

## **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      |
| RAPHA ACADEMY FRESH START CHILDCARE       | 000000308240                         |                 | Child Care Center |
| Address<br>700 Gulf Rd Elyria<br>OH 44035 |                                      |                 | County<br>LORAIN  |
| Building Approval Date<br>10/20/2009      | Use Group/Code<br>E                  | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 04/13/2018  | Food Service Risk Level<br>Level III |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type<br>Annual  | Inspection So                  | cope             | Inspection Notice |              |
|                            | Full                           |                  | Unannounced       |              |
| Inspection Date 11/28/2023 | Begin Time 11:00 AM            |                  | End Time 7:15 PM  |              |
| Reviewer: LAKESHA ALLEN    |                                |                  |                   |              |
|                            |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 8                              | 0                | 1                 | 7            |

| 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)                                  |                  | 10         | 0         | 10    |
| Young Toddler   |                  | 8          | 0         | 8     |
| Total Under 2 ½ Years                                     | 83               | 18         | 0         | 18    |
| Older Toddler   |                  | 12         | 0         | 12    |
| Preschool   |                  | 29         | 0         | 29    |
| School Age  |                  | 0          | 84        | 84    |
| Total Capacity/Enrollment                                 | 212              | 41         | 84        | 143   |

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

| Infants/Heavenly Angels | 0 to < 12 months         | 2 to 3 | Infants- evening programming                        |
|-------------------------|--------------------------|--------|---|
| Infants/Heavenly Angels | 0 to < 12 months         | 3 to 7 | Programming at arrival- lunch                       |
| Doves                   | 18 months to < 30 months | 2 to 9 | Programming at arrival- lunch                       |
| Doves                   | 18 months to < 30 months | 2 to 9 | Lunch   |
| Doves                   | 18 months to < 30 months | 2 to 5 | Programming-<br>evening                             |
| Lion's Dens             | 30 months to < 36 months | 3 to 9 | Programming at arrival- Lunch combined with Eaglets |
| Lion's Dens             | 30 months to < 36 months | 2 to 9 | Nap- combined with Eaglets                          |
| Eaglets                 | 3 years to < 4 years     | 2 to 8 | Programming-<br>evening with<br>Eagles Nest         |
| Eagles Nest             | 4 years to < 5 years     | 2 to 9 | Gym   |
| Eagles Nest             | 4 years to < 5 years     | 2 to 9 | Programming-<br>lunch at arrival                    |

### **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) 1,2,4 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: 01/11/2024

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

Domain: 00 License & Approvals

Rule: 5101:2-12-04 Fire Inspection

<u>Code</u>: The program is required to obtain a fire inspection within 12 months from the date of the last fire

inspection without any uncorrected violations.

<u>Finding</u>: During the inspection, it was determined the program had not been inspected by the local fire department or local fire safety inspector and secured documentation of a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection without any uncorrected violations, as required. The program had requested the new inspection at least 30 days prior to the expiration date of the previous fire inspection. Submit the program's corrective action plan, which includes an updated fire inspection without any uncorrected violations, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/30/2023



#### 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) 4 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: 12/30/2023

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

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

<u>Finding</u>: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 6 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.

- 6. Employee(s) purse(s).
- 7. Diaper bags.
- 8. Television not securely anchored.
- 9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 10. Smoke detector needing batteries replaced.
- 11. An area rug did not have a nonskid backing.
- 12. An area rug presented a tripping hazard.
- 13. A floor surface that was unsafe in that [ ].
- 14. No platform was provided for the sink or toilet in the [ ] classroom.
- 15. The platform provided for the sink or toilet in the [ ] classroom was not sturdy.
- 16. The platform provided for the sink or toilet in the [ ] classroom posed a safety hazard in that [ ].
- 17. Telephone cords.
- 18. Staff member stepped over a barrier/gate while holding a child.
- 19. Emergency exits were blocked by the following classroom furniture: [ ].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [ ].

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. Corrected at time of inspection.

Corrective Action Plan Due: 12/30/2023

**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 for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in at least one of the number(s) 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: 12/30/2023

**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: 12/30/2023

**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, 5b & 5c below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);

- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:
- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

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

Corrective Action Plan Due: 12/30/2023

#### **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) 1,4 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: 12/30/2023

# 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     |
| Naie. 3101.2 12 02 Electise i osted | Compliant  | in a location visible to parents as        |
|                                     |            | required.                                  |
|                                     |            | required.                                  |
|                                     |            |  |
| Rule                                | Status     | Documenting Statement(s), If applicable    |
| 5101:2-12-02 Current Information    | Compliant  | bocamenting statement(3), it applicable    |
| 3101.2 12 02 carrent information    | Compilant  |  |
|                                     |            |  |
| 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- |
|                                     |            | site for review.                           |
|                                     |            |  |
|                                     |            |  |
| 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:   |
|                                     |            | CGRC-CQBPYF 3-1-24.                        |
|                                     |            |  |
|                                     |            |  |
| Rule                                | Status     | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Administrator          | Compliant  |  |
| Qualifications                      |            |  |
|                                     | l <b>s</b> |  |
| Rule                                | Status     | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-07 Administrator    | Compliant  | Documenting Statement: The                 |
| Responsibilities/Requirements       |            | administrator's posted hours of            |
|                                     |            | availability reflected an appropriate      |
|                                     |            | schedule meeting rule compliance.          |
|                                     |            |  |
| Dulo                                | Ctatus     | Decumenting State or ant/a) If and inch!   |
| Rule                                | Status     | Documenting Statement(s), If applicable    |

| 5101:2-12-07 Written Program         | Compliant   |   |
|--------------------------------------|-------------|---|
| <b>1</b>                             | Compilant   |   |
| Policies and Procedures              |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Professional            | Compliant   |   |
| Development Requirements             |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space            | Compliant   | 8   |
| Requirements                         | Compilant   |   |
| Requirements                         |             |   |
| D. I.                                |             | D :: (1) If I: 11                         |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children  | Compliant   |   |
| Under 2 1/2 Years                    |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant   | Documenting Statement: The outdoor        |
| Requirements                         |             | play space was not viewed or inspected    |
|                                      |             | during this inspection due to snow        |
|                                      |             | covering.                                 |
|                                      |             | covering.                                 |
|                                      |             |   |
| Dulo                                 | Chahira     | Decumenting Statements of a malicable     |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play      | Compliant   | Documenting Statement: The outdoor        |
| Equipment                            |             | play space and equipment were not         |
|                                      |             | viewed during this inspection due to snow |
|                                      |             | covering; however, the requirements       |
|                                      |             | were discussed.                           |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant   |   |
| <b>'</b>                             |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Equipment          | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and  | Compliant   |   |
|                                      | Compilation |   |
| Environment                          |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Handwashing             | Compliant   |   |
| Requirements                         |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
|                                      |             |   |

| Rule: 5101:2-12-13 Smoke Free<br>Environment | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. |
|--|-----------|--|
|  | 1         | 1 0 1 1 1 1  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Toothbrushing<br>Requirements   | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field        | Compliant | Bocamenting statement(s), it applicable  |
| Trip Procedures                              |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation -          | Compliant | Documenting Statement: The driver(s)   |
| Driver Requirements                          | ,         | had completed the required ODJFS driver  |
|  |           | training.  |
|  |           |  |
| 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, were verified  |
|  |           | and dated 8/16/23; 8/18/23; and  |
|  |           | 8/11/23.   |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Child Medical and         | Compliant | Documenting Statement: At the time of  |
| Enrollment Records                           |           | the inspection, 25% of the children's  |
|  |           | records were reviewed, and the records   |
|  |           | were complete, as required by the rule.  |
|  | 1         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Medical/Physical          | Compliant | Documenting Statement: The program   |
| Care Plans                                   |           | had current information on the medical   |
|  |           | status and the required treatment plan   |
|  |           | for the children with health conditions.   |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Medical, Dental,          | Compliant | Documenting Statement: On the day of   |
| and General Emergency Plan                   |           | the inspection, the complete prescribed  |
|  |           | JFS 01242 "Medical, Dental, and General  |
|  |           | Emergency Plan For Child Care" were  |
|  |           | posted in the program as required.   |
|  |           |  |

| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation      |
| Tale: 3101.2 12 10 Lineigency Dinis   | Compliant | for completed fire, weather, and          |
|                                       |           | emergency/lockdown drills was verified    |
|                                       |           | during this inspection.                   |
|                                       |           | during this hispection.                   |
|                                       |           |   |
| 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.                              |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Incident/Injury    | Compliant | Documenting Statement: The                |
| Reporting                             |           | requirements for completing JFS 01299     |
|                                       |           | "Incident/Injury Report For Child Care"   |
|                                       |           | reports were discussed during the         |
|                                       |           | inspection.                               |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan    | Compliant |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule           | Compliant | <i>J </i>                                 |
|                                       | <u> </u>  |   |
| Pulo                                  | Status    | Documenting Statement(s) If applicable    |
| 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   |
| 5101:2-12-18 License Capacity         | Compliant | bocumenting statement(s), it applicable   |
| 5101.2-12-10 License Capacity         | Compliant |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|---------------------------------------|-----------|--|
| 5101:2-12-18 Ratio                    | Compliant |  |
| 310112 12 10 Natio                    |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size               | Compliant | (4)                                      |
| 310112 12 13 31 34 5125               |           |  |
|                                       | ı         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision              | Compliant | 0 (7, 11                                 |
| 0-0-1-1 0-0-1-1-1-1-1-1-1-1-1-1-1-1-1 |           |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance           | Compliant | 0 (7 11                                  |
|                                       |           |  |
|                                       | •         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cots and Napping   | Compliant | Documenting Statement: Cots were         |
|                                       | '         | placed appropriately and safely during   |
|                                       |           | nap time.                                |
|                                       |           | map times                                |
|                                       | <u>l</u>  |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cribs              | Compliant | Documenting Statement: All cribs were    |
| Naici 310112 12 20 01183              |           | labeled with the assigned infant's name. |
|                                       |           | labeled with the assigned infant's name. |
|                                       | <u>l</u>  |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-21 Evening and        | Compliant | Documenting Statement: At the time of    |
| Overnight Care                        |           | the inspection, adequate indoor and      |
| Overright care                        |           | outdoor lighting was provided during     |
|                                       |           | evening hours.                           |
|                                       |           | evening nours.                           |
|                                       | <u> </u>  |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Meal and Snack     | Compliant | Documenting Statement: The menu was      |
| Requirements                          | Compliant | posted on the parent board.              |
| nequirements                          |           | posted on the parent bodiu.              |
|                                       |           |  |
| Rule                                  | Ctatus    | Documenting Statement/s) If applicable   |
|                                       | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements  | Compliant |  |
|                                       |           |  |
| Dulo                                  | Ctatus    | Decumenting Statement (a) If a maliagh ( |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Safe Food          | Compliant | Documenting Statement: All eating        |
| Handling/Storage                      |           | utensils were developmentally            |
|                                       |           | appropriate.                             |
|                                       |           |  |

| Rule                                 | Status    | Documenting Statement(s), If applicable    |
|--------------------------------------|-----------|--|
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate         |
|                                      |           | daily written records for all infants were |
|                                      |           | viewed.                                    |
|                                      |           | -  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were    |
| Food Preparation                     |           | labeled as required.                       |
|                                      |           | I  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-23 Diapering and     | Compliant | Documenting Statement: Appropriate         |
| Toilet Training                      |           | diaper changing procedures were            |
|                                      |           | observed during the inspection in the      |
|                                      |           | toddler room.                              |
|                                      |           | I  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-25 Medication        | Compliant | Documenting Statement: The program         |
| Administration                       |           | had complete written documentation for     |
|                                      |           | administering medication or food           |
|                                      |           | supplements.                               |
|                                      |           |  |