Years                    |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-11 Outdoor Space     | Not Verified        | Documenting Statement: Outdoor play        |
| Requirements                         | Not vermed          | was not observed due to weather            |
| Requirements                         |                     | conditions however, the quarterly          |
|                                      |                     | playground inspections were discussed      |
|                                      |                     | and documentation was on file, as          |
|                                      |                     | required.                                  |
|                                      |                     | required.                                  |
| Rule: 5180:2-12-11 Outdoor Space     | Not Verified        | Documenting Statement: During the          |
| Requirements                         |                     | inspection, it was determined that         |
|                                      |                     | quarterly inspections of one or more       |
|                                      |                     | outdoor play areas 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.                                      |
|                                      | ļ.                  |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| 5180:2-12-12 Safe Equipment          | Compliant           |  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-11 Outdoor Play      | Not Verified        | Documenting Statement: The outdoor         |
| Equipment                            |                     | play space and equipment were not          |
|                                      |                     | viewed during this inspection due to rain; |
|                                      |                     | however, the requirements were             |
|                                      |                     | discussed.                                 |
|                                      |                     |  |



| Rule: 5180:2-12-11 Outdoor Play Fall Zones  Rule: 5180:2-12-11 Outdoor Play Fall Zones  Rule: 5180:2-12-13 Handwashing Requirements  Rule: 5180:2-12-13 Smoke Free Environment  Status: Documenting Statement(s), If applications of the process of th |  |
|--|--|
| Status  Rule  5180:2-12-13 Handwashing Requirements  Status  Status  Compliant  Rule  Status  Documenting Statement(s), If applications of the statement of the | nrotective                               |
| Rule Status Documenting Statement(s), If app  Status Rule Status Documenting Statement(s), If app  Status Requirements  Rule Status Compliant Rule Status Documenting Statement(s), If app  Compliant Compliant Compliant Rule Status Documenting Statement(s), If app  Status Compliant   | N  |
| Rule Status Documenting Statement(s), If app 5180:2-12-13 Handwashing Requirements  Status Documenting Statement(s), If app Compliant  Rule Status Documenting Statement(s), If app Status Compliant   |  |
| Rule Status Documenting Statement(s), If app 5180:2-12-13 Handwashing Requirements Compliant  Rule Status Documenting Statement(s), If app 5180:2-12-13 Smoke Free Compliant   | 1100-00-00-00-00-00-00-00-00-00-00-00-00 |
| Rule Status Documenting Statement(s), If app 5180:2-12-13 Handwashing Requirements  Rule Status Documenting Statement(s), If app 5180:2-12-13 Smoke Free Compliant   | irements                                 |
| Status Documenting Statement(s), If app 5180:2-12-13 Smoke Free Compliant  |  |
| Status Documenting Statement(s), If app 5180:2-12-13 Smoke Free Compliant  |  |
| Status Documenting Statement(s), If app 5180:2-12-13 Smoke Free Compliant  | olicable                                 |
| Rule Status Documenting Statement(s), If app 5180:2-12-13 Smoke Free Compliant   | Sileable                                 |
| Rule Status Documenting Statement(s), If app 5180:2-12-13 Smoke Free Compliant   |  |
| 5180:2-12-13 Smoke Free Compliant  |  |
| The state of the s | olicable                                 |
| Environment  |  |
|  |  |
|  |  |
| Rule Status Documenting Statement(s), If app   | olicable                                 |
| 5180:2-12-16 Medical, Dental, and Compliant  |  |
| General Emergency Plan   |  |
|  |  |
| Rule Status Documenting Statement(s), If app   | olicable                                 |
| 5180:2-12-16 Emergency Drills Compliant  |  |
|  |  |
| Rule Status Documenting Statement(s), If app   | nlicable                                 |
| 5180:2-12-16 First Aid/Standard Compliant  | Directore                                |
| Precautions Compliant  |  |
| rrecadions   |  |
| Rule Status Documenting Statement(s), If app   | olicable                                 |
| 5180:2-12-16 Management of Compliant   |  |
| Communicable Disease   |  |
|  |  |
| Rule Status Documenting Statement(s), If app   | olicable                                 |
| 5180:2-12-16 Incident/Injury Compliant   |  |
| Reporting  |  |
|  |  |
| Rule Status Documenting Statement(s), If app   | olicable                                 |
| 5180:2-12-17 Materials and Compliant   |  |
| Equipment  |  |
|  |  |
| Rule Status Documenting Statement(s), If app   | olicable                                 |
| 5180:2-12-17 Daily Schedule Compliant  |  |
|  |  |
| Rule Status Documenting Statement(s), If app   | olicable                                 |
| 5180:2-12-18 Attendance Records Compliant  | Jiicubic                                 |
| Somphare   |  |
|  |  |
| Rule Status Documenting Statement(s), If app   | olicable                                 |



| 5180:2-12-18 Group Size  | Compliant                                  |  |
|--|--|--|
|  | ,  |  |
| Rule   | Status                                     | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Daily Outdoor Play  | Compliant                                  | bootimenting statement(s), it applicable |
| and the control of th | Colorino anale di ∎ere estrolegionato (1). |  |
| Dula   | Chabita                                    | D  |
| Rule 5180:2-12-18 License Capacity   | Status<br>Compliant                        | Documenting Statement(s), If applicable  |
| 3130.2 12 10 Electrise capacity  | Compliant                                  |  |
| Pode   | Chahus                                     | Decumenting Statements   If and inchis   |
| Rule<br>5180;2-12-18 Ratio   | Status<br>Compliant                        | Documenting Statement(s), If applicable  |
| 3100.2-12-10 Natio   | Compliant                                  |  |
| Pula   | Chahua                                     | Decumenting State was 1/2 If and It all  |
| Rule 5180:2-12-20 Cots and Napping   | Status                                     | Documenting Statement(s), If applicable  |
| 5160.2-12-20 Cots and Napping  | Compliant                                  |  |
| Pula   | Chahua                                     | Decument: - State                        |
| Rule 5180:2-12-19 Supervision  | Status                                     | Documenting Statement(s), If applicable  |
| 3180.2-12-13 Supervision   | Compliant                                  |  |
| D.J.   | Chahar                                     | D  |
| Rule 5180:2-12-19 Child Guidance   | Status                                     | Documenting Statement(s), If applicable  |
| 5180.2-12-19 Cillid Guidance   | Compliant                                  |  |
| Pode   | Chahus                                     | Decumenting Statements of smaller bla    |
| Rule<br>5180:2-12-22 Meal and Snack  | Status<br>Compliant                        | Documenting Statement(s), If applicable  |
| Requirements   | Compliant                                  |  |
|  |  |  |
| Rule   | Status                                     | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Safe Food   | Compliant                                  |  |
| Handling/Storage   |  |  |
| Rule   | Status                                     | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Fluid Milk Requirements   | Compliant                                  |  |
|  |  |  |
| Rule   | Status                                     | Documenting Statement(s), If applicable  |
| 5180:2-12-23 Infant Daily Care   | Compliant                                  |  |
|  |  |  |
| Rule   | Status                                     | Documenting Statement(s), If applicable  |
| 5180:2-12-23 Infant Bottle and Food  | Compliant                                  |  |
| Preparation  |  |  |
| Rule   | Status                                     | Documenting Statement(s), If applicable  |
| 5180:2-12-23 Diapering and Toilet  | Compliant                                  |  |
| Training   |  |  |

