

# **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	ails	
Program Name	Program Number		Program Type
HEAVENLY BEGINNINGS PRESCHOOL	000000300581		Child Care Center
Address 118 W. MARSHALL ROAD MCDONALD OH 44437			County TRUMBULL
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
08/20/2014	E	44	
Fire Inspection Approval Date	Food Service Risk Level		
07/29/2021	Exempt		

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date 02/28/2022	Begin Time 9	:13 AM	End Time 11:30 AM	
Reviewer:				
REBECCA KOTEWI	CZ			
Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
58	9	0	3	7

License Capacity and Enrollment at the Time of Inspection				
Age Group	License Capacity		Enr	ollment
	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	91	91
School Age		0	0	0
Total Capacity/Enrollment	38	0	91	91

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
MWF AM PS	3 years to < 4 years	1 to 10	

MWF AM PS	3 years to < 4 years	1 to 21	PROGRAMMING
MWF AM PK	3 years to < 4 years	1 to 21	ARRIVAL
MWF AM PK	4 years to < 5 years	1 to 11	
Speech therapy group	3 years to < 4 years	1 to 2	In ratio but CCSM no complete file. Non-compliance documented under staff files.

# **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

Serious Risk Non-Compliances
No Serious Risk Non-Compliances were observed during this inspection

## **Moderate Risk Non-Compliances**

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

Code: The program is required to maintain the appropriate staff to child ratio for each group served.

<u>Finding</u>: During the inspection, required staff/child ratios were not maintained for the same group on multiple occasions, as noted below:

The ratio determined for the PK group was 1 Child Care Staff Member(s) for 21 children. Additionally, a ratio of 1 Child Care Staff Member(s) for 21 children was determined for the PK group.

Additional staff members must be hired or current Child Care Staff Members must be rescheduled to maintain compliance. 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: 03/30/2022

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: During the inspection, it was determined that individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file as required. Submit the program's corrective action plan, which includes a statement that the approval is now on file or the individual(s) are no longer engaged in assigned duties and are not near children, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/30/2022

**Domain: 08 Staff Files** 

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

<u>Code</u>: The program is required to have documentation from ODJFS, indicating the individual is eligible to be employed in child care, on file before allowing the staff to have sole responsibility of children.

<u>Finding</u>: During the inspection, it was determined that child care staff member(s) had sole responsibility of children in the speech group(s) and neither a preliminary approval nor the JFS 01176 "Program Notification of Background Check Review for Child Care" were on file as required. Submit the program's corrective action plan, which includes a copy of the JFS 01176 or a statement that the child care staff member(s) no longer have sole responsibility of children, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/30/2022

**Low Risk Non-Compliances** 

**Domain: 08 Staff Files** 



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

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

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 4, 7 below:

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

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

Corrective Action Plan Due: 03/30/2022

**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 statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 3.

- 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: 03/30/2022

#### **Domain: 08 Staff Files**

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

<u>Code</u>: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/30/2022

### Domain: 08 Staff Files

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training before they are permitted to have sole responsibility of children.

<u>Finding</u>: During the inspection, it was determined that Child Care Staff Member(s) listed on the Employee Record Chart had sole responsibility of children and had not completed the online orientation, as required by this rule. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/30/2022

Domain: 08 Staff Files

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

Code: The program is required to have staff complete training in child abuse and neglect recognition and

prevention within sixty days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed training in child abuse and neglect recognition and prevention as noted in number(s) 1 below:

- 1. The training was not completed within sixty days of hire.
- 2. The training was expired, as it is only valid for two years.

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

Corrective Action Plan Due: 03/30/2022

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(s) 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: 03/30/2022

**Domain: 09 Children's Files** 

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

<u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 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: 03/30/2022

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

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	

beginning.		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
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
Rule: 5101:2-12-04 Fire Inspection	Compliant	Documenting Statement: Please Note:
	, , , , , , , , , , , , , , , , , , ,	Documentation of a fire inspection
		without any uncorrected violations must
		be secured for the program. Secure a
		, -
		new fire inspection by 7/29/22.
- 1	1	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food Service	Compliant	Documenting Statement: The program
Requirements		has obtained a food service exemption
		status from the local health department.
I .		status ir orin tire rotar rearent department.
		status irom tile issui ricular uepartiriera
		status mom the local mealth department.
Rule	Status	Documenting Statement(s), If applicable
Rule 5101:2-12-07 Administrator	Status Compliant	·
21010		·
5101:2-12-07 Administrator		·
5101:2-12-07 Administrator		·
5101:2-12-07 Administrator Qualifications	Compliant	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications	Compliant	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program	Compliant	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program	Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule	Status Compliant Status Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space	Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space Requirements	Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space Requirements  Rule	Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
S101:2-12-07 Administrator Qualifications  Rule  5101:2-12-07 Written Program Policies and Procedures  Rule  5101:2-12-11 Indoor Space Requirements  Rule  5101:2-12-11 Outdoor Space	Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
5101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space Requirements  Rule	Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
S101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space Requirements  Rule 5101:2-12-11 Outdoor Space Requirements	Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
S101:2-12-07 Administrator Qualifications  Rule  5101:2-12-07 Written Program Policies and Procedures  Rule  5101:2-12-11 Indoor Space Requirements  Rule  5101:2-12-11 Outdoor Space Requirements	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable
S101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space Requirements  Rule 5101:2-12-11 Outdoor Space Requirements  Rule Fule: 5101:2-12-11 Outdoor Play	Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement: The outdoor
S101:2-12-07 Administrator Qualifications  Rule  5101:2-12-07 Written Program Policies and Procedures  Rule  5101:2-12-11 Indoor Space Requirements  Rule  5101:2-12-11 Outdoor Space Requirements	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable
S101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space Requirements  Rule 5101:2-12-11 Outdoor Space Requirements  Rule Fule: 5101:2-12-11 Outdoor Play	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement: The outdoor
S101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space Requirements  Rule 5101:2-12-11 Outdoor Space Requirements  Rule Fule: 5101:2-12-11 Outdoor Play	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement: The outdoor play space and equipment were not
S101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space Requirements  Rule 5101:2-12-11 Outdoor Space Requirements  Rule Fule: 5101:2-12-11 Outdoor Play	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The outdoor play space and equipment were not viewed during this inspection due to inclement weather conditions; however,
S101:2-12-07 Administrator Qualifications  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-11 Indoor Space Requirements  Rule 5101:2-12-11 Outdoor Space Requirements  Rule Fule: 5101:2-12-11 Outdoor Play	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement: The outdoor play space and equipment were not viewed during this inspection due to

Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Play Fall	Compliant	Documenting Statement: The protective
Zones		surfaces under the outdoor equipment
		were not viewed during this inspection
		due to inclement weather conditions;
		however, the requirements were
		discussed.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	Bocumenting Statement(3), if applicable
3101.2 12 12 3are Equipment	Compilant	
	1.	
Rule	Status	Documenting Statement(s), If applicable
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.
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Status Compliant	Documenting Statement(s), If applicable
1 7		Documenting Statement(s), If applicable
5101:2-12-13 Handwashing		Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
5101:2-12-13 Handwashing Requirements	Compliant	
5101:2-12-13 Handwashing Requirements	Compliant	
S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment	Compliant  Status  Compliant	Documenting Statement(s), If applicable
S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical	Compliant  Status  Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: The program
S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical
S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan
S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical
S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan
S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan
Rule Rule Rule S101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule S101:2-12-16 Medical, Dental, and	Status Compliant  Status Compliant  Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.
S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans	Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.
Rule S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan	Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable
Rule Rule Rule: 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule Rule S101:2-12-16 Medical, Dental, and General Emergency Plan	Status Compliant  Status Compliant  Status Compliant  Status Status Status Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
Rule S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan	Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: Documentation
Rule Rule Rule: 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule Rule S101:2-12-16 Medical, Dental, and General Emergency Plan	Status Compliant  Status Compliant  Status Compliant  Status Status Status Status Status	Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: Documentation for completed fire, weather, and
Rule Rule Rule: 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule Rule S101:2-12-16 Medical, Dental, and General Emergency Plan	Status Compliant  Status Compliant  Status Compliant  Status Status Status Status Status	Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified
Rule S101:2-12-13 Handwashing Requirements  Rule 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan	Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable
Rule Rule Rule: 5101:2-12-13 Smoke Free Environment  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule Rule S101:2-12-16 Medical, Dental, and General Emergency Plan	Status Compliant  Status Compliant  Status Compliant  Status Status Status Status Status	Documenting Statement(s), If applicable  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: Documentation for completed fire, weather, and

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	Bocamenting statement(s), it applicable
Precautions		
Treaddiens		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of	Compliant	
Communicable Disease		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Compliant	0 (" 11
Reporting	· ·	
	I	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	<u> </u>
	·	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	
	1	
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.
0.1	C	D C
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	
		I
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	Boodineman Statement(5)) if approals
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	
	<b>-</b>	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Compliant	
Dula	Chahira	Decomposition (test-organis) If anyther the
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
L		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	bocamenting statement(3), it applicable
JIGILE 12 13 Clinia Galdanice	Compilant	
		,
Rule	Status	Documenting Statement(s), If applicable
		U V V II

5101:2-12-22 Meal and Snack Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-25 Medication Administration	Compliant	Documenting Statement: The program had complete written documentation for administering medication or food supplements.
		3.57