

# **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      |
| KIWI'S CLUBHOUSE              | 000000400314        |                 | Child Care Center |
|                               |                     |                 |                   |
| Address                       |                     |                 | County            |
| 973 E. JOHNSTOWN RD. GAHANNA  |                     |                 | FRANKLIN          |
| ОН                            |                     |                 |                   |
| 43230                         |                     |                 |                   |
|                               |                     |                 |                   |
| Building Approval Date        | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
|                               |                     |                 |                   |
| Fire Inspection Approval Date | Food Service Risk L | evel            |                   |
| 04/26/2024                    | Level II            |                 |                   |
|                               |                     |                 |                   |

|                    | Ins                            | pection Information |                   |              |
|--------------------|--------------------------------|---------------------|-------------------|--------------|
| Inspection Type    | Inspection S                   | cope                | Inspection Notice |              |
| Annual             | Full                           |                     | Unannounced       |              |
| Inspection Date    | Begin Time                     |                     | End Time          |              |
| 12/23/2024         | 9:30 AM                        |                     | 1:25 PM           |              |
| Inspection Date    | Begin Time                     |                     | End Time          |              |
| 12/23/2024         | 9:30 AM                        |                     | 1:25 PM           |              |
| Reviewer:          |                                |                     |                   |              |
| Catherine Moerch   | 1                              |                     |                   |              |
| Reviewer:          |                                |                     |                   |              |
| Sarena Powhida     |                                |                     |                   |              |
|                    | Su                             | mmary of Findings   |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk    | No. Moderate Risk | No. Low Risk |

| 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)                                 |                  | 3          | 0         | 3     |
| Young Toddler   |                  | 6          | 0         | 6     |
| Total Under 2 ½ Years                                     | 49               | 9          | 0         | 9     |
| Older Toddler   |                  | 3          | 0         | 3     |
| Preschool   |                  | 9          | 0         | 9     |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 103              | 15         | 0         | 24    |



| Staff-Child Ratios at the Time of Inspection |                          |                |                   |
|--|--------------------------|----------------|-------------------|
| Group  | Age Group/Range          | Ratio Observed | Comment           |
| Juniors                                      | 30 months to < 36 months | 1 to 7         | 1- 2/1/2 year old |
|  |                          |                | was present.      |
|  |                          |                | There were        |
|  |                          |                | school agers      |
|  |                          |                | present in the    |
|  |                          |                | juniors group.    |
| Juniors                                      | 3 years to < 4 years     | 1 to 7         | Quiet time        |
| Toddlers                                     | 18 months to < 30 months | 2 to 7         | Toddler 1 and 2   |
|  |                          |                | were combined     |
| Toddlers                                     | 18 months to < 30 months | 2 to 4         | Quiet time        |
| Infants                                      | 0 to < 12 months         | 2 to 2         | nap               |
| Infants                                      | 0 to < 12 months         | 1 to 2         |                   |

# **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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to store chemicals and machinery in a place that is inaccessible to children. The program is required to provide an outdoor play area away from machinery in operation.



<u>Finding</u>: During the inspection, a potentially hazardous item or toxic substance was used or stored in Toddlers and Juniors where children had access to it, as noted in number(s) 2, 9, 14 below.

- 1. Bleach.
- 2. Cleaning agent. (Juniors: all purpose cleaner, Sanitizer)
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.
- 7. Flammable substance.
- 8. Windshield washer fluid.
- 9. Aerosol cans. (Juniors: aerosol hand sanitizer, Toddlers: Wasp spray)
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: (Toddlers: paint cans, laundry detergent)

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/22/2025

## 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.
- 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: 01/22/2025

## Low Risk Non-Compliances

## 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) 19 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: Infant 1: bouncer, Infant 2: swings and boxes of gloves
- 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.

Corrective Action Plan Due: 01/22/2025

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

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

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

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

Equipment, furnishings, and furniture shall be constructed of materials to facilitate cleaning. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

# Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: The program is required to post the current weekly menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

<u>Finding</u>: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 2 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.



- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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: 07 Diapering & Infant Care**

Rule: 5101:2-12-20 Cribs

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

<u>Finding</u>: During the inspection, it was determined that sheets, mattresses and/or mattress covers did not meet the rule requirement as noted in number(s) 2 & 3 below:

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

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

Corrective Action Plan Due: 01/22/2025

## **Domain: 08 Staff Files**

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

<u>Code</u>: The program is required to maintain a staff schedule with coverage of the required health trainings.



<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 1, 2, 4, 5, 12 below:

- 1. First Aid child care staff members scheduled during the hours of 7:00 am and 8:00am had expired training
- 2. First Aid child care staff members scheduled during the hours of 3:30 pm and 6:00pm did not have verification of completion of First Aid
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of 7:00 am and 8:00am had expired training
- 5. CPR child care staff scheduled during the hours of 3:30pm and 6:00pm had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care
- 8. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 9. Communicable Disease child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 10. Communicable Disease child care staff scheduled during the hours of  $[\ ]$  and  $[\ ]$  had not taken Communicable Disease training
- 11. Communicable Disease trained child care staff member was not present in each building used by the program
- 12. Child Abuse child care staff members scheduled during the hours of 7:00 am and 10:00 am had expired training
- 13. Child Abuse child care staff scheduled during the hours of [ ] and [ ] had not taken Child Abuse training
- 14. Child Abuse trained child care staff was not in each building used by the program

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/22/2025

#### **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: 01/22/2025

#### **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 & 5a 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: 01/22/2025



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

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

Code: 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) 5 & 6 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: 01/22/2025

## Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Qualifications

<u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time period.

<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.



#### **Domain: 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) 2, 3, 4, 5, 6 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: 01/22/2025

#### Domain: 09 Children's Files

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

 $\underline{\text{Code}}$ : 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) 2, 4, 5, 6, 13, 14, 15 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information



- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

## Domain: 09 Children's Files

Rule: 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, 2, 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: 01/22/2025 |   |
|---|--|---|
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| L |  | _ |
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# Rules In-Compliance/Not Verified

| tatus<br>Compliant<br>tatus<br>Compliant   | Documenting Statement(s), If applicable  Documenting Statement: The license was in a location visible to parents as required.  Documenting Statement(s), If applicable |
|--|--|
| tatus  | Documenting Statement: The license was in a location visible to parents as required.   |
| tatus  | in a location visible to parents as required.  |
| (A. P. C. P. P. C. P. C. P. C. P. P. P. P. C. P. | required.  |
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| tatus  | Documenting Statement(s), If applicable  |
| Compliant  | Documenting Statement: The food service  |
|  | license was observed posted. Following is  |
|  | the audit number and date of expiration:   |
|  | BFRY-D2HGJP due 3/1/25   |
|  |  |
| tatus  | Documenting Statement(s), If applicable  |
| Compliant  |  |
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| Rule                                 | Status   | Documenting Statement(s), If applicable  |
|--------------------------------------|--|--|
| 5101:2-12-07 Written Program         | Compliant  |  |
| Policies and Procedures              |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation Training &  | Compliant  | (-),                                     |
| Whistle Blower Protection            | Compilant  |  |
| Willstie Biower Frotection           |  |  |
| 100 V                                |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check        | Compliant  |  |
| Requirements                         |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space            | Compliant  | boddinenting statement(s), it approase   |
|                                      | Compilant  |  |
| Requirements                         |  |  |
|                                      | ·  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children  | Compliant  |  |
| Under 2 1/2 Years                    |  |  |
| 3.1.de. 2.2/2.1ed.5                  | l-   |  |
| Pula                                 | Chatus   | Decumenting Statements of the Control of |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space           | Compliant  |  |
| Requirements                         |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant  |  |
|                                      |  |  |
|                                      | L.   |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 3416-342-3430                        | 100.00   | Documenting Statement(s), if applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant  |  |
| <u></u>                              |  |  |
|                                      | I:   |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment          | Compliant  |  |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Handwashing       | Compliant  | Documenting Statement: Staff and         |
| Requirements                         | Somphane   | children were observed washing hands as  |
| Requirements                         |  | 11 <del>-7</del> X                       |
|                                      |  | required by the rule.                    |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Smoke Free        | Compliant  | Documenting Statement: No smoking was    |
| Environment                          | The second secon | allowed on the premises, and the notice  |
|                                      |  |  |
|                                      |  | stating that smoking is prohibited was   |
|                                      |  | observed posted in a conspicuous place.  |
| L                                    | ,  |  |
|                                      |  |  |



| Rule   | Status   | Documenting Statement(s), If applicable                                       |
|--|--|---|
| 5101:2-12-13 Toothbrushing   | Compliant  | (I)   |
| Requirements   | 1  |   |
| and the state of t | L  | 1   |
| Rule   | Status   | Documenting Statement(s), If applicable                                       |
| 5101:2-12-14 Transportation and Field  | Compliant  |   |
| Trip Procedures  | The state of the s |   |
| 1  | 1  |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                       |
| 5101:2-12-14 Transportation - Driver   | Compliant  |   |
| Requirements   |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                       |
| 5101:2-12-14 Transportation - Vehicle  | Compliant  |   |
| Requirements   |  |   |
|  |  |   |
| 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.   |
|  |  |   |
|  |  |   |
| 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(s), if applicable  Documenting Statement: The JFS 08087 |
| Communicable Disease   | Compliant  | "Communicable Disease Chart" was  |
| Communicable Disease   |  | posted and was readily available to staff                                     |
|  |  |   |
|  |  | and parents.  |
|  | I  |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                       |
| 5101:2-12-16 Incident/Injury   | Compliant  | Documenting statement(s), in applicable                                       |
| Reporting  | Compilation  |   |
| [ moboticing   | I.   |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                       |
| 5101:2-12-17 Daily Schedule  | Compliant  |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                       |
|  |  |   |



| 5101:2-12-17 Materials and           | Compliant      |   |
|--------------------------------------|----------------|---|
| Equipment                            | Compliant      |   |
| Equipment                            |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play      | Compliant      | bocumenting statement(s), if applicable |
| 3101.2-12-17 Daily Outdool Flay      | Compliant      |   |
|                                      |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity        | Compliant      | Decamenting statement(0), it applicable |
| STOTIZ IZ TO Electrise expusity      | Compilant      |   |
|                                      | le .           |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                   | Compliant      | 5                                       |
|                                      |                |   |
|                                      |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size              | Compliant      | . , , , , , , ,                         |
|                                      |                |   |
|                                      |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records      | Compliant      | -                                       |
|                                      |                |   |
|                                      |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision             | Compliant      |   |
|                                      |                |   |
|                                      |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Compliant      |   |
|                                      |                |   |
|                                      |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping        | Compliant      |   |
| L                                    |                |   |
|                                      | September 1975 |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight   | Compliant      |   |
| Care                                 |                |   |
|                                      |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant      |   |
|                                      |                |   |
|                                      |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant      |   |
| Handling/Storage                     |                |   |
|                                      |                |   |
| Rule                                 | Status         | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care       | Compliant      |   |
|                                      |                |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|---|
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were   |
| Food Preparation                     | Compliant | labeled as required.                      |
| rood Freparation                     |           | labeled as required.                      |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: Infants were fed   |
| Food Preparation                     |           | in conformity with parent/guardian's      |
|                                      |           | written, dated instructions.              |
|                                      |           |   |
| 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.                             |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-24 Swimming and Water      | Compliant |   |
| Safety Requirements                  |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-25 Medication              | Compliant |   |
| Administration                       |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member | Compliant | Documenting Statement(s), if applicable   |
|                                      | Compliant |   |
| Educational Requirements             |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Written Disaster  | Compliant | Documenting Statement: The program's      |
| Plan                                 | 3         | written disaster plan was reviewed during |
|                                      |           | the inspection and met the requirements.  |