

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 http://jfs.ohio.gov/CDC/childcare.stm. 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 |
| CHILDTIME CHILDREN'S CENTERS INC | 000000403232 | | Child Care Center |
| | | | |
| Address | | | County |
| 145 N TRIMBLE RD MANSFIELD | | | RICHLAND |
| ОН | | | |
| 44906 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | | | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | |
| 06/11/2025 | | | |
| | | | |

| Inspection Information | | | |
|------------------------|------------------|-------------------|--|
| Inspection Type | Inspection Scope | Inspection Notice | |
| Annual | Full | Unannounced | |
| Inspection Date | Begin Time | End Time | |
| 10/10/2025 | 10:00 AM | 4:45 PM | |
| Inspection Date | Begin Time | End Time | |
| 10/16/2025 | 10:15 AM | 11:30 AM | |
| Reviewer: | * | * | |

STEPHANIE WALTERS

Reviewer:

STEPHANIE WALTERS

| Summary of Findings | | | | |
|---------------------|--------------------------------|------------------|-------------------|--------------|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 9 | 0 | 1 | 10 |

| 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) | | 12 | 0 | 12 |
| Young Toddler | | 17 | 0 | 17 |
| Total Under 2 ½ Years | 40 | 29 | 0 | 29 |
| Older Toddler | | 9 | 0 | 9 |
| Preschool | | 42 | 0 | 42 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 95 | 51 | 0 | 80 |



| Staff-Child Ratios at the Time of Inspection | | | |
|--|--------------------------|----------------|------------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infant 1 | 0 to < 12 months | 2 to 6 | At arrival |
| Infant 1 | 0 to < 12 months | 2 to 7 | |
| Infant 2 | 12 months to < 18 months | 2 to 7 | At arrival |
| Infant 2 | 12 months to < 18 months | 1 to 6 | At arrival |
| Twos | 18 months to < 30 months | 1 to 7 | At arrival |
| Twos | 18 months to < 30 months | 2 to 7 | |
| Early Preschool | 30 months to < 36 months | 2 to 11 | |
| Early Preschool | 30 months to < 36 months | 2 to 10 | At arrival |
| Preschool | 3 years to < 4 years | 2 to 13 | |
| Preschool | 3 years to < 4 years | 2 to 14 | At arrival |
| Pre-K | | 2 to 13 | |
| Pre-K | 4 years to < 5 years | 3 to 12 | 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 5180:2-12-03 and 5180:2-13-03 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: 04 Indoor/Outdoor Space

Rule: 5180:2-12-11 Outdoor Play Fall Zones

<u>Code</u>: The program is required to provide adequate fall surface for the outdoor play space.

<u>Finding</u>: During the inspection, it was determined that the playground did not have adequate fall surface under and around equipment as noted in number(s) 1 below:



- 1. No fall surface (Plastic slide on Infant playground was on grass).
- 2. Adequate fall surface to soften the impact of a fall
- 3. Adequate fall surface to soften the impact of a fall that extended the length of the required fall zone
- 4. Other []

With any equipment designed for climbing, swinging, bouncing, or sliding, resilient material, as specified in Appendix A, needs to be added in order to protect children in the event of a fall. Submit the program's corrective action plan, which includes written verification of the discontinued use of this equipment until corrections are made along with a description of the resilient material added, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/15/2025

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 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) 22 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: There was a hole in the wall with exposed drywall on the wall near the Dramatic Play area within children's reach in the Preschool room.

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: 11/15/2025

Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-12-11 Outdoor Play Fall Zones

Code: The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

<u>Finding</u>: During the inspection, it was determined the fall zone under and around equipment designated for climbing, swinging, balancing and sliding did not meet the requirements as noted in number(s) 6 below:

- 1. The fall surface material had not been properly distributed or raked as needed to retain proper depth under and around equipment.
- 2. A fall zone hazard was present, in that, the [] posed a risk of injury if a child were to fall from a piece of equipment.
- 3. The fall zone was less than 3 feet from the fence for equipment used by children 23 months of age and younger.
- 4. The fall zone was less than 6 feet from the fence for equipment used by children 24 months of age and older.
- 5. There was not a fall zone of 3 feet in all directions from the perimeter of the equipment used by children 23 months of age and younger.
- 6. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment used by children 24 months of age and older. (Swings full extension on the Preschool/Pre-K playground and climber on the EPS/2"s playground)
- 7. The fall zone was less than 4 1/2 feet from each piece of applicable equipment used by children 23 months of age and younger.
- 8. The fall zone was less than 9 feet from each piece of applicable equipment used by children 24 months of age and older.
- 9. Other [].

The program is required to provide adequate fall zones under and around outdoor play equipment at all times. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 11/15/2025

Domain: 05 Health & Safety

Rule: 5180:2-12-16 First Aid/Standard Precautions

Code: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) 9, 13 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.
- 9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).
- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.
- 13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- 14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
- 15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.
- 16. Soap or waterless sanitizer (field trip or transporting away from the program only).
- 17. Bottled water (field trip or transporting away from the program only).

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: 5180:2-12-16 Emergency Drills

Code: The program is required to complete fire drills, weather drills, and emergency/lockdown drills

appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 3 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 11/15/2025

Domain: 08 Staff Files

Rule: 5180:2-12-08 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: 11/15/2025

Domain: 08 Staff Files

Rule: 5180:2-12-08 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, 2, 6 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: 11/15/2025

Domain: 08 Staff Files

Rule: 5180:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 4, 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: 11/15/2025

Domain: 08 Staff Files

Rule: 5180:2-12-10 Health Training Requirements

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

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

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

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

Corrective Action Plan Due: 11/15/2025

Domain: 09 Children's Files

Rule: 5180:2-12-15 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, 6, 8, 13, 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: 5180:2-12-15 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) 2, 8, 9 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: 11/15/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5180:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
| Rule: 5180:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5180:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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|---|-------------|--|
| 5180:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | ** | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | |
| Requirements | , | |
| requirements | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection | Compliant | |
| L | | |
| Pule | Chatus | Decumenting Statement(s) If a villable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | .LUTT-DE3PCE 3/1/26 |
| | | |
| | | n |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-07 Written Program | Compliant | Documenting Statement: The written |
| Policies and Procedures | - Compilant | policies and procedures reviewed on the |
| Tollcles and Procedures | | day of the inspection were verified as |
| | | The state of the s |
| | | complete. |
| | | |
| 1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| See British Parketing To the September 1997 | | regarding background checks was on file |
| | | for all employees listed. |
| | | 10. un employees listed. |
| L | -L | |
| Rule | Status | Documenting Statement(s) If applicable |
| nuie | Status | Documenting Statement(s), If applicable |



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|---|--------------------------------|---|--|--|
| 5180:2-12-10 Professional | Compliant | | | |
| Development Requirements | | | | |
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| Rule | Status | Documenting Statement(s), If applicable | | |
| | | Bocumenting Statement(3), if applicable | | |
| 5180:2-12-11 Indoor Space | Compliant | | | |
| Requirements | | | | |
| | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5180:2-12-11 Separation of Children | Compliant | | | |
| Under 2 1/2 Years | - | | | |
| | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| | | | | |
| Rule: 5180:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly | | |
| Requirements | | playground inspections were completed | | |
| | | and documented, as required. The most | | |
| | | recent inspection report form was dated | | |
| | | 9/14/25. | | |
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| Rule | Status | Documenting Statement(s), If applicable | | |
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| Rule: 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was | | |
| | | observed to be in good condition. | | |
| | | | | |
| | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5180:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor | | |
| Equipment | | equipment was viewed to be safe and | | |
| Const. Descriptions | | free of rust, sharp points, and other | | |
| | | hazards. | | |
| | | Hazarus. | | |
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| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule Rule: 5180:2-12-13 Sanitary | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: On the day of | | |
| | | | | |
| Rule: 5180:2-12-13 Sanitary | | Documenting Statement: On the day of | | |
| Rule: 5180:2-12-13 Sanitary | | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with | | |
| Rule: 5180:2-12-13 Sanitary | | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included | | |
| Rule: 5180:2-12-13 Sanitary | | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with | | |
| Rule: 5180:2-12-13 Sanitary | | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment Rule | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment Rule | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment Rule 5180:2-12-13 Handwashing | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment Rule 5180:2-12-13 Handwashing Requirements | Status Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. Documenting Statement(s), If applicable | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment Rule 5180:2-12-13 Handwashing Requirements Rule | Status Compliant Status Status | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment Rule 5180:2-12-13 Handwashing Requirements Rule 5180:2-12-13 Smoke Free | Status Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. Documenting Statement(s), If applicable | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment Rule 5180:2-12-13 Handwashing Requirements Rule | Status Compliant Status Status | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. Documenting Statement(s), If applicable | | |
| Rule: 5180:2-12-13 Sanitary Equipment and Environment Rule 5180:2-12-13 Handwashing Requirements Rule 5180:2-12-13 Smoke Free | Status Compliant Status Status | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. Documenting Statement(s), If applicable | | |



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| Rule: 5180:2-12-15 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. |
| | | Tor the children with health conditions. |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Bocamenting Statement(3), if applicable |
| 5180:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury | Compliant | |
| Reporting | Joniphanic | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| Rule | Status | Desumenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Attendance | Compliant | Documenting Statement: During the |
| Records | , | inspection, attendance records were |
| Neser as | | reviewed. Child Care Staff Members were |
| | | |
| | | viewed recording the attendance for each |
| | | child upon arrival and departure. All |
| | | attendance records met the requirements |
| | | of the rule and were kept with the group |
| | | 5 572 50 |
| | | at all times. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), it applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | |
| The second secon | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|--|
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| Naic. 3100.2 12 10 Natio | Compilant | "Staff/Child Ratios, Age Grouping and |
| | | |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | |
| D. L. | Charles | D |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were |
| | | placed appropriately and safely during |
| | | nap time. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | boodinenting statement(s), it applicable |
| 3100.2 12 13 Supervision | Compilant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
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| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were |
| | | placed 2 feet apart. |
| | | |
| Rule: 5180:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were |
| | | labeled with the assigned infant's name. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu |
| Requirements | Compliant | posted reflected the meal served. |
| Requirements | | posted reflected the filear served. |
| | ŀ | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| | Towns and | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care | Compliant | |
| | | |
| Dula | Ctatus | Design enting Ct-tt/-\ IfI'I'I'I'I'I' |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were |
| Food Preparation | | labeled as required. |



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| Status | Documenting Statement(s), If applicable |
| Compliant | |
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| Status | Documenting Statement(s), If applicable |
| Compliant | |
| | |
| | Compliant |