

# **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      |
| Green Bean Junction, LLC      | 2190020390              |                 | Child Care Center |
|                               |                         |                 |                   |
| Address                       |                         |                 | County            |
| 1522 Sheridan Dr. Lancaster   |                         |                 | FAIRFIELD         |
| ОН                            |                         |                 |                   |
| 43130                         |                         |                 |                   |
|                               |                         | *               |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
|                               |                         |                 |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 08/29/2024                    | Level III               |                 |                   |

|                     | Insp                           | ection Information |                   |              |
|---------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type     | Inspection So                  | cope               | Inspection Notice |              |
| Annual              | Full                           |                    | Unannounced       |              |
| Inspection Date     | Begin Time                     |                    | End Time          |              |
| 10/22/2024          | 9:30 AM                        |                    | 12:30 PM          |              |
| Reviewer:           |                                |                    |                   |              |
| Jada Hightower      |                                |                    |                   |              |
| Summary of Findings |                                |                    |                   |              |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                  | 9                              | 0                  | 3                 | 6            |

| 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)                                 |                  | 5          | 0         | 5     |
| Young Toddler   |                  | 7          | 0         | 7     |
| Total Under 2 ½ Years                                     | 54               | 12         | 0         | 12    |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 24         | 0         | 24    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 98               | 25         | 0         | 37    |

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



| Preschool Room 13 | 3 years to < 4 years     | 1 to 11 | Nap |
|-------------------|--------------------------|---------|-----|
| Preschool Room 13 | 3 years to < 4 years     | 1 to 11 |     |
| Infant            | 0 to < 12 months         | 1 to 2  |     |
| Infant            | 0 to < 12 months         | 1 to 3  | Nap |
| Toddler           | 18 months to < 30 months | 1 to 6  |     |
| Toddler           | 18 months to < 30 months | 1 to 6  | Nap |
| Preschool Room 14 | 3 years to < 4 years     | 1 to 9  | Nap |
| Preschool Room 14 | 3 years to < 4 years     | 1 to 9  |     |

## **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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to store chemicals and machinery in a place that is inaccessible to children. The program is required to provide an outdoor play area away from machinery in operation.

<u>Finding</u>: During the inspection, a potentially hazardous item or toxic substance was used or stored in Unlocked low cabinet (Preschool) where children had access to it, as noted in number 1 below.

- 1. Bleach.
- 2. Cleaning agent.
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.



- 7. Flammable substance.
- 8. Windshield washer fluid.
- 9. Aerosol cans.
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/21/2024

**Domain: 08 Staff Files** 

Rule: 5101:2-12-09 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: 11/21/2024

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 numbers 14, 22, 23, 32 & 33 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: 11/21/2024

#### 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 a clean restroom with the appropriate materials available.

<u>Finding</u>: During the inspection, it was determined that unsanitary conditions, as noted in number 6 below, were in the Children's restroom:

- 1. There was no liquid soap.
- 2. There was no toilet paper.
- 3. There were no paper towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet(s) were not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.



9. Other [ ].

The restroom(s) must be kept sanitary at all times. 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: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Handwashing Requirements

Code: The program is required to have all staff and children wash their hands as outlined in rule.

<u>Finding</u>: During the inspection, it was determined that handwashing requirements were not followed as listed in number 5 below, as required in rule.

- 1. At least one staff/child did not wash their hands upon arrival for the day.
- 2. At least one staff/child did not wash their hands prior to departure.
- 3. At least one staff did not wash their hands upon entry into a classroom.
- 4. At least one staff/child did not wash their hands after toileting or assisting a child with toileting.
- 5. At least one staff/child did not wash their hands after each diaper change or pull-up change (Toddler).
- 6. At least one staff did not wash their hands after contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.
- 7. At least one child did not wash their hands after contact with bodily fluids.
- 8. At least one child did not wash their hands after returning inside after outdoor play.
- 9. At least one staff did not wash their hands after cleaning or sanitizing or using any chemical products.
- 10. At least one staff/child did not wash their hands after handling pets, pet cages or other pet objects that have come in contact with the pet.
- 11. At least one staff did not wash their hands before eating, serving or preparing food or bottles or feeding a child.
- 12. At least one child did not wash their hands before eating or assisting with food preparation.
- 13. At least one staff did not wash their hands before and after completing a medical procedure or administering medication.
- 14. At least one child did not wash their hands after water activities.
- 15. At least one staff/child did not wash their hands when visibly soiled (must use soap and water).
- 16. Other [ ].

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

Corrective Action Plan Due: 11/21/2024



Domain: 05 Health & Safety

Rule: 5101:2-12-16 First Aid/Standard Precautions

Code: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in numbers 5, 7, 12, 14, & 15 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.
- 9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).
- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.
- 13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- 14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
- 15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.
- 16. Soap or waterless sanitizer (field trip or transporting away from the program only).
- 17. Bottled water (field trip or transporting away from the program only).

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

#### Domain: 08 Staff Files

Rule: 5101:2-12-10 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: 11/21/2024

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 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 6,10,13,14 & 15 below.

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



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

### Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program staff is required to obtain signed written permission prior to administering topical products and lotions other than hand sanitizer to be used by children older than twenty-four months and lip balm.

<u>Finding</u>: During the inspection, it was determined the program did not obtain signed written permission from the parent prior to administering topical products and lotions, other than hand sanitizer to be used by children older than twenty-four months and lip balm. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/21/2024

## 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  |
| 5101:2-12-02 Current Information  | Compliant |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection           | Compliant |  |
| Requirements                      |           |  |



|   | _   |  |
|---|---|--|
| Rule  | Status  | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Building Department  | Compliant   |  |
| Inspection  |   |  |
| Pule  | Ctatus  | Decumenting Statement (-) If a will as he  |
| Rule Pulo: F101:2-12-04 Fire Inspection   | Status  | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Fire Inspection  | Compliant   | Documenting Statement: Although the program had documentation of a current   |
|   |   | fire inspection without any uncorrected  |
|   |   | violations at the time of the licensing  |
|   |   | inspection, the program did not have the   |
|   |   | fire inspection completed within 12  |
|   |   | months from the date of the last fire  |
|   |   | inspection without any uncorrected   |
|   |   | violations. Please ensure that fire  |
|   |   | inspections are completed in accordance  |
|   |   | with the rule requirements.  |
|   |   |  |
| D   | C   | D  |
| Rule: 5101:2-12-04 Food Service   | Status  | Documenting Statement(s), If applicable  |
|   | Compliant   | Documenting Statement: The food service license was observed posted. Following is  |
| Requirements  |   |  |
|   |   | the audit number and date of expiration: CSHE-BKWJRG Exp: 3/1/25   |
|   |   | C311L-DKW3NO Exp. 3/ 1/23  |
|   |   |  |
| Rule  | Status  | Documenting Statement(s), If applicable  |
|   |   |  |
| 5101:2-12-07 Administrator  | Compliant   | 3  |
| 5101:2-12-07 Administrator Qualifications   | Compliant   |  |
| Qualifications  | ,   |  |
| Qualifications  Rule  | Status  | Documenting Statement(s), If applicable  |
| Qualifications  Rule 5101:2-12-07 Administrator   | ,   |  |
| Qualifications  Rule  | Status  |  |
| Qualifications  Rule 5101:2-12-07 Administrator   | Status  |  |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements   | Status<br>Compliant   | Documenting Statement(s), If applicable  |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule   | Status Compliant Status   | Documenting Statement(s), If applicable  |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  | Status Compliant Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  | Status Compliant Status Compliant Status Status   | Documenting Statement(s), If applicable  |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  | Status Compliant Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  | Status Compliant Status Compliant Status Status   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  | Status Compliant Status Compliant Status Status   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-08 Medical Statement   | Status Compliant Status Compliant Status Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-08 Medical Statement  Rule  Rule   | Status Compliant  Status Compliant  Status Compliant  Status Compliant                          | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-08 Medical Statement  Rule 5101:2-12-08 Orientation Training &                           | Status Compliant  Status Compliant  Status Compliant  Status Compliant                          | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-08 Medical Statement  Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection | Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-12-07 Administrator Responsibilities/Requirements  Rule 5101:2-12-07 Written Program Policies and Procedures  Rule 5101:2-12-08 Medical Statement  Rule 5101:2-12-08 Orientation Training & Whistle Blower Protection | Status Compliant  Status Compliant  Status Compliant  Status Compliant  Compliant               | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|---|
| 5101:2-12-11 Indoor Space            | Compliant | Booking statement(5), it applicable       |
| Requirements                         | Compilant |   |
| Requirements                         |           |   |
| P. Ja                                | Chahira   | Decrine entire Ctatement of If annice his |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children  | Compliant |   |
| Under 2 1/2 Years                    |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Space           | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant |   |
| To Marie A                           |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective     |
| Zones                                |           | material used under outdoor equipment     |
|                                      |           | was pea gravel.                           |
|                                      |           |   |
|                                      | <u> </u>  | · · · · · · · · · · · · · · · · · · ·     |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-12 Safe Equipment          | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Smoke Free        | Compliant | Documenting Statement: A notice was       |
| Environment                          |           | observed posted stating that smoking is   |
|                                      |           | prohibited at the program.                |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,  | Compliant | Documenting Statement: On the day of      |
| and General Emergency Plan           |           | the inspection, the complete prescribed   |
|                                      |           | JFS 01242 "Medical, Dental, and General   |
|                                      |           | Emergency Plan For Child Care" were       |
|                                      |           | posted in the program as required.        |
|                                      |           | F F>0. a ao - oq a oa.                    |
|                                      | I         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Emergency Drills        | Compliant | Dog                                       |
| STOTIE IZ TO EMERGENCY DINIS         | Johnson   |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Management of     | Compliant | Documenting Statement: The JFS 08087      |
| Communicable Disease                 | Joniphant | "Communicable Disease Chart" was          |
| Communicable Disease                 | l .       | Communicable Disease Chart Was            |



|                                       |                | posted and was readily available to staff and parents.                          |
|---------------------------------------|----------------|---|
|                                       | I              |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury          | Compliant      |   |
| Reporting                             |                |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule           | Compliant      |   |
|                                       |                |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Materials and            | Compliant      | Documenting statement(s), it applicable   |
| Equipment                             | Compilant      |   |
|                                       |                |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant      | Documenting Statement: Outdoor play   |
|                                       |                | was observed for the Toddler and  |
|                                       |                | Preschool groups.   |
|                                       |                |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity         | Compliant      |   |
|                                       |                |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Ratio                    | Compliant      | bootimenting statement(s), it approaches  |
|                                       |                |   |
|                                       |                |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable  Documenting Statement: The group sizes |
| Rule: 5101:2-12-18 Group Size         | Compliant      | observed on the day of the inspection   |
|                                       |                | were in compliance.   |
|                                       |                |   |
|                                       | Î a            |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Attendance Records       | Compliant      |   |
|                                       | 1              |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Supervision              | Compliant      |   |
|                                       |                |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance           | Compliant      | Boundary Statement(5), it applicable  |
|                                       | i area una car |   |
|                                       |                |   |
| Rule                                  | Status         | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cots and Napping         | Compliant      |   |



| Rule  | Status      | Documenting Statement(s), If applicable   |
|---|-------------|---|
| 5101:2-12-20 Cribs  | Compliant   |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Meal and Snack                                   | Compliant   |   |
| Requirements  |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements                          | Compliant   |   |
| Dula  | Ch-th-      |   |
| Rule  | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Safe Food  | Compliant   |   |
| Handling/Storage  |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-23 Infant Daily Care                                | Compliant   |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-23 Infant Bottle and                          | Compliant   | Documenting Statement: All bottles wer  |
| Food Preparation  |             | labeled as required.  |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-23 Diapering and Toilet Training                    | Compliant   |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant   |   |
|   | Charles     | D   |
|   | Status      | Documenting Statement(s), If applicable   |
| Rule  | Compliant   | Documenting Statement: Annual training  |
| Rule: 5101:2-12-16 Written Disaster                           | Compilant   | file and the control of the control |
|   | Compilation | of the written disaster plan was completed by staff.  |