

# **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 Details                              |                         |                 |                      |  |
|----------------------------------------------|-------------------------|-----------------|----------------------|--|
| Program Name                                 | Program Number          |                 | Program Type         |  |
| Victorum Learning Center                     | 2200023070              |                 | Child Care Center    |  |
| Address<br>4884 Free Pike Dayton<br>OH 45416 |                         |                 | County<br>MONTGOMERY |  |
|                                              |                         |                 |                      |  |
| Building Approval Date                       | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½    |  |
| 05/20/2020                                   | E                       | 133             | 54                   |  |
| Fire Inspection Approval Date                | Food Service Risk Level |                 |                      |  |
| 07/17/2020                                   | Level III               |                 |                      |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 04/24/2023 | Begin Time 9                   | 0:00 AM          | End Time 12:30 PM |              |
| Reviewer:                  |                                |                  |                   |              |
| Kathryn Koester            |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 12                             | 0                | 0                 | 15           |

| 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)                                  |                  | 0          | 0         | 0     |
| Young Toddler                                             |                  | 6          | 0         | 6     |
| Total Under 2 ½ Years                                     | 133              | 6          | 0         | 6     |
| Older Toddler                                             |                  | 3          | 0         | 3     |
| Preschool                                                 |                  | 6          | 0         | 6     |
| School Age                                                |                  | 18         | 0         | 18    |
| Total Capacity/Enrollment                                 | 133              | 27         | 0         | 33    |

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



| Toddlers | 18 months to < 30 months | 2 to 11 | Combined with |
|----------|--------------------------|---------|---------------|
|          |                          |         | pre-school    |
| Toddlers | 18 months to < 30 months | 2 to 12 | Combined with |
|          |                          |         | pre-school    |

# **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                                         |
| No Moderate Risk Non-Compliances were observed during this inspection |
|                                                                       |
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|                                                                       |
|                                                                       |
|                                                                       |



# 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(s) 6 below, were in the pre-school 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: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 12 below:

- 1. Open pull cords that are not closed loop.
- 2. Telephone cords.
- 3. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 4. Stacked chairs.
- 5. Employee(s) purse(s).
- 6. Diaper bags.
- 7. Television not securely anchored.
- 8. Small or lightweight pieces of shelving units are not securely anchored to the wall.

- 9. Smoke detector needing batteries replaced.
- 10. Staff member stepped over a barrier/gate while holding a child.
- 11. Emergency exits were blocked by the following classroom furniture: [ ].
- 12. Other: window crank screws

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: 05/27/2023

# **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/27/2023

#### **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to use straps on equipment that is manufactured with straps.

<u>Finding</u>: During the inspection, it was determined that the following equipment was not used according to manufacturer's guidelines as noted in number(s) 1 below:

- 1. The straps were missing on the toddler bucket table.
- 2. The straps were attached, but were not used on the [ ].
- 3. The straps were attached and were used, but were not used in a safe manner.
- 4. Manufacturer's guidelines for the [ ] were not followed in that [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that training has been provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/27/2023

# Domain: 03 Postings & Equipment

Rule: 5101:2-12-17 Materials and Equipment

<u>Code</u>: The program is required to have enough equipment for all children in care.

<u>Finding</u>: During the inspection, it was determined that equipment, materials, and furnishings provided for indoor and outdoor play did not meet the requirement of the rule as noted in number(s) 1, 2 below:

- 1. Not varied and adequate to meet the developmental needs of the children;
- 2. Not sufficient that each child can be actively involved in an activity.

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: 03 Postings & Equipment**

Rule: 5101:2-12-17 Daily Schedule

<u>Code</u>: The program is required to have the daily program schedule posted in all required areas.

<u>Finding</u>: During the inspection, it was determined that a copy of the daily program schedule was not posted in the toddler classroom area as required. 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: 04 Indoor/Outdoor Space**

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

Code: The program is required to provide equipment that does not pose a safety risk.

<u>Finding</u>: During the inspection, it was determined that outdoor play equipment was unsafe as noted in number(s) 3, 4, 5 below:

- 1. There was rust exposed;
- 2. There was protruding bolts;
- 3. There were cracks;
- 4. There were holes;
- 5. There was splintering wood;
- 6. There were sharp edges or points;
- 7. There were lead hazards;
- 8. There were toxic substances;
- 9. There were tripping hazards;
- 10. There was chipped and/or peeling paint;
- 11. Other [ ].

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

Corrective Action Plan Due: 05/27/2023

# **Domain: 04 Indoor/Outdoor Space**

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

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

<u>Finding</u>: During the inspection, it was determined that hazardous conditions existed in the outdoor play area, as noted in number(s) 8 below:

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

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

Corrective Action Plan Due: 05/27/2023



**Domain: 04 Indoor/Outdoor Space** 

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

Code: The program is required to conduct and document quarterly inspections of their outdoor play space.

<u>Finding</u>: During the inspection, it was determined that quarterly inspections of one or more outdoor play area(s) and equipment had not been completed and documented as required, using the JFS 01281 "Child Care Playground Inspection Report" form. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/27/2023

# **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-23 Diapering and Toilet Training

Code: The program staff is required to use and discard a separation material between each diaper change.

<u>Finding</u>: During the inspection, it was determined that the staff did not use a separation material between each diaper change, as required by the rule, at the diaper changing station. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/27/2023

# Domain: 08 Staff Files

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

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

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

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

- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

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

Corrective Action Plan Due: 05/27/2023

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

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number(s) 1, 3 below:

- 1. Within 30 days of starting employment at the program as a child care staff member.
- 2. No documentation of completing the training after December 31, 2016.
- 3. Completion of the training was not verified in the OPR.

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

Corrective Action Plan Due: 05/27/2023

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

Rule: 5101:2-12-07 Administrator Qualifications

<u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time period.

<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

#### Domain: 09 Children's Files

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

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

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

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified

nurse practitioner (CNP) who examined the child

- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of

conscience, including religious convictions

11. Other [ ]

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

Corrective Action Plan Due: 05/27/2023

# Domain: 09 Children's Files

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

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

Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 10, 11, 14, 15 below.

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

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

# **Rules In-Compliance/Not Verified**

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

| T                                    |           | 1                                          |
|--------------------------------------|-----------|--------------------------------------------|
| 5101:2-12-03 Inspection              | Compliant |                                            |
| Requirements                         |           |                                            |
|                                      |           |                                            |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-04 Building Department     | Compliant |                                            |
| Inspection                           |           |                                            |
|                                      | 1         |                                            |
| 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 February 23, 2024.  |
|                                      |           | new fire inspection by rebidary 23, 2024.  |
|                                      | 1         | I                                          |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Food Service      | Compliant | Documenting Statement: The food service    |
| Requirements                         | 30        | license was observed posted. Following is  |
| Requirements                         |           | the audit number and date of expiration:   |
|                                      |           | Risk Level 4, Audit #9963650, Expires      |
|                                      |           |                                            |
|                                      |           | March 1, 2024.                             |
|                                      |           |                                            |
| Rule                                 | Chatura   | Decree outing Statement (a) If a pulicable |
|                                      | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Administrator           | Compliant |                                            |
| Responsibilities/Requirements        |           |                                            |
| D. I                                 |           | D :: (1) 1/ \ If I: 11                     |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Written Program         | Compliant |                                            |
| Policies and Procedures              |           |                                            |
|                                      | 1.        |                                            |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-08 Medical Statement       | Compliant |                                            |
|                                      |           |                                            |
| Pulo                                 | Status    | Documenting Statement(s) If applicable     |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-08 Child Care Staff Member | Compliant |                                            |
| Educational Requirements             |           |                                            |
| Dula                                 | Chatana   | December Chat                              |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-09 Background Check  | Compliant | Documenting Statement: During the          |
| Requirements                         |           | inspection, the required documentation     |
|                                      |           | regarding background checks was on file    |
|                                      |           | for all employees listed.                  |
|                                      |           |                                            |
|                                      |           |                                            |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-10 Professional            | Compliant |                                            |
| Development Requirements             |           |                                            |

| Rule                                                                                                                                                                                 | Status                                               | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5101:2-12-11 Indoor Space                                                                                                                                                            | Compliant                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Requirements                                                                                                                                                                         | ·                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                                                                                                                                                                 | Status                                               | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-11 Separation of Children                                                                                                                                                  | Compliant                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Under 2 1/2 Years                                                                                                                                                                    | ·                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 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 wooden mulch. Technical assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                      |                                                      | was provided to the program about                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                      |                                                      | putting a fall zone around the cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                      |                                                      | tube on the playground if children are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                      |                                                      | observed climbing on top of the tube.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                      |                                                      | 6 to the contract of the contr |
|                                                                                                                                                                                      | l                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                                                                                                                                                 | Status                                               | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule: 5101:2-12-13 Handwashing                                                                                                                                                       | Compliant                                            | Documenting Statement: Staff and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Requirements                                                                                                                                                                         | ·                                                    | children were observed washing hands as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ·                                                                                                                                                                                    |                                                      | required by the rule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                      |                                                      | ' '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                      |                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Rule                                                                                                                                                                                 | Status                                               | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-13 Smoke Free                                                                                                                                                              | Compliant                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                      |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Environment                                                                                                                                                                          | ·                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Environment                                                                                                                                                                          | ·                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Environment  Rule                                                                                                                                                                    | Status                                               | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule                                                                                                                                                                                 |                                                      | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                      | Status<br>Compliant                                  | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule 5101:2-12-14 Transportation and Field                                                                                                                                           |                                                      | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule 5101:2-12-14 Transportation and Field                                                                                                                                           |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures Rule                                                                                                                      | Compliant                                            | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures                                                                                                                           | Compliant                                            | Documenting Statement(s), If applicable Documenting Statement: At the time of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical                                                                                 | Compliant                                            | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical                                                                                 | Compliant                                            | Documenting Statement(s), If applicable Documenting Statement: At the time of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical                                                                                 | Compliant                                            | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical                                                                                 | Compliant                                            | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical                                                                                 | Compliant                                            | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans                                                                      | Status Compliant                                     | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans                                                                      | Status Compliant Status Status                       | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule 5101:2-12-16 Medical, Dental, and                              | Status Compliant Status Status                       | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule 5101:2-12-16 Medical, Dental, and                              | Status Compliant Status Status                       | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.  Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan       | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.  Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.  Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Rule 5101:2-12-14 Transportation and Field Trip Procedures  Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan       | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.  Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Rule: 5101:2-12-16 First Aid/Standard Precautions | Compliant          | Documenting Statement: During the inspection, the program had complete first aid kits available as required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Dula                                              | Ctatus             | Decomposition (total accepts) If a multiple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Rule                                              | Status             | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-16 Management of Communicable Disease   | Compliant          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Communicable Disease                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                              | Status             | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-16 Incident/Injury                      | Compliant          | 2000 Maria M |
| Reporting                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                              | Status             | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-16 Written Disaster Plan                | Compliant          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                   | T <sub>a</sub> , , |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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          | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Rule                                              | Status             | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule: 5101:2-12-18 Ratio                          | Compliant          | Documenting Statement: Staff/child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                   |                    | ratios observed during the inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                   |                    | were in compliance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                   |                    | <u>_</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Rule                                              | Status             | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-18 Group Size                           | Compliant          | - Comment of the comm |
| '                                                 | '                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                              | Status             | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-18 Attendance Records                   | Compliant          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                              | Status             | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule: 5101:2-12-19 Supervision                    | Compliant          | Documenting Statement: Child Care Staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                   | - Compilant        | Members were supervising the children                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                   |                    | and were able to intervene as needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                              | Status             | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-19 Child Guidance                       | Compliant          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|--------------------------------------|-----------|-------------------------------------------|
| 5101:2-12-20 Cots and Napping        | Compliant |                                           |
|                                      |           |                                           |
|                                      | I a       |                                           |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | Documenting Statement: The program        |
| Requirements                         |           | served the following: Chicken taquitos,   |
|                                      |           | mixed vegetables, mixed fruit, and milk.  |
|                                      |           |                                           |
|                                      |           |                                           |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |                                           |
|                                      |           |                                           |
| D 1                                  | l c       | D C/ ) If I: 11                           |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Safe Food               | Compliant |                                           |
| Handling/Storage                     |           |                                           |
|                                      | I a       | 2                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-25 Medication        | Compliant | Documenting Statement: There were no      |
| Administration                       |           | children on medication at the time of the |
|                                      |           | inspection; however, the method of        |
|                                      |           | storage and practices for the             |
|                                      |           | administration were reviewed.             |
|                                      |           |                                           |
|                                      |           |                                           |