

# **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        | nils            |     |                   |
|-------------------------------|---------------------|-----------------|-----|-------------------|
| Program Name                  | Program Number      |                 | Pro | ogram Type        |
| FAIRGREEN PARENT-COOPERATIVE  | 00000502734         |                 | Chi | ild Care Center   |
| PRESCHOOL                     |                     |                 |     |                   |
| Address                       |                     |                 | Со  | unty              |
| 3220 LASKEY ROAD TOLEDO       |                     |                 | LU  | CAS               |
| OH 43613                      |                     |                 |     |                   |
|                               |                     |                 |     |                   |
|                               |                     |                 |     |                   |
| Building Approval Date        | Use Group/Code      | Occupancy Limit |     | Maximum Under 2 ½ |
| 08/31/2000                    | E                   | 310             |     |                   |
| Fire Inspection Approval Date | Food Service Risk L | evel            |     |                   |
|                               |                     |                 |     |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection S                   | cope             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time S                   | 9:00 AM          | End Time 12:45 PM |              |
| 12/06/2022             |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| ELLEN WOODRUF          | F                              |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 6                              | 0                | 1                 | 5            |

| License Capacity and Enrollment at the Time of Inspection |                  |           |           |         |  |
|---|------------------|-----------|-----------|---------|--|
| Age Group   | License Capacity |           | Enr       | ollment |  |
|   | Totals           | Full Time | Part Time | Total   |  |
| Infant ( Birth to < 18 m)                                 |                  | 0         | 0         | 0       |  |
| Young Toddler   |                  | 0         | 0         | 0       |  |
| Total Under 2 ½ Years                                     | 0                | 0         | 0         | 0       |  |
| Older Toddler   |                  | 0         | 0         | 0       |  |
| Preschool   | ]                | 120       | 0         | 120     |  |
| School Age  |                  | 0         | 0         | 0       |  |
| Total Capacity/Enrollment                                 | 86               | 120       | 0         | 120     |  |

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



Department of Education Department of Job and Family Services

| Yellow TTH AM | 3 years to < 4 years | 1 to 9 |  |
|---------------|----------------------|--------|--|
| Yellow TTH AM | 3 years to < 4 years | 1 to 9 |  |
| Blue T TH AM  | 3 years to < 4 years | 2 to 8 |  |
| Blue T TH AM  | 3 years to < 4 years | 2 to 7 |  |
| Red TF AM     | 3 years to < 4 years | 1 to 8 |  |
| Red TF AM     | 3 years to < 4 years | 2 to 8 |  |

#### **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 19 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: 01/06/2023

#### Low Risk Non-Compliances

#### Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements



#### <u>Code</u>: The program is required to respond to noncompliances by the date noted in the inspection report.

<u>Finding</u>: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 10-26-21. The rule requires the program to complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/06/2023

## **Domain: 08 Staff Files**

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

3. Training topic did not meet the requirements listed in appendix A of this rule.

4. Documentation of training did not meet the requirements of this rule.

5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development

6. Other [ ].

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

Corrective Action Plan Due: 01/06/2023

#### Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-08 Orientation Training & Whistle Blower Protection <u>Code</u>: The program is required to have staff complete the online staff orientation training.



<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number 1 below:

1. Within 30 days of starting employment at the program as a child care staff member. (took ODE orientation)

- 2. No documentation of completing the training after December 31, 2016.
- 3. Completion of the training was not verified in the OPR.

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

Corrective Action Plan Due: 01/06/2023

#### Domain: 08 Staff Files

<u>Rule</u>: 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

<u>Rule</u>: 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: 01/06/2023



# Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable    |
|------------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted  | Compliant | Documenting Statement: The license was     |
|                                    |           | in a location visible to parents as        |
|                                    |           | required.                                  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-02 Current         | Compliant | Documenting Statement: The program         |
| Information                        |           | had current information entered in the     |
|                                    |           | Ohio Child Licensing and Quality System    |
|                                    |           | (OCLQS).                                   |
|                                    |           |  |
| Dula                               | Chabura   | Desumenting Chatemant (a) If any limit     |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Building        | Compliant | Documenting Statement: On the day of       |
| Department Inspection              |           | the inspection, the program was            |
|                                    |           | operating in compliance with the current   |
|                                    |           | building approval(s).                      |
|                                    |           |  |
| Rule                               | 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 2-23-23             |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Food Service    | Compliant | Documenting Statement: The program         |
| Requirements                       |           | has obtained a food service exemption      |
|                                    |           | status from the local health department.   |
|                                    |           |  |
| Dulo                               | Status    | Decumoniting State ment(a) If an aligned a |
| Rule                               | Status    | Documenting Statement(s), If applicable    |



|   |                     | administrator's hours of availability to<br>meet with parents were posted in a<br>noticeable location.  |
|---|---------------------|---|
| Rule: 5101:2-12-07 Administrator<br>Responsibilities/Requirements | Compliant           | Documenting Statement: The<br>administrator's posted hours of<br>availability reflected an appropriate<br>schedule meeting rule compliance.   |
| Dula  | Chabus              | Desurgenting (tasks a set/s) if smalles his   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-07 Written Program<br>Policies and Procedures     | Compliant           | Documenting Statement: During the<br>inspection, the requirements of the rule<br>regarding the program's written policies<br>and procedures were discussed.   |
| Dula  | Status              | Decumenting Statement(s) If applicable  |
| Rule S101:2-12-08 Medical Statement                               | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: All employees   |
|   | Compliant           | had current medical statements on file.   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-09 Background Check<br>Requirements                     | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-10 Health Training<br>Requirements                | Compliant           | Documenting Statement: The program<br>had at least one Child Care Staff Member<br>with currently valid training in First Aid,<br>Management of Communicable Disease,<br>CPR, and Child Abuse Prevention present<br>and readily accessible during all hours of<br>operation. |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Indoor Space                                   | Compliant           | Documenting Statement: The restrooms  |
| Requirements  | Compliant           | are used exclusively by the program.  |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-12 Safe Equipment                                 | Compliant           | Documenting Statement: Equipment was<br>observed to be in good condition.   |
| Rule  | Status              | Documenting Statement(s), If applicable   |



Rule: 5101:2-12-13 Handwashing

Requirements

| Rule: 5101:2-12-12 Safe Environment  | Compliant                           | Documenting Statement: Cleaning<br>supplies were viewed stored out of the<br>reach of children.   |
|--|-------------------------------------|---|
| Rule: 5101:2-12-12 Safe Environment  | Compliant                           | Documenting Statement: All electrical outlets were covered with safety receptacles.   |
| Rule: 5101:2-12-12 Safe Environment  | Compliant                           | Documenting Statement: All area rugs had nonskid backing.   |
| Rule: 5101:2-12-12 Safe Environment  | Compliant                           | Documenting Statement: A safe<br>environment was observed during the<br>inspection. Children were protected from<br>items and conditions which threaten their<br>health, safety and well-being.   |
| Rule: 5101:2-12-12 Safe Environment  | Compliant                           | Documenting Statement: The indoor<br>temperature of the program during the<br>inspection was comfortable and met rule<br>compliance.  |
|  |                                     |   |
| Dula   | Status                              | Decumenting Statement(s) If applicable  |
| Rule   | Status<br>Compliant                 | Documenting Statement(s), If applicable   |
| Rule<br>Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment   | Status<br>Compliant                 | Documenting Statement(s), If applicable<br>Documenting Statement: On the day of<br>the inspection, the program provided a<br>clean environment in accordance with<br>Appendix A of this rule, which included<br>the furniture, materials and equipment.   |
| Rule: 5101:2-12-13 Sanitary  |                                     | Documenting Statement: On the day of<br>the inspection, the program provided a<br>clean environment in accordance with<br>Appendix A of this rule, which included   |
| Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment<br>Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment | Compliant                           | Documenting Statement: On the day of<br>the inspection, the program provided a<br>clean environment in accordance with<br>Appendix A of this rule, which included<br>the furniture, materials and equipment.Documenting Statement: During the<br>inspection, the equipment was observed<br>clean and in good repair.  |
| Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment<br>Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment | Compliant<br>Compliant<br>Compliant | Documenting Statement: On the day of<br>the inspection, the program provided a<br>clean environment in accordance with<br>Appendix A of this rule, which included<br>the furniture, materials and equipment.Documenting Statement: During the<br>inspection, the equipment was observed<br>clean and in good repair.Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment<br>Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment | Compliant                           | Documenting Statement: On the day of<br>the inspection, the program provided a<br>clean environment in accordance with<br>Appendix A of this rule, which included<br>the furniture, materials and equipment.Documenting Statement: During the<br>inspection, the equipment was observed<br>clean and in good repair.  |

Compliant

Documenting Statement: Staff and

required by the rule.

children were observed washing hands as



| Rule: 5101:2-12-13 Handwashing  | Compliant   | Documenting Statement: A sink with   |
|---|---|--|
| Requirements  |   | running water was located in each  |
|   |   | classroo areas   |
|   |   |  |
|   |   |  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Smoke Free   | Compliant   | Documenting Statement: No smoking was  |
| Environment   |   | allowed on the premises, and the notice  |
|   |   | stating that smoking is prohibited was   |
|   |   | observed posted in a conspicuous place.  |
|   |   | observed posted in a conspicuous place.  |
|   |   |  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation and   | Compliant   | Documenting Statement: Requirements  |
| Field Trip Procedures   |   | regarding routine and/or field trips were  |
|   |   | discussed during the inspection.   |
|   |   |  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Child Medical and  | Compliant   | Documenting Statement: At the time of  |
| Enrollment Records  |   | the inspection, 25% of the children's  |
|   |   |  |
|   |   | records were reviewed, and the records   |
|   |   | were complete, as required by the rule.  |
|   |   |  |
|   |   |  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
| Rule<br>Rule: 5101:2-12-16 Medical, Dental,   | Status<br>Compliant   | Documenting Statement(s), If applicable<br>Documenting Statement: During the   |
| Rule: 5101:2-12-16 Medical, Dental,   |   | Documenting Statement: During the  |
|   |   | Documenting Statement: During the inspection, the requirements of the rule   |
| Rule: 5101:2-12-16 Medical, Dental,   |   | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general   |
| Rule: 5101:2-12-16 Medical, Dental,   |   | Documenting Statement: During the inspection, the requirements of the rule   |
| Rule: 5101:2-12-16 Medical, Dental,   |   | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general   |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan   | Compliant   | Documenting Statement: During the<br>inspection, the requirements of the rule<br>regarding medical, dental and general<br>emergencies were discussed.  |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan<br>Rule   | Compliant   | Documenting Statement: During the<br>inspection, the requirements of the rule<br>regarding medical, dental and general<br>emergencies were discussed.<br>Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan   | Compliant   | Documenting Statement: During the<br>inspection, the requirements of the rule<br>regarding medical, dental and general<br>emergencies were discussed.Documenting Statement(s), If applicable<br>Documenting Statement: Documentation   |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan<br>Rule   | Compliant   | Documenting Statement: During the<br>inspection, the requirements of the rule<br>regarding medical, dental and general<br>emergencies were discussed.<br>Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan<br>Rule   | Compliant   | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         Documenting Statement(s), If applicable         Documenting Statement: Documentation for completed fire, weather, and   |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan<br>Rule   | Compliant   | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         Documenting Statement(s), If applicable         Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified  |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan<br>Rule   | Compliant   | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         Documenting Statement(s), If applicable         Documenting Statement: Documentation for completed fire, weather, and   |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan<br>Rule   | Compliant   | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         Documenting Statement(s), If applicable         Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified  |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan           Rule           Rule: 5101:2-12-16 Emergency Drills  | Compliant<br>Status<br>Compliant  | Documenting Statement: During the<br>inspection, the requirements of the rule<br>regarding medical, dental and general<br>emergencies were discussed.Documenting Statement(s), If applicable<br>Documenting Statement: Documentation<br>for completed fire, weather, and<br>emergency/lockdown drills was verified<br>during this inspection.  |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan         Rule         Rule: 5101:2-12-16 Emergency Drills         Rule         Rule   | Compliant          Status         Compliant         Status         Status         Status  | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         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: 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                                | Compliant<br>Status<br>Compliant  | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         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: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan         Rule         Rule: 5101:2-12-16 Emergency Drills         Rule         Rule   | Compliant          Status         Compliant         Status         Status         Status  | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         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: 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(s), If applicable         Documenting Statement: During the inspection, the program had complete  |
| 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                                | Compliant          Status         Compliant         Status         Status         Status  | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         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: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| 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                                | Compliant          Status         Compliant         Status         Status         Status  | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         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: 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(s), If applicable         Documenting Statement: During the inspection, the program had complete  |
| 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                                | Compliant          Status         Compliant         Status         Status         Status  | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         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: 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(s), If applicable         Documenting Statement: During the inspection, the program had complete  |
| 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                                | Compliant          Status         Compliant         Status         Status         Status  | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         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(s), If applicable  |
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan         Rule         Rule: 5101:2-12-16 Emergency Drills         Rule: 5101:2-12-16 First Aid/Standard<br>Precautions         Rule         Rule | Compliant       Status       Compliant       Status       Compliant       Status       Compliant       Status       Status       Status       Status       Status | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         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: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan         Rule         Rule: 5101:2-12-16 Emergency Drills         Rule: 5101:2-12-16 First Aid/Standard Precautions                                 | Compliant       Status       Compliant       Status       Compliant       Status       Compliant  | Documenting Statement: During the inspection, the requirements of the rule regarding medical, dental and general emergencies were discussed.         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: 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(s), If applicable         Documenting Statement: During the inspection, the program had complete first aid kits available as required.  |



|  |           | posted and was readily available to staff and parents.   |
|--|-----------|--|
| Rule: 5101:2-12-16 Management of<br>Communicable Disease | Compliant | Documenting Statement: The program<br>staff stated parents were informed when<br>their child had any exposure to a<br>contagious illness by numbers 1, 4, and 5<br>below:<br>1. A posted notice;<br>2. Verbal communication;<br>3. A written notice sent home;<br>4. A note posted on the classroom door;<br>5. Other: electronic-apps |

| Rule  | Status    | Documenting Statement(s), If applicable  |
|---|-----------|--|
| Rule: 5101:2-12-16 Incident/Injury<br>Reporting | Compliant | Documenting Statement: The JFS 01299<br>"Incident/Injury Report For Child Care"<br>forms reviewed during this inspection |
| Rule: 5101:2-12-16 Incident/Injury              | Compliant | were complete as required. Documenting Statement: The  |
| Reporting                                       |           | requirements for completing JFS 01299<br>"Incident/Injury Report For Child Care"<br>reports were discussed during the    |
|   |           | inspection.  |

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: During the        |
| Plan                                |           | inspection, the requirements of the rule |
|                                     |           | regarding the written disaster plan were |
|                                     |           | discussed.                               |
|                                     |           |  |

| Rule                              | Status    | Documenting Statement(s), If applicable  |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: The following activities were observed: circle time, story time, transition, centers. |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted.   |

| Rule                             | Status    | Documenting Statement(s), If applicable   |
|----------------------------------|-----------|---|
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient         |
| Equipment                        |           | equipment was observed in all categories. |



| Rule                                | Status    | Documenting Statement(s), If applicable   |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program  |
|                                     |           | was operating within their license  |
|                                     |           | capacity limits.  |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio            | Compliant | Documenting Statement: The Appendix A   |
|                                     |           | "Staff/Child Ratios, Age Grouping and   |
|                                     |           | Maximum Group Size" was posted in a   |
|                                     |           | noticeable area at the program as   |
|                                     |           | required.   |
| Rule: 5101:2-12-18 Ratio            | Compliant | Documenting Statement: Staff/child  |
|                                     |           | ratios observed during the inspection   |
|                                     |           | were in compliance.   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Group Size       | Compliant | Documenting Statement: The group sizes  |
|                                     |           | observed on the day of the inspection   |
|                                     |           | were in compliance.   |
|                                     |           |   |
| 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.   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Supervision      | Compliant | Documenting Statement: During the   |
|                                     |           | inspection, child care staff were observed  |
|                                     |           | meeting the basic needs of all children   |
|                                     |           | assigned to the group.  |
| Rule: 5101:2-12-19 Supervision      | Compliant | Documenting Statement: Child Care Staff   |
|                                     |           | Members were supervising the children   |
|                                     |           | and were able to intervene as needed.   |
|                                     |           |   |
| Rule: 5101:2-12-19 Supervision      | Compliant | Documenting Statement: During the   |
|                                     |           |   |
|                                     |           | inspection, child care staff were observed assisting children throughout the day. |



| - 1                               |           |  |
|-----------------------------------|-----------|--|
| Rule                              | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate         |
|                                   |           | child guidance techniques and practices    |
|                                   |           | were observed being used during the        |
|                                   |           | inspection.                                |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: The program         |
|                                   |           | staff were observed using the positive     |
|                                   |           | child guidance techniques and practices in |
|                                   |           | numbers 2 and 3 below.                     |
|                                   |           | 1. Setting clear limits.                   |
|                                   |           | 2. Redirecting to an appropriate activity. |
|                                   |           | 3. Showing positive alternatives.          |
|                                   |           | 4. Modeling the desired behavior.          |
|                                   |           | 5. Reinforcing appropriate behavior.       |
|                                   |           | 6. Encouraging children to control their   |
|                                   |           | own behavior, cooperate with others and    |
|                                   |           | solve problems by talking.                 |
|                                   |           | 7. Separation from the situation (no       |
|                                   |           | more than one minute per each year of      |
|                                   |           | the child's age; not to be used with       |
|                                   |           | infants). Upon return to the activity, the |
|                                   |           | reason for the separation and expected     |
|                                   |           | behavior were discussed with the child.    |
|                                   |           | 8. Holding a child for a short period of   |
|                                   |           | time, such as in a protective hug, so that |
|                                   |           | the child may regain self-control.         |
|                                   |           |  |
| 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.                               |