

# **Center Licensing Inspection Full Report**

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

|  | Program Deta                    | nils                |                   |
|--|---------------------------------|---------------------|-------------------|
| Program Name   | Program Number                  |                     | Program Type      |
| Nightingale Montessori North Campus                        | 2200023127                      |                     | Child Care Center |
| Address<br>2525 North Limestone St Springfield<br>OH 45503 |                                 |                     | County<br>CLARK   |
| Building Approval Date<br>02/23/2023                       | Use Group/Code<br>E             | Occupancy Limit 549 | Maximum Under 2 ½ |
| Fire Inspection Approval Date 12/18/2022                   | Food Service Risk L<br>Level IV | evel                | ,                 |

|                            | Insp                           | ection Information |                   |              |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope               | Inspection Notice |              |
| Annual                     | Full                           |                    | Unannounced       |              |
| Inspection Date 10/24/2023 | Begin Time 8                   | :40 AM             | End Time 4:20 PM  |              |
| Reviewer:                  |                                |                    |                   |              |
| Rebecca Worrell            |                                |                    |                   |              |
|                            | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                         | 12                             | 0                  | 1                 | 13           |

| 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)                                  |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 9          | 0         | 9     |
| Total Under 2 ½ Years                                     | 12               | 11         | 0         | 11    |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 19         | 0         | 19    |
| School Age  |                  | 11         | 0         | 11    |
| Total Capacity/Enrollment                                 | 64               | 30         | 0         | 41    |

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

| Hummingbirds | 0 to < 12 months     | 3 to 10 | at arrival               |
|--------------|----------------------|---------|--------------------------|
| Hummingbirds | 0 to < 12 months     | 2 to 8  | nap                      |
| Chickadees   | 3 years to < 4 years | 3 to 15 | in classroom and arrival |
| Chickadees   | 3 years to < 4 years | 2 to 13 | on playground            |

# **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 |
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|  |
|  |
|  |

# **Moderate Risk Non-Compliances**

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 1 & 44 and items listed under page 3 & 4 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.

- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete. (Page 2)
- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

# (Page 3)

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

#### (Page 4)

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



- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/24/2023

# **Low Risk Non-Compliances**

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 5 below:

- 1. There was no method in place;
- 2. The method did not include each child's name;
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times;
- 5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 11/24/2023

**Domain: 04 Indoor/Outdoor Space** 

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

<u>Code</u>: The program is required to provide equipment that does not pose a safety risk and must follow the manufacturer's guidelines for assembling, installing and using the equipment.

<u>Finding</u>: During the inspection, it was determined that outdoor play equipment was unsafe or not used as intended as noted in number(s) 1 & 6 below:

- 1. There was rust exposed. (stationary bike, wheelbarrows)
- 2. There were protruding bolts.
- 3. There were cracks.
- 4. There were holes.
- 5. There was splintering wood.
- 6. There were sharp edges or points. (wheelbarrow)
- 7. There were lead hazards.
- 8. There were toxic substances.
- 9. There were tripping hazards.
- 10. There was chipped and/or peeling paint.
- 11. The sandbox was not covered when the program was closed or during non-daylight hours.
- 12. Outdoor equipment, [ ] was not developmentally appropriate.
- 13. Outdoor equipment, [ ], was placed in the main traffic pattern.
- 14. Outdoor play equipment, [ ], was positioned too closely together, posing a risk of injury if a child were to fall from one piece of equipment into another.
- 15. Outdoor equipment, [ ], was not securely anchored but did not present a risk of imminent danger of the structure collapsing when children are using the equipment
- 16. Outdoor equipment, [ ], was 30 inches or more from the ground and did not have a protective barrier that would prevent a child from falling off this piece of equipment.
- 17. The manufacturer's guidelines for assembly and installation were not followed for the [ ].
- 18. Functionally linked equipment was used by preschool-age children and the distance between two adjacent pieces of equipment exceeded 12 inches.
- 19. Functionally linked equipment was used by school-age children and the distance between two adjacent pieces of equipment exceeded 18 inches.
- 20. Other [ ].

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

Corrective Action Plan Due: 11/24/2023

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

Rule: 5101:2-12-11 Outdoor Play Fall Zones

Code: The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

<u>Finding</u>: During the inspection, it was determined the fall zone under and around equipment designated for climbing, swinging, balancing and sliding did not meet the requirements as noted in number(s) 1 below:

- 1. The fall surface material had not been properly distributed or raked as needed to retain proper depth under and around equipment.(under and around swings)
- 2. A fall zone hazard was present, in that, the [ ] posed a risk of injury if a child were to fall from a piece of equipment.
- 3. The fall zone was less than 3 feet from the fence for equipment used by children 23 months of age and younger.
- 4. The fall zone was less than 6 feet from the fence for equipment used by children 24 months of age and older.
- 5. There was not a fall zone of 3 feet in all directions from the perimeter of the equipment used by children 23 months of age and younger.
- 6. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment used by children 24 months of age and older.
- 7. The fall zone was less than 4 1/2 feet from each piece of applicable equipment used by children 23 months of age and younger.
- 8. The fall zone was less than 9 feet from each piece of applicable equipment used by children 24 months of age and older.
- 9. Other [ ].

The program is required to provide adequate fall zones under and around outdoor play equipment at all times. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/24/2023

# Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 2 & 3 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year. (3rd quarter)

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

Corrective Action Plan Due: 11/24/2023

**Domain: 07 Diapering & Infant Care** 

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

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

<u>Finding</u>: During the inspection, it was determined that written instructions for feeding the infants noted on the Children Record Review were missing information as noted in number(s) 5 below:

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

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

# **Domain: 08 Staff Files**

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

<u>Code</u>: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 8 below:

- 1. First Aid child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 2. First Aid child care staff members scheduled during the hours of [ ] and [ ] did not have verification of completion of First Aid
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 5. CPR child care staff scheduled during the hours of [ ] and [ ] had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care
- 8. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 9. Communicable Disease child care staff members scheduled during the hours of [ ] and [ ] had expired training

- 10. Communicable Disease child care staff scheduled during the hours of [ ] and [ ] had not taken Communicable Disease training
- 11. Communicable Disease trained child care staff member was not present in each building used by the program
- 12. Child Abuse child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 13. Child Abuse child care staff scheduled during the hours of [ ] and [ ] had not taken Child Abuse training
- 14. Child Abuse trained child care staff was not in each building used by the program

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/24/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s)1,2 & 6 below.

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

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



Corrective Action Plan Due: 11/24/2023

**Domain: 08 Staff Files** 

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

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

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

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

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

Corrective Action Plan Due: 11/24/2023

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

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 5 & 6 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.

- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: [ ]

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

Corrective Action Plan Due: 11/24/2023

#### **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 & 6 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: 11/24/2023

Domain: 09 Children's Files



Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in number(s) 3 below:

- 1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
- 2. The medication, medical food, or topical product had expired and had not been removed from the program.
- 3. The prescription label had expired.

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

Corrective Action Plan Due: 11/24/2023

#### 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 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: 11/24/2023

# Domain: 09 Children's Files

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

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

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 1,4,6,10,12,14 & 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   |
| 5101:2-12-02 Current Information                     | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection                              | Compliant |   |
| Requirements   |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department                     | Compliant |   |
| Inspection   |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Fire Inspection                         | Compliant | Documenting Statement(s), it applicable   |
| 3101.2-12-04 Fire hispection                         | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service                      | Compliant | Documenting Statement: The food service   |
| Requirements   |           | license was observed posted. Following is |
|  |           | the audit number and date of expiration:  |
|  |           | Audit number JMUX-CPGQM9 expires          |
|  |           | 3/1/24.                                   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator                           | Compliant |   |
| Qualifications                                       |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program Policies and Procedures | Compliant |   |
| Folicies and Procedures                              |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Orientation Training &                  | Compliant | , , , , , , , , , , , , , , , , , , ,     |
| Whistle Blower Protection                            |           |   |

| 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.               |
|                                     |           | , ,                                     |
|                                     |           | <u> </u>                                |
| 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                        |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant |   |
| Under 2 1/2 Years                   |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space    | Compliant | Documenting Statement: The quarterly    |
| Requirements                        | ·         | playground inspections were completed   |
| '                                   |           | and documented, as required. The most   |
|                                     |           | recent inspection report form was dated |
|                                     |           | 9/23.                                   |
|                                     |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment   | Compliant | Documenting Statement: Equipment was    |
|                                     |           | observed to be in good condition.       |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant |   |
| Environment                         |           |   |
|                                     |           |   |
| 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.                   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-13 Smoke Free         | Compliant | Documenting Statement: A notice was  |
|---------------------------------------|-----------|--|
| Environment                           | Compliant | observed posted stating that smoking is                                    |
| Livitoriment                          |           | prohibited at the program.   |
|                                       |           | prombited at the program.  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant | Documenting Statement: On the day of                                       |
| and General Emergency Plan            | Compliant | the inspection, the complete prescribed                                    |
| and General Emergency Flam            |           | JFS 01242 "Medical, Dental, and General                                    |
|                                       |           | Emergency Plan For Child Care" were  |
|                                       |           | posted in the program as required.   |
|                                       |           | posted in the program as required.   |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-16 First Aid/Standard       | Compliant |  |
| Precautions                           |           |  |
|                                       | T -       |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-16 Management of            | Compliant |  |
| Communicable Disease                  |           |  |
| D. J.                                 | Chahara   | Decrease in a Chahaman and a Vision in a land                              |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-16 Incident/Injury    | Compliant | Documenting Statement: The   |
| Reporting                             |           | requirements for completing JFS 01299                                      |
|                                       |           | "Incident/Injury Report For Child Care"                                    |
|                                       |           | reports were discussed during the  |
|                                       |           | inspection.  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-16 Written Disaster Plan    | Compliant | 3 (" 11  |
|                                       | '         |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-17 Daily Schedule     | Compliant | Documenting Statement: Daily schedules                                     |
|                                       |           | were observed posted.  |
|                                       |           |  |
| Dulo                                  | Ctatus    | Decumentias Statemental If a will all                                      |
| Rule Pulo: F101:2-12-17 Materials and | Status    | Documenting Statement(s), If applicable  Documenting Statement: Sufficient |
| Rule: 5101:2-12-17 Materials and      | Compliant |  |
| Equipment                             |           | equipment was observed in all categories.                                  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-17 Daily Outdoor Play       | Compliant |  |
|                                       | 1         |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-18 License Capacity         | Compliant |  |

| Beginning!                        |           |   |
|-----------------------------------|-----------|---|
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio          | Compliant | Documenting Statement: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Group Size     | Compliant | Documenting Statement: The group sizes observed on the day of the inspection were in compliance.  |
| Rule                              | Status    | Decumenting Statement(c) If applicable  |
| 5101:2-12-19 Supervision          | Compliant | Documenting Statement(s), If applicable   |
| 3101.2-12-19 Supervision          | Compilant |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance       | Compliant |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cots and Napping     | Compliant |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-20 Cribs          | Compliant | Documenting Statement: All cribs were placed 2 feet apart.  |
| Rule: 5101:2-12-20 Cribs          | Compliant | Documenting Statement: All cribs were   |
|                                   |           | labeled with the assigned infant's name.  |
|                                   | 1         |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu   |
| Requirements                      |           | posted reflected the meal served.   |
| ·                                 |           |   |
| Rule                              | Status    | Documenting Statement(s) If applicable  |
| Rule: 5101:2-12-22 Fluid Milk     | Status    | Documenting Statement(s), If applicable   |
|                                   | Compliant | Documenting Statement: All infants/toddlers were served   |
| Requirements                      |           | •   |
|                                   |           | formula/milk in sufficient amounts to   |
|                                   |           | meet the nutritional requirements.  |
|                                   | 1         |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |



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| tus        | enting Statement(s), If applicable |
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