

Center Licensing Inspection Full Report

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

| | Program Deta | ils | |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| DISCOVERY KINGDOM | 000000503711 | | Child Care Center |
| | | | |
| Address | | | County |
| 1069 KLOTZ ROAD BOWLING GREEN | | | WOOD |
| ОН | | | |
| 43402 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 12/26/2006 | E | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 04/02/2018 | Level IV | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 12/13/2024 | 12/13/2024 8:12 AM | | 11:30 AM | |
| Reviewer: | | | | |
| ELLEN WOODRUFF | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 7 | 0 | 3 | 4 |

| 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) | | 19 | 0 | 19 |
| Young Toddler | | 18 | 0 | 18 |
| Total Under 2 ½ Years | 37 | 37 | 0 | 37 |
| Older Toddler | | 6 | 0 | 6 |
| Preschool | | 38 | 0 | 38 |
| School Age | | 14 | 0 | 14 |
| Total Capacity/Enrollment | 93 | 58 | 0 | 95 |

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



| Infant 1 | 0 to < 12 months | 1 to 7 | |
|-------------|--------------------------|---------|------------------|
| Infant 2 | 0 to < 12 months | 2 to 7 | |
| School age | School-Age to < 11 years | 1 to 4 | |
| Toddler 1 | 18 months to < 30 months | 2 to 10 | combined toddler |
| | | | groups |
| Preschool 2 | 4 years to < 5 years | 1 to 10 | |

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

Moderate Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

<u>Code</u>: The program is required to maintain the appropriate staff to child ratio for each group served.

<u>Finding</u>: During the inspection, a ratio of 1 child care staff member for 7 children was determined to have occurred for the infant group when the situation in number 2 below occurred:

- 1. A child care staff member stepped out of the room.
- 2. A child care staff member had not arrived at work on time.
- 3. Children were present who were not scheduled to be there.
- 4. A child care staff member was unable to work.
- 5. A child was injured in that group.
- 6. A child arrived in the group before a second staff member was scheduled to arrive with the group.
- 7. Two groups were combined, and the program did not follow the ratio for the youngest child in the group.
- 8. A child was transitioning to the next older age group, and the program did not follow the ratio for the youngest child in the group.



- 9. Ratio was doubled for more than two hours while children were napping.
- 10. Ratio was doubled while children were napping for a group that included at least one infant.
- 11. Ratio was doubled while children were napping and there were not enough staff members in the building to meet staff/child ratio.
- 12. Ratio was doubled in the school age group to allow access to the program, however, the program does not serve only school age children.
- 13. Both child care staff members did not have a working communication device when one staff member left the group to allow access to the school age only program.
- 14. The child care staff member did not return to the group after allowing access to the school age only program.
- 15. Other [].

Additional child care staff members must be hired or current child care staff members must be rescheduled to maintain compliance. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/12/2025

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Equipment

<u>Code</u>: The program is required to anchor equipment to the ground as required, to close "S" hooks to prevent the chain from slipping off and prevent strangulation and provide equipment with openings that will not pose a safety risk.

<u>Finding</u>: During the inspection, it was determined that equipment on the outdoor play space posed an imminent risk of harm to a child as noted in number 7 below:

- 1. The climber was not anchored.
- 2. The swings were not securely anchored.
- 3. The slide was not securely anchored.
- 4. The climbing rope was not securely anchored at both ends.
- 5. The "S" hooks on the climber were not closed in order to prevent the chain from slipping off the hook and prevent strangulation.
- 6. The "S" hooks on the swing(s) were not closed in order to prevent the chain from slipping off the hook and prevent strangulation.
- 7. The climber had an opening that was greater than three and one-half inches, but less than nine inches when the spinning tic tac toe pieces were missing. Equipment openings must be less than 3 1/2 inches or more than 9 inches to avoid the risk of entrapment.

Discontinue the use of this equipment until it has been removed, repaired or replaced. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/12/2025



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 and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number 1 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.



- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. 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.

Provide staff training. 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: 01/12/2025

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide equipment and materials that are easy to clean.

<u>Finding</u>: During the inspection, it was determined that at least one piece of equipment, furnishings, or material at the program was not constructed of materials to facilitate cleaning as noted in number 1 below:

- 1. The material had a tear.
- 2. The material was not washable.



- 3. The material was porous.
- 4. The surface was cracked.
- 5. The surface was repaired, but in a manner that still did not facilitate cleaning.
- 6. Other [].

Equipment, furnishings, and furniture shall be constructed of materials to facilitate cleaning. 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: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1 below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:
- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

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

Corrective Action Plan Due: 01/12/2025



Domain: 08 Staff Files

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

Code: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number(s) 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

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

Corrective Action Plan Due: 01/12/2025

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 1 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: 01/12/2025

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 Information | Compliant | Documenting Statement: The program had current information entered in the Ohio Child Licensing and Quality System (OCLQS). |
| |] c | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | V 1000 11 11 11 11 11 11 11 11 11 11 11 1 | |
| 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 1/8/2025. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: PHON-D49Q68, exp. 3/1/2025. |
| D.L. | Characteristics | |
| Rule: 5101:2-12-07 Administrator Qualifications | Compliant | Documenting Statement(s), If applicable Documenting Statement: The administrator has completed the rules review course. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | Documenting Statement: The administrator's hours of availability to meet with parents were posted in a noticeable location. |
| | Children | |
| Rule: 5101:2-12-07 Written Program Policies and Procedures | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department. |
| Rule | Status | Decumenting Statement(e) If applicable |
| Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, all child care staff members had met orientation training requirements. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation |



| | | regarding background checks was on file for all employees listed. |
|--|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training Requirements | Compliant | Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
| Dula | Chatus | Decumenting Statement (a) If a willing his |
| Rule: 5101:2-12-10 Professional Development Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | Documenting Statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | bocumenting statement(s), if applicable |
| | | |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 11/21/2024. |
| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: Shade is provided by means of an awning. |
| Rule | Status | Documenting Statement(e) If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall Zones | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The protective material used under outdoor equipment was mats. |



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|--|-----------|---|
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
| | | 160-100004 shorts to yet Little Pages and American Street, and Constitution |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | nearth, safety and wen being. |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: The indoor |
| Male: 5101:2 12 12 sale Environment | Compilant | temperature of the program during the |
| | | inspection was comfortable and met rule |
| | | |
| | | compliance. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| The state of the s | Compliant | children were observed washing hands as |
| Requirements | | |
| | | required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: No smoking was |
| The Administration of | Compliant | allowed on the premises, and the notice |
| Environment | | |
| | | stating that smoking is prohibited was |
| | | observed posted in a conspicuous place. |
| | L | |
| Rule | Chatus | Decumenting Statement/s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The driver(s) |
| Field Trip Procedures | | had current and valid training in first aid, |
| | | management of communicable disease, |
| | | and CPR. |
| | | |
| | S | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The driver(s) |
| Driver Requirements | | had completed the required ODJFS driver |
| | | training. |
| | | |



| Status | Documenting Statement(s), If applicable |
|---|--|
| Compliant | 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 dated 1/15/24. |
| | and dated 1/15/24. |
| Compliant | Documenting Statement: During the |
| 1.5 | inspection, weekly safety inspections |
| | and/or monthly emergency exiting drills |
| | were completed and documented, as |
| | required using the ODJFS sample form. |
| | required using the ODI 3 sample form. |
| 1 | I |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: On the day of |
| 3 500 a 15005000 • 300000000000000000000000000000 | the inspection, the complete prescribed |
| | JFS 01242 "Medical, Dental, and General |
| | Emergency Plan For Child Care" were |
| | posted in the program as required. |
| | posted in the program as required. |
| | |
| Status | Documenting Statement(s), If applicable |
| Compliant | Documenting Statement: Documentation |
| | for completed fire, weather, and |
| | emergency/lockdown drills was verified |
| | during this inspection. |
| | |
| Chatus | Decressing Statements If applicable |
| | Documenting Statement(s), If applicable Documenting Statement: During the |
| Compilant | inspection, the program had complete |
| | |
| | first aid kits available as required. |
| 1 | |
| Status | Documenting Statement(s), If applicable |
| C | Decumenting Statements The program |
| Compliant | Documenting Statement: The program |
| Compliant | |
| Compliant | staff stated parents were informed when |
| Compliant | staff stated parents were informed when their child had any exposure to a |
| Compliant | staff stated parents were informed when |
| Compliant | staff stated parents were informed when their child had any exposure to a |
| Compliant | staff stated parents were informed when their child had any exposure to a contagious illness by number 1 below: |
| Compliant | staff stated parents were informed when their child had any exposure to a contagious illness by number 1 below: 1. A posted notice; 2. Verbal communication; |
| Compliant | staff stated parents were informed when their child had any exposure to a contagious illness by number 1 below: 1. A posted notice; 2. Verbal communication; 3. A written notice sent home; |
| Compliant | staff stated parents were informed when their child had any exposure to a contagious illness by number 1 below: 1. A posted notice; 2. Verbal communication; |
| | Compliant Status Compliant Status Compliant Status Compliant |



| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|------------|--|
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The |
| Reporting | · | requirements for completing JFS 01299 |
| | | "Incident/Injury Report For Child Care" |
| | | reports were discussed during the |
| | | inspection. |
| | | 27-100-1 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
| Dulay F101/2 12 17 Daily Cabadyla | Campliant | Described Statements During the |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the |
| | | inspection, developmentally-appropriate practices were observed in the |
| | | |
| | | classroom(s). |
| | 1 | |
| 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. |
| (dec. 17 | | |
| | | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| Naic. 5101.2 12 16 Group 5126 | Compliant | observed on the day of the inspection |
| | | were in compliance. |
| | | Were in compliance. |
| | <u>.</u> | |
| 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 |
| areas a | A.O.A.4414 | O santonia(a)) ii albanaania |



| 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 | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time. |
| 0.1 | S | |
| Rule: 5101:2-12-20 Cribs | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were placed 2 feet apart. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Posted menus were current and dated. |
| | | |
| Rule 5101:2-12-22 Fluid Milk Requirements | Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food Handling/Storage | Compliant | Documenting Statement: All eating utensils were developmentally appropriate. |
| | • | |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement(s), If applicable Documenting Statement: An appropriate program of activities with infants was observed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



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|--|-----------|--|
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were |
| Food Preparation | | labeled as required. |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were |
| Food Preparation | | warmed in accordance with the rule in a bottle warmer. |
| | | pottie warmer. |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: Bottles and |
| Food Preparation | | opened food were stored in a refrigerator |
| | | located in the infant room. |
| | Į. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate |
| Toilet Training | | diaper changing procedures were |
| | | observed during the inspection in the infant room. |
| | | mant room. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-24 Swimming and | Compliant | Documenting Statement: Swimming |
| Water Safety Requirements | | activities were part of the program's schedule in the summer only. |
| | | scriedule in the summer only. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication Administration | Compliant | |
| Administration | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | | of the written disaster plan was |
| | | completed by staff. |
| | | |
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