

# **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 Details                        |                         |                 |                   |  |
|--|-------------------------|-----------------|-------------------|--|
| Program Name                           | Program Number          |                 | Program Type      |  |
| SHEPHERD OF ALL GOD'S CHILDREN         | 000000308091            |                 | Child Care Center |  |
|  |                         |                 |                   |  |
| Address                                | 80                      |                 | County            |  |
| 610 N Lakeview Ave Youngstown MAHONING |                         |                 | MAHONING          |  |
| OH 44509                               |                         |                 |                   |  |
|  |                         |                 |                   |  |
|  |                         |                 |                   |  |
| Building Approval Date                 | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 10/28/2020                             | E                       |                 |                   |  |
| Fire Inspection Approval Date          | Food Service Risk Level |                 |                   |  |
| 01/24/2024                             | Level IV                |                 |                   |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection S                   | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 02/15/2024 | Begin Time 2                   | 10:50 AM         | End Time 12:31 PM | 1            |
| Reviewer:<br>JENNIFER COPE |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 7                              | 0                | 2                 | 5            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 6          | 0         | 6     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 31               | 7          | 0         | 7     |

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

| Classroom 1 | 30 months to < 36 months | 2 to 5 | large motor |
|-------------|--------------------------|--------|-------------|
| Classroom 1 | 30 months to < 36 months | 2 to 5 | 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 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## **Moderate Risk Non-Compliances**

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

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

<u>Code</u>: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) 1 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/16/2024

#### Domain: 09 Children's Files

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

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

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 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: 03/16/2024

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

**Domain: 08 Staff Files** 

Rule: 5101:2-12-07 Administrator Qualifications

Code: The program is required to maintain a qualified administrator.

<u>Finding</u>: During the inspection, it was determined the program did not have a qualified administrator as noted in number(s) 1 below:

- 1. There is no qualified administrator
- 2. The appointed administrator's CDA has expired
- 3. The appointed administrator's CPL no longer meets qualifications
- 4. Other [ ]

Submit additional documentation of education qualifications/experience as outlined in Appendix A of this rule, or a new individual must be appointed and documentation submitted. To name a new administrator, an administrator amendment must be submitted through the licensing system, OCLQS. Submit the program's corrective action plan, which includes documents to support qualifications for the newly requested administrator, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/16/2024

#### **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) 2 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: 03/16/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 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 number(s) 1 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: 03/16/2024

#### **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: 03/16/2024

#### 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 and 8 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: 03/16/2024

# Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable  |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted  | Compliant | Documenting Statement: The license was in a location visible to parents as required. |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-02 Current Information   | Compliant | Decamentally, it applicable  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection            | Compliant |  |
| Requirements                       |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Building        | Compliant | Documenting Statement: A copy of the   |
| Department Inspection              |           | certificate of occupancy was available on-<br>site for review.                       |
| Rule: 5101:2-12-04 Building        | Compliant | Documenting Statement: On the day of   |
| Department Inspection              | Compilant | the inspection, the program was  |
| Beparament inspection              |           | operating in compliance with the current   |
|                                    |           | building approval(s).  |
|                                    |           | Salianing approval(s).   |
|                                    |           |  |
| 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 1/24/25. |
|--|-----------|--|
| Rule   | Status    | Documenting Statement(s), If applicable                              |
| Rule: 5101:2-12-04 Food Service  | Compliant | Documenting Statement: The food service                              |
| Requirements   | Compilant | license was observed posted. Following is                            |
| Mequilients  |           | the audit number and date of expiration:                             |
|  |           | 9954468; 3/1/24.   |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                              |
| 5101:2-12-05 Denial, Revocation and  | Compliant | beautiful getatement(e), it approaches                               |
| Suspension   |           |  |
| Appendicate 1 - Appendicate of the Appendicate of t |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                              |
| Rule: 5101:2-12-07 Written Program   | Compliant | Documenting Statement: No changes                                    |
| Policies and Procedures  |           | have been made to the written policies                               |
|  |           | and procedures since it was last approved                            |
|  |           | by this Department.  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                              |
| Rule: 5101:2-12-08 Orientation   | Compliant | Documenting Statement: On the day of                                 |
| Training & Whistle Blower Protection   | Compilant | the inspection, all child care staff                                 |
|  |           | members had met orientation training                                 |
|  |           | requirements.  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                              |
| Rule: 5101:2-12-10 Health Training   | Compliant | Documenting Statement: The program                                   |
| Requirements   |           | had at least one Child Care Staff Member                             |
| ·  |           | with currently valid training in First Aid,                          |
|  |           | Management of Communicable Disease,                                  |
|  |           | CPR, and Child Abuse Prevention present                              |
|  |           | and readily accessible during all hours of                           |
|  |           | operation.   |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                              |
| Rule: 5101:2-12-11 Indoor Space  | Compliant | Documenting Statement: The restrooms                                 |
| Requirements   | ,         | are used exclusively by the program.                                 |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable                              |
| 5101:2-12-11 Outdoor Space   | Compliant | bocumenting statement(s), it applicable                              |
| Requirements   | Compliant |  |
|  | *         |  |
| Rule   | Status    | Documenting Statement(s), If applicable                              |

| Designating:                          |           |  |
|---------------------------------------|-----------|--|
| 5101:2-12-11 Outdoor Play Equipment   | Compliant |  |
|                                       |           |  |
| D. I                                  | C: .      | D C/ ) If I: 11  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                |
| 5101:2-12-11 Outdoor Play Fall Zones  | Compliant |  |
|                                       |           |  |
| Rule                                  | Status    | D  |
| THE TENTON                            |           | Documenting Statement(s), If applicable                                |
| Rule: 5101:2-12-12 Safe Equipment     | Compliant | Documenting Statement: Equipment was observed to be in good condition. |
|                                       |           | observed to be in good condition.                                      |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5101:2-12-12 Safe Environment   | Compliant | Documenting Statement: A safe  |
| Kule. 5101.2-12-12 Sale Eliviroliment | Compilant | environment was observed during the                                    |
|                                       |           | inspection. Children were protected from                               |
|                                       |           | items and conditions which threaten their                              |
|                                       |           |  |
|                                       |           | health, safety and well-being.   |
|                                       | 3-1       |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5101:2-12-13 Sanitary           | Compliant | Documenting Statement: During the                                      |
| Equipment and Environment             | Compilant | inspection, the equipment was observed                                 |
| Equipment and Environment             |           | clean and in good repair.  |
|                                       |           | clean and in good repair.  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5101:2-12-13 Handwashing        | Compliant | Documenting Statement: Staff and                                       |
| Requirements                          | Compilant | children were observed washing hands as                                |
| Requirements                          |           | required by the rule.  |
|                                       |           | required by the rule.  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                |
| 5101:2-12-13 Smoke Free               | Compliant | booding statement(s), it approads                                      |
| Environment                           | Compilant |  |
|                                       | I.        |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant | Documenting Statement: On the day of                                   |
| and General Emergency Plan            |           | the inspection, the complete prescribed                                |
|                                       |           | JFS 01242 "Medical, Dental, and General                                |
|                                       |           | Emergency Plan For Child Care" were                                    |
|                                       |           | posted in the program as required.                                     |
|                                       |           | posted in the program as required.                                     |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation                                   |
| Maier 310112 12 10 Lines gency Dillis | Compilant | for completed fire, weather, and                                       |
|                                       | i .       | TOT COMPLETED IN C. WCGHICH, GHU                                       |
|                                       |           | · · · · · · · · · · · · · · · · · · ·                                  |
|                                       |           | emergency/lockdown drills was verified during this inspection.         |

| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the         |
| Precautions                           |           | inspection, the program had complete      |
|                                       |           | first aid kits available as required.     |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Management of      | Compliant | Documenting Statement: The JFS 08087      |
| Communicable Disease                  |           | "Communicable Disease Chart" was          |
|                                       |           | posted and was readily available to staff |
|                                       |           | and parents.                              |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Incident/Injury    | Compliant | Documenting Statement: The JFS 01299      |
| Reporting                             | Compilant | "Incident/Injury Report For Child Care"   |
| Reporting                             |           | F. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15 |
|                                       |           | forms reviewed during this inspection     |
|                                       |           | were complete as required.                |
|                                       |           | -   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Written Disaster   | Compliant | Documenting Statement: Annual training    |
| Plan                                  |           | of the written disaster plan was          |
|                                       |           | completed by staff.                       |
| Rule: 5101:2-12-16 Written Disaster   | Compliant | Documenting Statement: The program's      |
| Plan                                  | Compilant | written disaster plan was reviewed during |
|                                       |           | the inspection and met the requirements.  |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule     | Compliant | Documenting Statement: Daily schedules    |
| Nule. 3101.2-12-17 Daily Schedule     | Compliant | were observed posted.                     |
|                                       |           | were observed posted.                     |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and      | Compliant | Documenting Statement: Sufficient         |
| Equipment                             |           | equipment was observed in all categories. |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play       | Compliant |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |

| Rule: 5101:2-12-18 License Capacity   | Compliant  | Documenting Statement: The program was operating within their license capacity limits.   |
|---|--|--|
|   |  | Saparan, minar   |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Ratio  | Compliant  | Documenting Statement: The Appendix A  |
|   |  | "Staff/Child Ratios, Age Grouping and  |
|   |  | Maximum Group Size" was posted in a  |
|   |  | noticeable area at the program as  |
|   |  | required.  |
|   |  |  |
| Rule: 5101:2-12-18 Ratio  | Compliant  | Documenting Statement: Staff/child   |
|   | '  | ratios observed during the inspection  |
|   |  | were in compliance.  |
|   |  | Security Control of the Control of t |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Group Size   | Compliant  | Documenting Statement: The group sizes   |
|   |  | observed on the day of the inspection  |
|   |  | were in compliance.  |
|   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Attendance   | Compliant  | Documenting Statement: Child Care Staff  |
| Records   |  | Members were observed recording the  |
|   |  | attendance for each child upon arrival   |
|   |  | and decreases and an all all adaments and  |
|   |  | and documenting each child's departure.  |
|   |  | and documenting each child's departure.  |
| Rule  | Status   | and documenting each child's departure.  Documenting Statement(s), If applicable   |
| Rule Rule: 5101:2-12-19 Supervision   | Status<br>Compliant                                  |  |
|   |  | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff   |
|   |  | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff  Members were supervising the children  |
| Rule: 5101:2-12-19 Supervision  | Compliant  | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff  Members were supervising the children and were able to intervene as needed.  |
| Rule: 5101:2-12-19 Supervision  | Compliant  | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff  Members were supervising the children  |
| Rule: 5101:2-12-19 Supervision  | Compliant  | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff  Members were supervising the children and were able to intervene as needed.  |
| Rule: 5101:2-12-19 Supervision  | Compliant  | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff  Members were supervising the children and were able to intervene as needed.  |
| Rule: 5101:2-12-19 Supervision  Rule  5101:2-12-19 Child Guidance   | Compliant  Status Compliant                          | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed.  Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Supervision  Rule 5101:2-12-19 Child Guidance  Rule  | Compliant  Status Compliant  Status                  | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff  Members were supervising the children and were able to intervene as needed.  |
| Rule: 5101:2-12-19 Supervision  Rule  5101:2-12-19 Child Guidance   | Compliant  Status Compliant                          | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed.  Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Supervision  Rule 5101:2-12-19 Child Guidance  Rule  | Compliant  Status Compliant  Status                  | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed.  Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Supervision  Rule 5101:2-12-19 Child Guidance  Rule  | Compliant  Status Compliant  Status                  | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-19 Supervision  Rule 5101:2-12-19 Child Guidance  Rule 5101:2-12-20 Cots and Napping  Rule                                  | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-19 Supervision  Rule 5101:2-12-19 Child Guidance  Rule 5101:2-12-20 Cots and Napping  Rule Rule: 5101:2-12-22 Meal and Snack | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: Meals were   |
| Rule: 5101:2-12-19 Supervision  Rule 5101:2-12-19 Child Guidance  Rule 5101:2-12-20 Cots and Napping  Rule                                  | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |

| Status    | Documenting Statement(s), If applicable |
|-----------|---|
| Compliant |   |
|           |   |
| Ctatus    | Documenting Statement(s), If applicable |
|           | Documenting Statement(S), if applicable |
| Compliant |   |
|           |   |
|           |   |
| Status    | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: The program      |
|           | had complete written documentation for  |
|           | administering medication or food        |
|           | <del></del>                             |
|           | supplements.                            |
|           |   |
|           |   |
| 014143    | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: All Child Care   |
|           | Staff Members had verification of       |
|           | educational requirements on file at the |
|           | program.                                |
|           | F0                                      |
|           |   |
|           | Compliant  Status  Compliant  Status    |