

# **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      |
| KREATIVE KIDZ ACADEMY           | 000000300740            |                 | Child Care Center |
|                                 |                         |                 |                   |
| Address                         |                         |                 | County            |
| 1413 HAYDEN AVE. EAST CLEVELAND |                         |                 | CUYAHOGA          |
| OH                              |                         |                 |                   |
| 44112                           |                         |                 |                   |
|                                 |                         |                 |                   |
| Building Approval Date          | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 10/01/2015                      | Ē                       | 159             |                   |
| Fire Inspection Approval Date   | Food Service Risk Level |                 |                   |
| 09/26/2017                      | Level IV                |                 |                   |

|                     | Inspection Information         |                  |                   |              |
|---------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type     | Inspection Se                  | cope             | Inspection Notice |              |
| Annual              | Full                           |                  | Unannounced       |              |
| Inspection Date     | Begin Time                     |                  | End Time          |              |
| 07/31/2024          | 9:39 AM 12:15 PM               |                  | 12:15 PM          |              |
| Reviewer:           |                                |                  |                   |              |
| Sara Davis          |                                |                  |                   |              |
| Summary of Findings |                                |                  |                   |              |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                  | 9                              | 0                | 1                 | 8            |

| 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)                                 |                  | 4         | 0          | 4     |
| Young Toddler   |                  | 4         | 0          | 4     |
| Total Under 2 ½ Years                                     | 36               | 8         | 0          | 8     |
| Older Toddler   |                  | 1         | 0          | 1     |
| Preschool   |                  | 21        | 0          | 21    |
| School Age  |                  | 23        | 0          | 23    |
| Total Capacity/Enrollment                                 | 117              | 45        | 0          | 53    |

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

| Toddlers   | 18 months to < 30 months | 1 to 2  |       |
|------------|--------------------------|---------|-------|
| Toddlers   | 18 months to < 30 months | 1 to 2  | Lunch |
| Infants    | 0 to < 12 months         | 1 to 4  |       |
| Infants    | 0 to < 12 months         | 1 to 4  |       |
| Preschool  | 3 years to < 4 years     | 1 to 9  |       |
| Preschool  | 3 years to < 4 years     | 1 to 9  | Lunch |
| School Age | School-Age to < 11 years | 1 to 14 |       |
| School Age | School-Age to < 11 years | 1 to 14 | Lunch |

# **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances   |
|--|
| No Serious Risk Non-Compliances were observed during this inspection |
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## **Moderate Risk Non-Compliances**

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 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: 08/30/2024

#### **Low Risk Non-Compliances**

## Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 7 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The record did not include the name of at least one child.
- 4. The record did not include the birth date of at least one child.
- 5. The record did not include the assigned group.
- 6. The record did not include the child's weekly schedule.
- 7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
- 8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 08/30/2024

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Handwashing Requirements

Code: The program is required to have all staff and children wash their hands as outlined in rule.

<u>Finding</u>: During the inspection, it was determined that handwashing requirements were not followed as listed in number(s) 5 below, as required in rule.

- 1. At least one staff/child did not wash their hands upon arrival for the day.
- 2. At least one staff/child did not wash their hands prior to departure.
- 3. At least one staff did not wash their hands upon entry into a classroom.
- 4. At least one staff/child did not wash their hands after toileting or assisting a child with toileting.
- 5. At least one staff/child did not wash their hands after each diaper change or pull-up change.
- 6. At least one staff did not wash their hands after contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.
- 7. At least one child did not wash their hands after contact with bodily fluids.
- 8. At least one child did not wash their hands after returning inside after outdoor play.
- 9. At least one staff did not wash their hands after cleaning or sanitizing or using any chemical products.
- 10. At least one staff/child did not wash their hands after handling pets, pet cages or other pet objects that have come in contact with the pet.
- 11. At least one staff did not wash their hands before eating, serving or preparing food or bottles or feeding a child.
- 12. At least one child did not wash their hands before eating or assisting with food preparation.
- 13. At least one staff did not wash their hands before and after completing a medical procedure or administering medication.
- 14. At least one child did not wash their hands after water activities.
- 15. At least one staff/child did not wash their hands when visibly soiled (must use soap and water).
- 16. Other [ ].

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

Corrective Action Plan Due: 08/30/2024

#### Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

<u>Code</u>: The program staff is required to label bottles containing formula or breast milk.

<u>Finding</u>: During the inspection, it was determined that bottles containing formula for a particular infant were not labeled with the child's name and date of preparation. 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: 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: 08/30/2024

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

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

Code: 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 for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number(s) 2 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.

- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024

#### **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. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 1 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 08/30/2024

### Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 4 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

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

Corrective Action Plan Due: 08/30/2024

#### Domain: 09 Children's Files

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

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child

Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 4,10 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.

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# Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable   |
|------------------------------------|-----------|---|
| 5101:2-12-02 License Posted        | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information   | Compliant |   |
| Rule                               | Status    | Decumenting Statement(s) If applicable    |
|                                    |           | 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 12/7/2024.         |
|                                    |           | new me inspection by 12,7,202 ii          |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service    | Compliant | Documenting Statement: The food service   |
| Requirements                       |           | license was observed posted. Following is |
|                                    |           | the audit number and date of expiration:  |
|                                    |           | INV5338 3/1/2025.                         |
|                                    |           |   |
| D. L.                              | Chaba     | December Chat                             |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator         | Compliant |   |
| Qualifications                     |           |   |

| Rule   | Status            | Documenting Statement(s), If applicable |
|--|-------------------|---|
| 5101:2-12-07 Administrator   | Compliant         | G (" 11                                 |
| Responsibilities/Requirements  |                   |   |
| acceptance and accept | 27                |   |
| Rule   | Status            | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program   | Compliant         | Documenting Statement: The written      |
| Policies and Procedures  | Compilant         | policies and procedures reviewed on the |
| Tolleies and Frocedures  |                   | day of the inspection were verified as  |
|  |                   | complete.                               |
|  |                   | complete.                               |
| Rule: 5101:2-12-07 Written Program   | Compliant         | Documenting Statement: During the       |
| Policies and Procedures  | Compilant         | inspection, documentation required by   |
| Folicies and Procedures  |                   |   |
|  |                   | rule and strategies to maintain         |
|  |                   | compliance were discussed with program  |
|  |                   | staff. The following resources were     |
|  |                   | provided: Information pertaining to the |
|  |                   | ADA Policy.                             |
|  |                   |   |
| D.I.   | T 6: :            | 2 (1) (1) (1)                           |
| Rule   | Status            | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement   | Compliant         |   |
|  | 1                 |   |
| Rule   | Status            | Documenting Statement(s), If applicable |
|  |                   | Documenting Statement(s), if applicable |
| 5101:2-12-09 Background Check  | Compliant         |   |
| Requirements   |                   |   |
| Rule   | Status            | Decressing Statement (a) If annicable   |
|  |                   | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space  | Compliant         |   |
| Requirements   |                   |   |
| - 1  | • NO. 200 (M. C.) |   |
| Rule   | Status            | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children  | Compliant         |   |
| Under 2 1/2 Years  |                   |   |
|  | 1 -               |   |
| Rule   | Status            | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space   | Compliant         | Documenting Statement: The quarterly    |
| Requirements   |                   | playground inspections were completed   |
|  |                   | and documented, as required. The most   |
|  |                   | recent inspection report form was dated |
|  |                   | 4/5/2024.                               |
|  |                   |   |
|  | Y                 |   |
| Rule   | Status            | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant         |   |
|  |                   |   |
|  |                   |   |
| Rule   | Status            | Documenting Statement(s), If applicable |

| Deglinning:                           |   |   |
|---------------------------------------|---|---|
| 5101:2-12-11 Outdoor Play Fall Zones  | Compliant                               |   |
|                                       |   |   |
|                                       |   |   |
| Rule                                  | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Equipment           | Compliant                               |   |
|                                       | Ļ                                       |   |
| Rule                                  | Status                                  | Desumenting Statement(s) If applicable    |
| 5101:2-12-12 Safe Environment         | (F. | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Sale Environment         | Compliant                               |   |
|                                       | <u> </u>                                |   |
| Rule                                  | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and   | Compliant                               | · · · · · · · · · · · · · · · · · · ·     |
| Environment                           |   |   |
| 1                                     |   |   |
| Rule                                  | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free               | Compliant                               |   |
| Environment                           |   |   |
|                                       | 1.                                      |   |
| Rule                                  | Status                                  | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation and | Compliant                               | Documenting Statement: The program        |
| Field Trip Procedures                 |   | uses the ODJFS sample trip permission     |
|                                       |   | form for routine/field trips to secure    |
|                                       |   | written permission from parents or        |
|                                       |   | guardians.                                |
|                                       |   | 8   |
|                                       |   |   |
| Rule                                  | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation - Driver  | Compliant                               |   |
| Requirements                          |   |   |
|                                       | \$4                                     |   |
| Rule                                  | Status                                  | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation -   | Compliant                               | Documenting Statement: An annual          |
| Vehicle Requirements                  |   | safety check of the vehicle(s), using the |
|                                       |   | JFS 01230 "Vehicle Inspection Report For  |
|                                       |   | Child Care Centers" form, [was/were]      |
|                                       |   | verified and dated 11/20/2023.            |
|                                       |   |   |
| Rule: 5101:2-12-14 Transportation -   | Compliant                               | Documenting Statement: During the         |
| Vehicle Requirements                  |   | inspection, weekly safety inspections     |
|                                       |   | and/or monthly emergency exiting drills   |
|                                       |   | were completed and documented, as         |
|                                       |   | required using the ODJFS sample form.     |
|                                       |   | - part (1941                              |
| -                                     |   |   |
| Rule                                  | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Medical, Dental, and     | Compliant                               |   |
| General Emergency Plan                |   |   |
|                                       |   |   |

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation    |
|                                     |           | for completed fire, weather, and        |
|                                     |           | emergency/lockdown drills was verified  |
|                                     |           | during this inspection.                 |
|                                     |           | during this hispection.                 |
|                                     | ļ         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard     | Compliant |   |
| Precautions                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of          | Compliant |   |
| Communicable Disease                |           |   |
| Pula                                | Chahira   | Decrease time Chatana and a life and a  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury        | Compliant |   |
| Reporting                           |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule         | Compliant | bocumenting statement(s), it applicable |
| Jione 12 17 bany senedale           | Compilant |   |
|                                     | ·         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and          | Compliant |   |
| Equipment                           |           |   |
|                                     | F         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play     | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity       | Compliant | (-//                                    |
| · ,                                 |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio            | Compliant | Documenting Statement: Staff/child      |
|                                     |           | ratios observed during the inspection   |
|                                     |           | were in compliance.                     |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size             | Compliant | Documenting Statement(s), it applicable |
| 3101.2 12 10 Gloup 3126             | Compilant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision            | Compliant |   |
|                                     |           |   |
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| Documenting Statement(s), If applicable |
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| Documenting Statement(s), If applicable |
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| Documenting Statement(s), If applicable |
| Documenting Statement: The program      |
| had complete written documentation for  |
| administering medication or food        |
| supplements.                            |
| supplements.                            |
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| Documenting Statement(s) If annice his  |
| Documenting Statement(s), If applicable |
| Documenting Statement: Annual training  |
| of the written disaster plan was        |
| completed by staff.                     |
|   |
| Documenting Statement: During the       |
| inspection, documentation required by   |
| rule and strategies to maintain         |
| compliance were discussed with program  |
| staff. The following resources were     |
|   |



| provided: Assisting toddlers as well as infants. |
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