

# **Center Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

|                                | Program Deta            | ils             |                   |
|--------------------------------|-------------------------|-----------------|-------------------|
| Program Name                   | Program Number          |                 | Program Type      |
| TRAIN UP A CHILD FAMILY CENTER | 000000500092            |                 | Child Care Center |
|                                |                         |                 |                   |
| Address                        | 80                      |                 | County            |
| 910 W. MADISON ST. SANDUSKY    |                         |                 | ERIE              |
| OH 44870                       |                         |                 |                   |
|                                |                         |                 |                   |
|                                |                         |                 | ,                 |
| Building Approval Date         | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 10/20/2017                     | E                       |                 |                   |
| Fire Inspection Approval Date  | Food Service Risk Level |                 |                   |
| 10/30/2017                     | Level III               |                 |                   |

|                    | Inspection Information         |                  |                   |              |
|--------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | cope             | Inspection Notice |              |
| Follow-up          | Full                           |                  | Unannounced       |              |
| Inspection Date    | Begin Time 1                   | L2:20 PM         | End Time 3:39 PM  |              |
| 04/11/2023         |                                |                  |                   |              |
| Reviewer:          |                                |                  |                   |              |
| Akeea Nelson       |                                |                  |                   |              |
|                    | Summary of Findings            |                  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                 | 13                             | 0                | 1                 | 14           |

| 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)                                 |                  | 6          | 1         | 7     |
| Young Toddler   |                  | 0          | 1         | 1     |
| Total Under 2 ½ Years                                     | 16               | 6          | 2         | 8     |
| Older Toddler   |                  | 4          | 0         | 4     |
| Preschool   |                  | 17         | 0         | 17    |
| School Age  |                  | 0          | 42        | 42    |
| Total Capacity/Enrollment                                 | 87               | 21         | 42        | 71    |

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

| Infants    | 0 to < 12 months          | 1 to 2  | Arrival Ratio-<br>Lunch Time  |
|------------|---------------------------|---------|---|
| Infants    | 0 to < 12 months          | 1 to 2  | Departure Ratio   |
| Toddlers   | 18 months to < 30 months  | 1 to 6  | Arrival Ratio-<br>Lunch Time  |
| Toddlers   | 18 months to < 30 months  | 1 to 6  | Departure Ratio   |
| Preschool  | 3 years to < 4 years      | 1 to 10 | Arrival Ratio-<br>Lunch Time/<br>Combined with<br>school-age<br>children. |
| Preschool  | 3 years to < 4 years      | 2 to 11 | Departure Ratio-<br>Combined with<br>school-age<br>children.              |
| School-age | 5 years to < Kindergarten | 0 to 0  | Arrival Ratio-<br>Combined with<br>preschool<br>classroom.                |
| School-age | 5 years to < Kindergarten | 1 to 11 | Departure Ratio   |

# **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances   |
|--|
| No Serious Risk Non-Compliances were observed during this inspection |
|  |
|  |
|  |
|  |
|  |

|                             | Moderate Risk Non-Compliances |
|-----------------------------|-------------------------------|
| Domain: 09 Children's Files |                               |



Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 1 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/11/2023



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

#### Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have the information listed in rule on all attendance records.

<u>Finding</u>: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 2 below:

- 1. The name of the child.
- 2. The birth date of the child. (School-age)
- 3. The assigned group.
- 4. The child's weekly schedule.
- 5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

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

Corrective Action Plan Due: 05/11/2023

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Handwashing Requirements

<u>Code</u>: The program staff is required to wash their hands in a sink designated for handwashing. The handwashing sink may not be used for meal preparation.

<u>Finding</u>: During the inspection, it was determined that at least one staff member washed his or her hands in a sink that is used for meal preparation or clean-up or is near the food serving area. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/11/2023

### Domain: 03 Postings & Equipment

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan Code: The program is required to post the fire and weather plans.

<u>Finding</u>: During the inspection, it was determined that the following information was not posted for item number(s) 1, 2 below:

- 1. Fire alert plan was missing.
- 2. Weather alert plan was missing.
- 3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 05/11/2023

#### Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 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 while there was adequate fall surface material in the outdoor play space, proper distribution had not been maintained under and around equipment as required. Submit the program's corrective action plan, which includes a statement that fall surface material has been properly redistributed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/11/2023

#### Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to have an outdoor play space free from general hazards.

<u>Finding</u>: During the inspection, it was determined that hazardous conditions existed in the outdoor play area, as noted in number(s) 2 below:

- 1. There was broken glass.
- 2. There were weeds.
- 3. There was poison ivy.
- 4. There were tree branches.
- 5. There was mold visible.
- 6. There were thistles with prickers.
- 7. There were bird droppings.
- 8. There were bolts with more than two threads exposed along a fence line or gate on a playground.
- 9. The sandbox was contaminated.
- 10. Other [ ].

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

Corrective Action Plan Due: 05/11/2023

#### Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: 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) 2 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: 05/11/2023

#### **Domain: 06 Program Information**

Rule: 5101:2-12-14 Transportation - Driver Requirements

Code: The program is required to have all drivers transporting children complete the driver training.

<u>Finding</u>: During the inspection, it was determined that at least one employee who is responsible for transporting children did not have documentation of completion of the prescribed driver training as noted in number(s) 1 below:

- 1. No documentation on file
- 2. Incomplete documentation

Please refer to the Employee Record Chart which indicates any driver needing current documentation of completion of this training. Complete the training as discussed. 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: 05/11/2023

**Domain: 08 Staff Files** 

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

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

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

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

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

Corrective Action Plan Due: 05/11/2023

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

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

<u>Code</u>: The program staff is required to have educational verification on file at the program or in the Ohio Professional Registry.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file nor verified in the Ohio Professional Registry for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/11/2023

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

Rule: 5101:2-12-08 Medical Statement

Code: 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: 05/11/2023

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

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



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

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 1, 2, 3, 4, 5, 6, below:

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

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

Corrective Action Plan Due: 05/11/2023

## Domain: 08 Staff Files

Rule: 5101:2-12-07 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) 5 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: 05/11/2023

Domain: 09 Children's Files

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

<u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1, 2, 8 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified
- nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases
- required by division 5104.014 of the Revised Code and found in appendix A to this rule
- 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of

conscience, including religious convictions

11. Other [ ]

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

Corrective Action Plan Due: 05/11/2023

Domain: 09 Children's Files

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



 $\underline{\text{Code}}$ : The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 2, 6, 14, 15 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

# Rules In-Compliance/Not Verified

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

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

| Dista   | Chatana   | D  |
|---|---|--|
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection   | Compliant                                       |  |
| Requirements  |   |  |
| 0.1   |   | D ' C ' // \   |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Building Department  | Compliant                                       |  |
| Inspection  |   |  |
| Rule  | Ctatura   | D  |
|   | Status  | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Fire Inspection  | Compliant                                       | Documenting Statement: Please Note:  |
|   |   | Documentation of a fire inspection   |
|   |   | without any uncorrected violations must  |
|   |   | be secured for the program. Secure a   |
|   |   | new fire inspection by 10/7/23.  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Food Service   | Compliant                                       | Documenting Statement: The food service  |
| Requirements  | Compliant                                       | license was observed posted. Following is  |
| Requirements  |   | the audit number and date of expiration:   |
|   |   | KLAN-CPGQK7 3/1/24.  |
|   |   | KLAIN-CPGQK7 3/1/24.   |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator  | Compliant                                       | Booking Statement (5), it applicable   |
| Qualifications  | - Sompmann                                      |  |
| - Caramine and in   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-07 Written Program  |   |  |
| NUIC. JIVI.Z-IZ-V/ WIILLEII FIORIAM   | Compliant                                       |  |
|   | Compliant                                       | Documenting Statement: No changes  |
| Policies and Procedures   | Compliant                                       | Documenting Statement: No changes have been made to the written policies   |
|   | Compliant                                       | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved   |
|   | Compliant                                       | Documenting Statement: No changes have been made to the written policies   |
|   | Compliant                                       | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved   |
|   | Compliant                                       | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved   |
| Policies and Procedures  Rule   | Status  | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.   |
| Policies and Procedures   |   | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.   |
| Policies and Procedures  Rule 5101:2-12-08 Orientation Training &   | Status  | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.   |
| Policies and Procedures  Rule 5101:2-12-08 Orientation Training &   | Status  | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.   |
| Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection  | Status Compliant Status                         | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection  Rule 5101:2-12-09 Background Check  | Status<br>Compliant                             | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection  | Status Compliant Status                         | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection  Rule 5101:2-12-09 Background Check  | Status Compliant Status                         | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection  Rule 5101:2-12-09 Background Check Requirements                                 | Status Compliant Status Compliant Status Status | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection  Rule 5101:2-12-09 Background Check Requirements  Rule 5101:2-12-10 Professional | Status Compliant Status Compliant               | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection  Rule 5101:2-12-09 Background Check Requirements  Rule                           | Status Compliant Status Compliant Status Status | Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| Designation.  |  |   |
|---|--|---|
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space   | Compliant  |   |
| Requirements  |  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
|   |  | bocumenting statement(s), if applicable   |
| 5101:2-12-11 Separation of Children   | Compliant  |   |
| Under 2 1/2 Years   |  |   |
|   |  |   |
| 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  | Becamening statement(s), it approaches  |
| 3101.2-12-12 Sale Equipment   | Compliant  |   |
|   | <u>I</u>   |   |
| Dol-  | Chabina  | D   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Environment   | Compliant  |   |
|   |  |   |
| ·   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and   | Compliant  |   |
| Environment   |  |   |
|   |  |   |
| Do la   |  | D " C   |
| L VIIIO   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free   | Compliant  | Documenting Statement(s), if applicable   |
|   |  | Documenting Statement(s), if applicable   |
| 5101:2-12-13 Smoke Free   |  | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free   |  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free<br>Environment  | Compliant  |   |
| 5101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing  | Compliant  |   |
| 5101:2-12-13 Smoke Free<br>Environment  | Compliant  |   |
| 5101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements   | Status Compliant                                     | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule   | Status Compliant Status Status                       |   |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field   | Status Compliant                                     | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule   | Status Compliant Status Status                       | Documenting Statement(s), If applicable   |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures   | Status Compliant Status Status                       | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field   | Status Compliant Status Status                       | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures   | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual   |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule                                     | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the   |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For  |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified  |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For  |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated1/23/23 & 1/25/23.   |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated1/23/23 & 1/25/23.  VIN#: 1GBHG31V061179013 |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated1/23/23 & 1/25/23.   |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated1/23/23 & 1/25/23.  VIN#: 1GBHG31V061179013 |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated1/23/23 & 1/25/23.  VIN#: 1GBHG31V061179013 |
| S101:2-12-13 Smoke Free Environment  Rule 5101:2-12-13 Toothbrushing Requirements  Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-14 Transportation - | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated1/23/23 & 1/25/23.  VIN#: 1GBHG31V061179013  |

| 5101:2-12-16 First Aid/Standard                 | Compliant |  |
|---|-----------|--|
| Precautions                                     |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of Communicable Disease | Compliant | boodinenting statement(3), it applicable   |
|   | -         |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury<br>Reporting       | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Written Disaster             | Compliant | Documenting Statement: The program's   |
| Plan  |           | written disaster plan was reviewed during the inspection and met the requirements. |
|   |           |  |
|   | C.        |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule                     | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and                      | Compliant |  |
| Equipment                                       |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play                 | Compliant | , , , , , , , , , , , , , , , , , , ,  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity                   | Compliant | Documenting statement(s), it applicable  |
| 5101.2-12-16 License Capacity                   | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio                              | Compliant | boddinenting statement(s), it applicable   |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size                         | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision                        | Compliant | 222  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance                     | Compliant |  |
|   |           |  |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-20 Cots and Napping        | Compliant |   |
| 77 - 17 - Toulou                     |           |   |
|                                      | ř         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                   | Compliant |   |
|                                      |           |   |
|                                      | 2         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight   | Compliant |   |
| Care                                 |           |   |
| ~ .                                  |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Compliant |   |
| Requirements                         |           |   |
|                                      | -         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
|                                      |           |   |
| D.I.                                 | C         | D '' C' ' '/ \ I'   I'   I              |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
| D. I.                                | C         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care       | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food  | Compliant | Documenting Statement(s), it applicable |
| Preparation                          | Compilant |   |
| Preparation                          |           |   |
| Pulo                                 | Status    | Documenting Statement/s\ If applicable  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet    | Compliant |   |
| Training                             | 2         |   |
| Dolla                                | Chatina   | December Chateman (A) If well all       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication        | Compliant | Documenting Statement: Medication was   |
| Administration                       |           | stored in lock cabinet.                 |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |