

# **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          |                 | Pro | ogram Type        |
| Mary's Little Lamb Child Interactive | 000000400943            |                 | Chi | ld Care Center    |
| Learning Academy                     |                         |                 |     |                   |
| Address                              |                         |                 | Со  | unty              |
| 1800 Parsons Ave Columbus            |                         |                 | FR/ | ANKLIN            |
| OH 43207                             |                         |                 |     |                   |
|                                      |                         |                 |     |                   |
|                                      |                         |                 |     |                   |
| Building Approval Date               | Use Group/Code          | Occupancy Limit |     | Maximum Under 2 ½ |
| 04/07/2009                           | E                       | 77              |     | 17                |
| Fire Inspection Approval Date        | Food Service Risk Level |                 |     |                   |
| 09/26/2022                           | Level II                |                 |     |                   |

| Inspection Information        |                                |                  |                                  |              |
|-------------------------------|--------------------------------|------------------|----------------------------------|--------------|
| Inspection Type<br>Annual     | Inspection So<br>Full          | cope             | Inspection Notice<br>Unannounced |              |
| Inspection Date<br>02/27/2023 | Begin Time 1                   | 0:30 AM          | End Time 3:52 PM                 |              |
| Reviewer:<br>DIANE GRIGGS     | I                              |                  |                                  |              |
| Summary of Findings           |                                |                  |                                  |              |
| No. Rules Verified            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk                | No. Low Risk |
| 58                            | 13                             | 0                | 1                                | 11           |

| 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)                                 |                  | 7          | 0         | 7     |
| Young Toddler   |                  | 8          | 0         | 8     |
| Total Under 2 ½ Years                                     | 17               | 15         | 0         | 15    |
| Older Toddler   |                  | 5          | 0         | 5     |
| Preschool   |                  | 24         | 0         | 24    |
| School Age  |                  | 49         | 0         | 49    |
| Total Capacity/Enrollment                                 | 77               | 78         | 0         | 93    |

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



Department of Education Department of Job and Family Services

| Infant     | 0 to < 12 months         | 2 to 9  |  |
|------------|--------------------------|---------|--|
| Infant     | 0 to < 12 months         | 2 to 8  |  |
| Toddler 1  | 18 months to < 30 months | 2 to 11 |  |
| Toddler 1  | 18 months to < 30 months | 2 to 10 |  |
| Toddler 2  | 30 months to < 36 months | 1 to 8  |  |
| Toddler 2  | 30 months to < 36 months | 1 to 8  |  |
| Preschool  | 3 years to < 4 years     | 2 to 17 |  |
| Preschool  | 3 years to < 4 years     | 2 to 15 |  |
| School Age | School-Age to < 11 years | 1 to 12 |  |

### **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.

| Serio | us Risk Non-Compli | ances |
|-------|--------------------|-------|
|       |                    |       |

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 staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number(s) 3 below:

- 1. Owner
- 2. Administrator
- 3. Child care staff member, employee

Submit the program's corrective action plan, which includes a copy of the JFS 01176, to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 03/29/2023

## 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>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/29/2023

## Domain: 03 Postings & Equipment

Rule: 5101:2-12-17 Daily Schedule

<u>Code</u>: The program is required to have the daily program schedule posted in all required areas.

<u>Finding</u>: During the inspection, it was determined that a copy of the daily program schedule was not posted in the school age area as required. 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 Fluid Milk Requirements

<u>Code</u>: The program is required to serve age-appropriate fluid milk or obtain written documentation when serving substitutions for fluid milk.

<u>Finding</u>: During the inspection, it was determined that required documentation for substitutions for fluid milk was not on file as noted in number(s) 5 below:

1. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants up to 12 months of age are served anything other than formula or breast milk.

2. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants and toddlers 12 months of age up to 24 months of age are served anything other than unflavored whole homogenized vitamin D fortified cow's milk, breast milk, or non-cow milk substitution that is nutritionally equivalent to milk.

3. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when toddlers and children 24 months of age and older are served anything other than unflavored one per cent milk that is vitamin A and D fortified, unflavored fat free or skim milk that is vitamin A and D fortified, or non-cow milk substitutions that are nutritionally equivalent to milk.

4. Written parental consent for non-cow milk substitutions that are nutritionally equivalent to milk for children 12 months of age and older.

5. The program did not have the type of milk on-site to ensure that all children were served age-appropriate fluid milk.

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: 5101:2-12-16 Incident/Injury Reporting

<u>Code</u>: The program is required to complete all information on the JFS 01299 "Incident/Injury Report For Child Care."

<u>Finding</u>: In review of the records, it was determined that a JFS 01299 "Incident/Injury Report For Child Care" form was missing information as noted in number(s) 5, 6, 7 below:

- 1. Program information (program name, number, address);
- 2. Child's name;
- 3. Child's birth date;
- 4. Name of person(s) responsible for the child at the time of the incident;
- 5. Number of children present in the group at the time of the incident;
- 6. Date and/or time of the incident;
- 7. Whether or not parents were contacted;



8. Complete summary of the incident;9. Accurate summary of the incident;

10. Name and/or signature of the person completing the form;

11. 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: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program is required to provide clean sheets for all cribs that are not too large or too small for the crib.

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

- 1. At least one crib did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. At least one sheet was torn.
- 5. Crib sheets were not clean.

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

<u>Code</u>: The program is required to obtain written instructions from parents regarding feeding their infant.

<u>Finding</u>: During the inspection, it was determined that written instructions for feeding the infants noted on the Children Record Review were missing information as noted in number(s) 5 below:

- 1. Written instructions were not on file.
- 2. Type of food and/or formula/breast milk was missing.
- 3. Amount of food and/or formula/breast milk was missing.



- 4. Feeding times or frequency of feedings was missing.
- 5. The written instructions on file had not been updated.

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

<u>Rule</u>: 5101:2-12-08 Medical Statement <u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 4. Tuberculosis (TB) screening/test

a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;

b. Results of a TB test for employees meeting both criteria in 4a;

c. Results of additional testing for employees with a positive TB test;

d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

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

Corrective Action Plan Due: 03/29/2023



## Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/29/2023

#### **Domain: 09 Children's Files**

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 2, 4, 12, 14 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: 10 Written Policies & Procedures**

Rule: 5101:2-12-16 Written Disaster Plan

<u>Code</u>: The program is required to train child care staff members and employees on the written disaster plan annually and keep written documentation of the training on-site.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in number(s) 1 below:

1. Child care staff members and employees were not trained annually.

2. Written documentation of the training was not kept on file.

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

Corrective Action Plan Due: 03/29/2023

## Domain: 10 Written Policies & Procedures

Rule: 5101:2-12-16 Written Disaster Plan

<u>Code</u>: The program is required to have a written disaster plan.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number(s) 19 below:

Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. The plan was not used to respond to an emergency or disaster situation

4. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes

5. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism

- 6. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 7. Outbreaks, epidemics or other infectious disease emergencies
- 8. Loss of power, water, or heat

9. Other threatening situations that may pose a health or safety hazard to the children in the program Details:

10. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent



- 11. Assisting infants and children with special needs and/or health conditions
- 12. Emergency contact information for parents and the program
- 13. Procedures for notifying and communicating with parents regarding the location of the children if evacuated

14. Procedures for communicating with parents during loss of communications, no phone or internet service available

15. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place

- 16. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 17. Making the plan available to all child care staff members and employees
- 18. Training of staff or reassignment of staff duties as appropriate
- 19. Updating the plan on a yearly basis
- 20. Contact with local emergency management officials

Make the necessary revisions to the disaster plan. Submit the program's corrective action plan, which includes the revised information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/29/2023

## **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<br>in a location visible to parents as<br>required. |
| 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: On the day of   |
| Department Inspection             |           | the inspection, the program was  |
|                                   |           | operating in compliance with the current   |
|                                   |           | building approval(s).  |



Department of Education Department of Job and Family Services

| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|---|
| 5101:2-12-04 Fire Inspection         | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| 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:  |
|                                      |           | #9943814, 3/1/23.                         |
| Rule: 5101:2-12-04 Food Service      | Compliant | Documenting Statement: The off-site       |
| Requirements                         | compliant | food processing establishment's current   |
| hequitements                         |           | Ohio Department of Agriculture            |
|                                      |           | registration information was observed     |
|                                      |           | during the inspection.                    |
|                                      |           | during the inspection.                    |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator           | Compliant |   |
| Qualifications                       |           |   |
| Dula                                 | Chathar   | Decumenting Chategories (a) If any light  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-07 Administrator     | Compliant | Documenting Statement: During the         |
| Responsibilities/Requirements        |           | inspection, the requirements of the rule  |
|                                      |           | regarding administrator responsibilities  |
|                                      |           | and requirements were discussed.          |
|                                      |           |   |
| 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 Child Care Staff  | Compliant | Documenting Statement: All Child Care     |
| Member Educational Requirements      |           | Staff Members had verification of         |
|                                      |           | educational requirements on file at the   |
|                                      |           | program.                                  |
|                                      |           | F 0                                       |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-08 Orientation       | Compliant | Documenting Statement: On the day of      |
| Training & Whistle Blower Protection |           | 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: 5101:2-12-10 Professional      | Compliant | Documenting Statement: At the time of       |
| Development Requirements             |           | the inspection, all child care staff        |
|                                      |           | members had completed the required          |
|                                      |           | amount of professional development          |
|                                      |           | training.                                   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space            | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| 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 area is separated from traffic and     |
|                                      |           | other hazards by a fence.                   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-11 Outdoor Play      | Compliant | Documenting Statement: All equipment in     |
| Equipment                            |           | the outdoor play space was observed to      |
|                                      |           | be anchored and stable.                     |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective       |
| Zones                                |           | material used under outdoor equipment       |
|                                      |           | was mulch.                                  |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-12 Safe Equipment    | Compliant | Documenting Statement: Equipment was        |
|                                      |           | observed to be in good condition.           |
|                                      |           |   |
|                                      |           |   |



| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-13 Handwashing        | Compliant | Documenting Statement: Children were    |
| Requirements                          |           | viewed washing their hands, as required |
|                                       |           | by the rule.                            |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free         | Compliant | Documenting Statement: A notice was     |
| Environment                           |           | observed posted stating that smoking is |
|                                       |           | prohibited at the program.              |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The form(s)      |
| Field Trip Procedures                 |           | used by the program for routine and/or  |
|                                       |           | field trips were verified to meet the   |
|                                       |           | requirements of the rule.               |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement(s), if applicable |
| Driver Requirements                   | compliant | had completed the required ODJFS driver |
| Diver Requirements                    |           | training.                               |
|                                       |           | trannig.                                |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical   | Compliant | Documenting Statement: At the time of   |
| Care Plans                            |           | the inspection, there were no children  |
|                                       |           | currently enrolled who had 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.      |
|                                       |           | F F. 00                                 |
|                                       |           |   |
| 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: 5101:2-12-16 First Aid/Standard<br>Precautions<br>Rule | Compliant<br>Status | Documenting Statement: During the<br>inspection, the program had complete<br>first aid kits available as required.<br>Documenting Statement(s), If applicable   |
|--|---------------------|---|
| Rule: 5101:2-12-16 Management of Communicable Disease        | Compliant           | Documenting Statement: The JFS 08087<br>"Communicable Disease Chart" was<br>posted and was readily available to staff<br>and parents.   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and Equipment                   | Compliant           | Documenting Statement: Sufficient<br>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<br>was operating within their license<br>capacity limits.  |
| Dula   | Chature             |   |
| Rule: 5101:2-12-18 Ratio                                     | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: Staff/child<br>ratios observed during the inspection<br>were in compliance.   |
| Dula   | Chabura             | Documenting Statement(s), If applicable   |
| Rule<br>Rule: 5101:2-12-18 Group Size                        | Status<br>Compliant | Documenting Statement(s), if applicable<br>Documenting Statement: The group sizes<br>observed on the day of the inspection<br>were in compliance.   |
| Dula   | Chatura             |   |
| Rule<br>Rule: 5101:2-12-18 Attendance                        | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: During the  |
| Records  |                     | inspection, attendance records were<br>reviewed. Child Care Staff Members were<br>viewed recording the attendance for each<br>child upon arrival and departure. All<br>attendance records met the requirements<br>of the rule and were kept with the group<br>at all times. |



| Rule                                 | Status    | Documenting Statement(s), If applicable    |
|--------------------------------------|-----------|--|
| Rule: 5101:2-12-19 Supervision       | Compliant | Documenting Statement: During the          |
|                                      |           | inspection, child care staff were observed |
|                                      |           | assisting children throughout the day.     |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-19 Child Guidance    | Compliant | Documenting Statement: Appropriate         |
|                                      |           | child guidance techniques and practices    |
|                                      |           | were observed being used during the        |
|                                      |           | inspection.                                |
|                                      |           |  |
| 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.                                  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-21 Evening and Overnight   | Compliant |  |
| Care                                 |           |  |
|                                      |           | i  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | Documenting Statement: The menu            |
| Requirements                         |           | posted reflected the meal served.          |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-22 Safe Food         | Compliant | Documenting Statement: Food was stored     |
| Handling/Storage                     |           | in a safe and sanitary manner.             |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: An appropriate      |
|                                      |           | program of activities with infants was     |
|                                      |           | observed.                                  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-23 Diapering and     | Compliant | Documenting Statement: During the          |
| Toilet Training                      |           | inspection, there was discussion           |
|                                      |           | concerning diapering routines. Child-care  |
|                                      |           | staff indicated diapers were changed at    |
|                                      |           | appropriate intervals throughout the day.  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
|                                      |           |  |



| ule: 5101:2-12-25 Medication<br>dministration | Compliant | Documenting Statement: There were no<br>children on medication at the time of the<br>inspection; however, the method of<br>storage and practices for the<br>administration were reviewed. |
|---|-----------|---|
|   |           |   |