

# **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      |
| Weekend CLUBHOUSE             | 2180017823              |                 | Child Care Center |
|                               |                         |                 |                   |
| Address                       |                         |                 | County            |
| 187 Blymyer ave. Mansfield    |                         |                 | RICHLAND          |
| ОН                            |                         |                 |                   |
| 44903                         |                         |                 |                   |
|                               |                         |                 |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 06/14/2018                    | E                       | 23              | 5                 |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 02/20/2024                    | Exempt                  |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Annual                 | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 02/11/2025             | 2:30 PM                        | 2:30 PM          |                   | 4:30 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| MATTHEW PIGNATO        |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                     | 11                             | 0                | 2                 | 9            |  |

| 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 7          | 0         | 7     |
| Total Under 2 ½ Years                                     | 6                | 8          | 0         | 8     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 12         | 0         | 12    |
| School Age  |                  | 0          | 16        | 16    |
| Total Capacity/Enrollment                                 | 23               | 13         | 16        | 37    |

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



| School Age   | Scho | ool-Age to < 11 years | 1 to 5 | 1st |
|--------------|------|-----------------------|--------|-----|
| Infant/Toddl | er ( | to < 12 months        | 1 to 5 | 1st |
| Infant/Toddl | er ( | to < 12 months        | 1 to 4 | 2nd |
| Preschool    | 3    | years to < 4 years    | 1 to 7 | 1st |
| Preschool    | 18 m | onths to < 30 months  | 1 to 8 | 2nd |

## **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: 04 Indoor/Outdoor Space

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

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

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

- 1. No fall surface
- 2. Adequate fall surface to soften the impact of a fall
- 3. Adequate fall surface to soften the impact of a fall that extended the length of the required fall zone
- 4. Other [ ]

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



Corrective Action Plan Due: 03/13/2025

### Domain: 08 Staff Files

Rule: 5180:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number 4 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/13/2025

## **Low Risk Non-Compliances**

## Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-13 Sanitary Equipment and Environment

<u>Code</u>: The program is required to follow the cleaning schedule for equipment.

<u>Finding</u>: During the inspection, it was determined that the program was not providing a clean and healthy environment, furniture, materials and equipment as required by Appendix A, as noted in number 17 below:

1. Item(s) soiled with blood or bodily fluids were not cleaned/sanitized immediately.



- 2. Blankets/sheets were not cleaned weekly, when soiled, or before use by another child.
- 3. Children's individual blankets and belongings were stored in an unsanitary manner.
- 4. Bottles, bottle caps, nipples and other equipment used for bottle feeding were not cleaned and sanitized in a dishwasher or by washing, rinsing, and boiling for one minute.
- 5. Carpets were not vacuumed weekly or cleaned when soiled.
- 6. Changing table/pad was not sanitized after each use or cleaned when visibly soiled.
- 7. Reusable cloths were not being washed daily or when visibly soiled.
- 8. Cots/Pads/Mats were not cleaned and sanitized before assigning to a different child, when used by a sick child, when soiled or at least every three months.
- 9. Cribs were not cleaned and sanitized monthly, or when soiled, or before use by another child.
- 10. Diaper Receptables were not cleaned and sanitized daily or more frequently as needed to eliminate odor.
- 11. Dishes/Cups/Silverware were not cleaned and sanitized after each use.
- 12. Water Containers were not labeled with the child's name, or were not cleaned and sanitized before use again on another day.
- 13. Dividers were not cleaned when visibly soiled.
- 14. Dress up clothes and hats (dramatic play) were not cleaned monthly or when soiled.
- 15. Floors were not cleaned weekly or when soiled.
- 16. The food prep area, including sinks, were not cleaned before and after preparing food (including bottle preparation) or between preparing raw or cooked food.
- 17. Potty chairs were not cleaned after each use, rinsed with water, cleaned and sanitized or contents were not emptied into a toilet.
- 18. Food tables, highchair trays were not cleaned before and after each use.
- 19. Tables used for play were not cleaned when visibly soiled or sanitized daily.
- 20. Toilet bowls were not cleaned when visibly soiled or sanitized weekly.
- 21. Toilet seat(s), handle(s) and hand washing sink(s) were not cleaned when visibly soiled or sanitized daily.
- 22. Mouthed toys were not cleaned and sanitized after each child's use.
- 23. Toys, other than those mouthed by children, were not cleaned monthly or when visibly soiled.
- 24. Washable furniture, including fabrics on infant equipment, were not cleaned weekly or when soiled.
- 25. Upholstered furniture was not steam cleaned when soiled.
- 26. Slip covers were not washed at least every six months or when soiled.
- 27. Wastebaskets/rinse buckets, including lids, were not being emptied daily or cleaned and sanitized when visibly soiled.
- 28. The manufacturer's directions for the cleaning product were not followed.
- 29. The solution used for sanitizing was not a commercial product registered by the United States Environmental Protection Agency as a sanitizer.
- 30. Other [ ].

Furniture, materials and equipment must be maintained according to the cleaning and sanitizing schedule in Appendix A to 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: 05 Health & Safety

Rule: 5180:2-12-22 Fluid Milk Requirements

<u>Code</u>: The program is required to serve age-appropriate fluid milk or obtain written documentation when serving substitutions for fluid milk.

<u>Finding</u>: During the inspection, it was determined that required documentation for substitutions for fluid milk was not on file as noted in number 3 below:

- 1. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants up to 12 months of age are served anything other than formula or breast milk.
- 2. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants and toddlers 12 months of age up to 24 months of age are served anything other than unflavored whole homogenized vitamin D fortified cow's milk, breast milk, or non-cow milk substitution that is nutritionally equivalent to milk.
- 3. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when toddlers and children 24 months of age and older are served anything other than unflavored one per cent milk that is vitamin A and D fortified, unflavored fat free or skim milk that is vitamin A and D fortified, or non-cow milk substitutions that are nutritionally equivalent to milk.
- 4. Written parental consent for non-cow milk substitutions that are nutritionally equivalent to milk for children 12 months of age and older.
- 5. The program did not have the type of milk on-site to ensure that all children were served age-appropriate fluid milk.

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: 07 Diapering & Infant Care

Rule: 5180:2-12-23 Infant Bottle and Food Preparation

Code: The program is required to obtain written instructions from parents regarding feeding their infant.

<u>Finding</u>: During the inspection, it was determined that written instructions for feeding the infants noted on the Children Record Review were missing information as noted in number 1 below:

- 1. Written instructions were not on file.
- 2. Type of food and/or formula/breast milk was missing.
- 3. Amount of food and/or formula/breast milk was missing.
- 4. Feeding times or frequency of feedings was missing.
- 5. The written instructions on file had not been updated.

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: 5180:2-12-10 Health Training Requirements

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

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in numbers 1, 2, 3 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: 03/13/2025

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

Rule: 5180:2-12-10 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: 03/13/2025

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

Rule: 5180:2-12-08 Medical Statement

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

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number 5b below.

- 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: 03/13/2025



**Domain: 08 Staff Files** 

Rule: 5180:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

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

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 03/13/2025

## Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in numbers 4, 6, 15 below.

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



- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator

16. Other [ ]

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

#### **Domain: 10 Written Policies & Procedures**

Rule: 5180:2-12-16 Written Disaster Plan

Code: The program is required to have a written disaster plan.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number 12 (toddlers) below:

#### Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. The plan was not used to respond to an emergency or disaster situation
- 4. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 5. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
- 6. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 7. Outbreaks, epidemics or other infectious disease emergencies
- 8. Loss of power, water, or heat
- 9. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 10. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 11. A designated safe site where staff and children can safely remain when evacuated.
- 12. Assisting infants, toddlers and children with special needs and/or health conditions
- 13. Emergency contact information for parents and the program
- 14. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 15. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 16. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 17. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 18. Making the plan available to all child care staff members and employees
- 19. Training of staff or reassignment of staff duties as appropriate
- 20. Updating the plan on a yearly basis



## 21. Contact with local emergency management officials

Make the necessary revisions to the disaster plan. Submit the program's corrective action plan, which includes the revised information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/13/2025

## Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable  |
|------------------------------------|-----------|--|
| 5180:2-12-02 License Posted        | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-04 Building Department   | Compliant |  |
| Inspection                         |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-02 Current Information   | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-03 Inspection            | Compliant |  |
| Requirements                       |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 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 2/20/25.          |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Food Service    | Compliant | Documenting Statement: The program       |
| Requirements                       |           | has obtained a food service exemption    |
|                                    |           | status from the local health department. |



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|--------------------------------------|-----------|---|
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator           | Compliant |   |
| Qualifications                       |           |   |
|                                      | Ÿ.        |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator           | Compliant |   |
| Responsibilities/Requirements        |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program         | Compliant |   |
| Policies and Procedures              | ,         |   |
|                                      | Į         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Compliant | 0                                       |
| Educational Requirements             |           |   |
| - Landadonar Regarierro              | I         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space            | Compliant | bocumenting statement(s), it applicable |
|                                      | Compliant |   |
| Requirements                         |           |   |
| Dele                                 | C         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children  | Compliant |   |
| Under 2 1/2 Years                    |           |   |
|                                      |           | 1                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space           | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment          | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment  | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing             | Compliant |   |
| Requirements                         |           |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free              | Compliant |   |
| Environment                          |           |   |
|                                      | l .       |   |



| Rule                               | Status        | Documenting Statement(s), If applicable |
|------------------------------------|---------------|---|
| 5180:2-12-15 Medical/Physical Care | Compliant     | Documenting Statement(s), it applicable |
| Plans                              | Compliant     |   |
| 1 10113                            |               |   |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and  | Compliant     | Documenting Statement(s), if applicable |
|                                    | Compliant     |   |
| General Emergency Plan             |               |   |
| 2.1                                |               |   |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills      | Compliant     |   |
|                                    |               |   |
| Rule                               | Chabita       | D                                       |
| 2000000                            | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard    | Compliant     |   |
| Precautions                        |               |   |
| 2.1                                | S: :          | D (1 6) 1 1 1 1                         |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of         | Compliant     |   |
| Communicable Disease               |               |   |
|                                    |               |   |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury       | Compliant     |   |
| Reporting                          |               |   |
|                                    | 8             | 2                                       |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and         | Compliant     |   |
| Equipment                          |               |   |
|                                    |               |   |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule        | Compliant     |   |
|                                    |               |   |
|                                    |               |   |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records    | Compliant     |   |
|                                    |               |   |
|                                    |               |   |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size            | Compliant     |   |
|                                    |               |   |
|                                    | S-29/4 (1997) |   |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play    | Compliant     |   |
|                                    |               |   |
|                                    | 559Y 155      |   |
| Rule                               | Status        | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity      | Compliant     |   |
|                                    |               |   |
|                                    |               |   |
| Rule                               | Status        | Documenting Statement(s), If applicable |



| Rule: 5180:2-12-18 Ratio                    | Compliant           | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
|---|---------------------|--|
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-20 Cots and Napping               | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Supervision                    | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Child Guidance                 | Compliant           | Securiority, in approach   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-20 Cribs                          | Compliant           | Documenting Statement(s), if applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-21 Evening and Overnight Care     | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Meal and Snack<br>Requirements | Compliant           | bootamenting statement(s), it approach   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Safe Food<br>Handling/Storage  | Compliant           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-23 Infant Daily Care              | Compliant           | Documenting Statement(s), if applicable  |
|   |                     |  |
| Rule 5180:2-12-23 Diapering and Toilet      | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Training                                    |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5180:2-12-25 Medication Administration      | Compliant           |  |
| Administration                              | .1                  |  |