

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 | ails | |
|---|---------------------|-----------------|---------------------|
| Program Name | Program Number | | Program Type |
| GENESIS CHILDREN'S CENTER | 000000409477 | | Child Care Center |
| Address 534 TAYLOR STREET ZANESVILLE OH 43701 | | | County MUSKINGUM |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 11/04/2021 | Level III | | |

| Inspection Information | | | | | |
|-----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 12/29/2021 | Begin Time 8 | 3:40 AM | End Time 3:45 PM | | |
| Reviewer: CHRISTY HUNTER | | | | | |
| | Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 7 | 0 | 1 | 5 | |

| License Capacity and Enrollment at the Time of Inspection | | | | | |
|---|------------------|--------------|-----------|-------|--|
| Age Group | License Capacity | y Enrollment | | | |
| | Totals | Full Time | Part Time | Total | |
| Infant (Birth to < 18 m) | | 31 | 0 | 31 | |
| Young Toddler | | 16 | 0 | 16 | |
| Total Under 2 ½ Years | 105 | 47 | 0 | 47 | |
| Older Toddler | | 6 | 0 | 6 | |
| Preschool | | 108 | 37 | 145 | |
| School Age | | 0 | 47 | 47 | |
| Total Capacity/Enrollment | 391 | 114 | 84 | 245 | |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|------------------|----------------|---------|--|
| Group | Age Group/Range | Ratio Observed | Comment | |
| Baby Cookies | 0 to < 12 months | 1 to 3 | | |

| Baby Cookies | 0 to < 12 months | 1 to 5 | lunch |
|--------------|--------------------------|---------|---|
| Bears | 18 months to < 30 months | 1 to 3 | |
| Butterflies | 12 months to < 18 months | 1 to 2 | |
| Butterflies | 12 months to < 18 months | 1 to 2 | lunch |
| Catepillars | 0 to < 12 months | 1 to 5 | |
| Catepillars | 0 to < 12 months | 1 to 5 | lunch |
| Frogs | 3 years to < 4 years | 1 to 7 | |
| Frogs | 3 years to < 4 years | 1 to 7 | lunch |
| Giraffe | 3 years to < 4 years | 1 to 6 | |
| Giraffe | 3 years to < 4 years | 1 to 6 | lunch |
| Kangaroo's | 3 years to < 4 years | 1 to 5 | |
| Kangaroo's | 3 years to < 4 years | 1 to 6 | lunch |
| Koala's | 18 months to < 30 months | 1 to 6 | |
| Ladybugs | 0 to < 12 months | 1 to 5 | |
| Ladybugs | 0 to < 12 months | 1 to 5 | lunch |
| Monkeys | 12 months to < 18 months | 1 to 2 | |
| Monkeys | 12 months to < 18 months | 2 to 8 | Monkeys and Koala's combined |
| | | | for lunch and nap |
| Penquins | 4 years to < 5 years | 1 to 5 | |
| Penquins | 4 years to < 5 years | 1 to 6 | lunch |
| Rainbow Fish | 4 years to < 5 years | 1 to 7 | |
| Rainbow Fish | 4 years to < 5 years | 1 to 7 | lunch |
| Turtles | 4 years to < 5 years | 1 to 8 | |
| Turtles | 4 years to < 5 years | 1 to 10 | lunch |
| Seals | 4 years to < 5 years | 1 to 9 | |
| Seals | 4 years to < 5 years | 1 to 10 | lunch |
| Sharks | School-Age to < 11 years | 1 to 12 | |
| Sharks | School-Age to < 11 years | 1 to 9 | lunch |
| Tigers | 18 months to < 30 months | 1 to 5 | |
| Tigers | 18 months to < 30 months | 2 to 6 | Tigers and Bears combined for lunch and nap |
| Dolphins | School-Age to < 11 years | 1 to 12 | |
| Dolphins | School-Age to < 11 years | 1 to 12 | lunch |

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

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 several classrooms (hanging in sinks) where children had access to it, as noted in number(s) 2 below.

- 1. Bleach.
- 2. Cleaning agent.
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.
- 7. Flammable substance.
- 8. Windshield washer fluid.
- 9. Aerosol cans.
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: [].

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: 01/28/2022



Low Risk Non-Compliances

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 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 that a fall zone hazard was present, in that, the play equipment posed a risk of injury if a child were to fall from a piece of equipment. The program is required to provide fall zones that are free of hazards. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/28/2022

Domain: 08 Staff Files

Rule: 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) 3a, 3b, 3c, 4a.

- 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: 01/28/2022

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 staff complete training in child abuse and neglect recognition and prevention within sixty 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 training in child abuse and neglect recognition and prevention as noted in number(s) 2 below:

- 1. The training was not completed within sixty days of hire.
- 2. The training was expired, as it is only valid for two years.

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

Corrective Action Plan Due: 01/28/2022

Domain: 09 Children's Files

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

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) 4, 11, 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.

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|------------------|---|
| 5101:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-02 Current Information | Status Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |

| Designating: | | |
|-------------------------------------|-------------|---|
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| mspection . | | |
| Rule | Chahua | Decumenting Statements of applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | |
| | | |
| - 1 | 1 | |
| 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: |
| | | TROK-98JGDZ, exp. 3/1/22. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | 0 |
| Responsibilities/Requirements | Compilation | |
| Responsibilities/ Requirements | | |
| D. I. | C | D C/ \ If |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| 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. |
| | | program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | bootimenting statement(3), it applicable |
| | Compilant | |
| Development Requirements | | |
| | T a | |
| Rule | Status | Documenting Statement(s), If applicable |

| | T = | |
|---|---|---|
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | <u> </u> |
| Under 2 1/2 Years | | |
| Officer 2 1/2 rears | | |
| Dula | Ctatus | Decumenting Statement(s) If applicable |
| 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 | |
| | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | 0 (" 11 |
| STOTIC IT IT Sale Equipment | Compliant | |
| | ı | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as |
| | | required by the rule. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule Rule: 5101:2-12-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: A notice was |
| | | Documenting Statement: A notice was |
| Rule: 5101:2-12-13 Smoke Free | | Documenting Statement: A notice was observed posted stating that smoking is |
| Rule: 5101:2-12-13 Smoke Free | | Documenting Statement: A notice was |
| Rule: 5101:2-12-13 Smoke Free | | Documenting Statement: A notice was observed posted stating that smoking is |
| Rule: 5101:2-12-13 Smoke Free Environment | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. |
| Rule: 5101:2-12-13 Smoke Free Environment Rule | Compliant | Documenting Statement: A notice was observed posted stating that smoking is |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. |
| Rule: 5101:2-12-13 Smoke Free Environment Rule | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans | Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and | Status Compliant Status Status | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule | Status Compliant Status Status | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan | Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan | Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| Rule: 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| Rule 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule Rule: 5101:2-12-16 Emergency Drills | Status Compliant Status Compliant Status Compliant Status Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Documenting Statement(s), If applicable |
| Rule S101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule Rule: 5101:2-12-16 Emergency Drills Rule Rule: 5101:2-12-16 First Aid/Standard | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the |
| Rule 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule Rule: 5101:2-12-16 Emergency Drills | Status Compliant Status Compliant Status Compliant Status Status Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. Documenting Statement(s), If applicable |

| Designation . | | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | 3 (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| 1 1, 222 | | were observed posted. |
| | | nord dataset vol possessi |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | 2002 Gotterment(5)) ii uppiicubie |
| Equipment | Compliant | |
| Ечиричент | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 110.110 | | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Decumenting Statement(c) If applicable |
| 110.110 | | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | | Documenting Statement: Staff/child |
| Rule. 5101.2-12-16 Ratio | Compliant | |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| D. I. | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| Dula | Chahua | Decimanting Chatanage (1) 15 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: During the |
| Records | | inspection, attendance records were |
| | | 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 |
| | | at all times. |
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| Deglinding: | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
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| Pula | Chahira | Decree outing Chatera and/a\ If and inchis |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were |
| Naic. 3101.2 12 20 Chb3 | Compilant | labeled with the assigned infant's name. |
| | | labeled with the assigned infant's flame. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu |
| Requirements | Compilation | posted reflected the meal served. |
| Requirements | | posted reflected the medi served. |
| | | |
| 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 | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate |
| | | daily written records for all infants were |
| | | viewed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Compliant | |
| Training | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration | | had complete written documentation for |



| | administering medication or food supplements. |
|--|---|
| | |