

Center Licensing Inspection Full Report

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

| | Program Deta | ils | | |
|--|---|-----------------|-----|-------------------|
| Program Name | Program Number | | Pro | gram Type |
| Childtime Learning Center | 2210025023 | | Chi | ld Care Center |
| | | | | |
| Address | | | Cou | unty |
| 33169 Center Ridge Road North Ridgeville | 33169 Center Ridge Road North Ridgeville LORAIN | | | |
| OH 44039 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | | Maximum Under 2 ½ |
| 09/21/2021 | Ē | 450 | | 100 |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 08/25/2022 | Level III | | | |

| | Inspection Information | | | | |
|---------------------|--------------------------|------------------|------------|-------------------|--------------|
| Inspection Type | Insp | pection Scope | | Inspection Notice | |
| Annual | Full | Ĭ | | Unannounced | |
| Inspection Date | Beg | gin Time 9:45 AV | 1 | End Time 2:11 PM | |
| 01/12/2023 | | 200 | | | |
| Reviewer: | | | | | |
| Erica Adams | | | | | |
| Summary of Findings | | | | | |
| | | | | | |
| No. Rules Verified | No. Rules with Non-compl | oliances No. Se | rious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 13 | | 0 | 2 | 13 |

| Li | 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) | | 27 | 0 | 27 | |
| Young Toddler | | 18 | 0 | 18 | |
| Total Under 2 ½ Years | 92 | 45 | 0 | 45 | |
| Older Toddler | | 16 | 0 | 16 | |
| Preschool | | 50 | 0 | 50 | |
| School Age | | 50 | 0 | 50 | |
| Total Capacity/Enrollment | 231 | 116 | 0 | 161 | |

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

| Infant 1 | 0 to < 12 months | 3 to 9 | Programming |
|-----------------|--------------------------|---------|---------------|
| Infant 1 | 0 to < 12 months | 3 to 10 | Programming |
| Infant 2 | 12 months to < 18 months | 2 to 9 | Programming |
| Infant 2 | 12 months to < 18 months | 2 to 9 | Nap |
| Toddler | 18 months to < 30 months | 3 to 14 | Programming |
| Toddler | 18 months to < 30 months | 2 to 13 | Nap |
| Early Preschool | 18 months to < 30 months | 2 to 11 | Programming |
| Early Preschool | 18 months to < 30 months | 3 to 12 | Programming |
| Preschool | 3 years to < 4 years | 1 to 12 | Indoor Gross |
| | UNI 600 | | Motor Play |
| Preschool | 3 years to < 4 years | 2 to 14 | Programming |
| Preschool | 3 years to < 4 years | 2 to 12 | Nap |
| PreK1 | 3 years to < 4 years | 1 to 11 | Programming |
| PreK1 | 3 years to < 4 years | 1 to 12 | Programming |
| PreK2 | 4 years to < 5 years | 1 to 11 | Programming |
| PreK2 | 4 years to < 5 years | 1 to 11 | Programming - |
| | | | PreK2 and SA |
| | | | combined |

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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| <u></u> | | | | |

Moderate Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number 3 below:

- 1. Owner
- 2. Administrator
- 3. Child care staff member, employee

Submit the program's corrective action plan, which includes a copy of the JFS 01176, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/11/2023

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. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 18 and 19 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.

- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. 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.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

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: 02/11/2023

Low Risk Non-Compliances

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: 02/11/2023

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) 1, 2, and 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.

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

Corrective Action Plan Due: 02/11/2023

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/11/2023

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 or in the Ohio Professional Registry.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file nor verified in the Ohio Professional Registry for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/11/2023

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 1 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: 02/11/2023

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) 2, 3, 4, 5, and 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: 02/11/2023

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number 1.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test
- 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 4a;
- 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: 02/11/2023

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: 08 Staff Files

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [].

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

Corrective Action Plan Due: 02/11/2023

Domain: 09 Children's Files

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

<u>Code</u>: The program is required to maintain a complete JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file for any child having a health condition.

<u>Finding</u>: In review of the children's records, it was determined that the JFS 01236 "Child Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number 1 below:

1. The JFS 01236 had not been updated as needed and at least annually.

- 2. A separate JFS 01236 had not been used for each condition.
- 3. The program used an old version of the JFS 01236.

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

Corrective Action Plan Due: 02/11/2023

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

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

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

Corrective Action Plan Due: 02/11/2023

Domain: 09 Children's Files

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

 $\underline{\text{Code}}$: 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) 2, 6, and 14 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information

- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other []

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

Domain: 10 Written Policies & Procedures

Rule: 5101:2-12-16 Written Disaster Plan

<u>Code</u>: The program is required to train child care staff members and employees on the written disaster plan annually and keep written documentation of the training on-site.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in number 2 below:

- 1. Child care staff members and employees were not trained annually.
- 2. Written documentation of the training was not kept on file.

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

Corrective Action Plan Due: 02/11/2023

| 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 | |
| | | |
| | 1 | - |
| Rule | Status | Documenting Statement(s), If applicable |
| Communication of the second state of the second state of | The Walk Walk | Bocumenting Statement(s), it applicable |
| 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 |
| 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | |
| 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 8/25/23. |
| | | |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the |
| Naic. 5101.2 12 04 The hispection | Compilant | program had documentation of a current |
| | | |
| | | fire inspection without any uncorrected |
| | | violations at the time of the licensing |
| | | inspection, the program did not have the |
| | | fire inspection completed within 12 |
| | | months from the date of the last fire |
| | | inspection without any uncorrected |
| | | violations. Please ensure that fire |
| | | 40 44m² 400m² |
| | | inspections are completed in accordance |
| | | with the rule requirements. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | and the second s | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | A. W. M. |
| | | CGRC-CC7K57 and 3/1/23. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| ners of Equations | | |
| Dula | Ctatus | Decumenting State |
| Rule | Status | Documenting Statement(s), If applicable |

| Status Documenting Statement(s), If applicable | | | |
|--|---|------------------|---|
| Rule | 5101:2-12-07 Administrator | Compliant | |
| Rule Status Compliant Policies and Procedures Rule Status Documenting Statement(s), If applicable Status Rule Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable Status Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable | 10000 1000 000 1000 1000 1000 1000 100 | | |
| Solution | Responsibilities/ Requirements | | |
| Solution | | | |
| Solution | Rule | Status | Documenting Statement(s), If applicable |
| Policies and Procedures | 340/300 acc | CONTRACTOR NO. | 8 |
| Rule Status Documenting Statement(s), If applicable | | Compliant | |
| Status Documenting Statement(s), If applicable | Policies and Procedures | | |
| Status Documenting Statement(s), If applicable | 3 | | , , , , , , , , , , , , , , , , , , , |
| Status Documenting Statement(s), If applicable | | C. Marine Marine | D |
| Requirements | | | Documenting Statement(s), if applicable |
| Requirements | 5101:2-12-11 Indoor Space | Compliant | |
| Rule 5101:2-12-11 Outdoor Play Equipment Status Documenting Statement(s), If applicable Status | 11 | | |
| Status Documenting Statement(s), If applicable | requirements | | |
| Status Documenting Statement(s), If applicable | | | · |
| Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |
| Rule Status Documenting Statement(s), If applicable Status Status Documenting Statement(s), If applicable Status-States States Documenting Statement(s), If applicable States States Documenting Statement(s), If applicable | 5101·2-12-11 Separation of Children | Compliant | |
| Rule Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable Status | 20 | Compilant | |
| Status Documenting Statement(s), If applicable | Under 2 1/2 Years | | |
| Status Documenting Statement(s), If applicable | | | |
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| Rule Status Documenting Statement(s), If applicable | 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| Rule Status Documenting Statement(s), If applicable | * | 20 | |
| Rule Status Documenting Statement(s), If applicable | 1 | ! | - |
| Rule Status Documenting Statement(s), If applicable | | 6 | D (1 6: 1 1/1 15 1: 1/1 |
| Rule 5101:2-12-12 Safe Environment Compliant Rule 5101:2-12-13 Sanitary Equipment and Environment Rule 5101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Handwashing Requirements Rule 5101:2-12-13 Smoke Free Environment Rule 5101:2-12-14 Transportation and Field Trip Procedures Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |
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| Status Documenting Statement(s), If applicable | | | |
| Status Documenting Statement(s), If applicable | <u> </u> | | |
| Status Documenting Statement(s), If applicable | | | |
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| Status Documenting Statement(s), If applicable | Livironment | | |
| Status Documenting Statement(s), If applicable | | | |
| Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s) If applicable |
| Rule Status Documenting Statement(s), If applicable 5101:2-12-13 Smoke Free Compliant Environment Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable 5101:2-12-14 Transportation and Field Trip Procedures | 1000000000 | | |
| Rule Status Documenting Statement(s), If applicable 5101:2-12-13 Smoke Free Compliant Rule Status Documenting Statement(s), If applicable 5101:2-12-14 Transportation and Field Trip Procedures Documenting Statement(s), If applicable Compliant | , - | Compliant | |
| Rule Status Documenting Statement(s), If applicable 5101:2-12-13 Smoke Free Compliant Rule Status Documenting Statement(s), If applicable 5101:2-12-14 Transportation and Field Trip Procedures Documenting Statement(s), If applicable Compliant | Requirements | | |
| 5101:2-12-13 Smoke Free | | • | |
| 5101:2-12-13 Smoke Free | D. J. | Ct-to- | D |
| Rule Status Documenting Statement(s), If applicable 5101:2-12-14 Transportation and Field Trip Procedures | | | Documenting Statement(s), if applicable |
| Rule Status Documenting Statement(s), If applicable 5101:2-12-14 Transportation and Field Trip Procedures | 5101:2-12-13 Smoke Free | Compliant | |
| Rule Status Documenting Statement(s), If applicable 5101:2-12-14 Transportation and Field Trip Procedures | Fnvironment | <i>5</i> | |
| 5101:2-12-14 Transportation and Field Compliant Trip Procedures | Livionincit | | |
| 5101:2-12-14 Transportation and Field Compliant Trip Procedures | | | |
| 5101:2-12-14 Transportation and Field Compliant Trip Procedures | Rule | Status | Documenting Statement(s), If applicable |
| Trip Procedures | | | |
| | | Compilant | |
| Rule Status Documenting Statement(s), If applicable | Trip Procedures | | |
| Rule Status Documenting Statement(s), If applicable | | | |
| Status Documenting Statement(s), it applicable | Pulo | Ctatus | Decumenting Statement/s) If anyline bla |
| | I Rule | Status | Documenting Statement(s), if applicable |

| 5101:2-12-16 Medical, Dental, and | Compliant | |
|--------------------------------------|---------------------|---|
| General Emergency Plan | , | |
| D. I. | Charles | Description Chapter and A 16 and include |
| Rule 5101:2-12-16 First Aid/Standard | Status Compliant | Documenting Statement(s), If applicable |
| Precautions | Compilant | |
| 1 recautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| Bul- | Chahua | D |
| Rule 5101:2-12-16 Incident/Injury | Status Compliant | Documenting Statement(s), If applicable |
| Reporting | Compliant | |
| l. 2. 20 | -1 | L |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | Documenting statement(3), it applicable |
| Equipment | | |
| | 1 | , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Desumenting Statements of applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement(s), If applicable Documenting Statement: Staff/child |
| Naic. 3101.2 12 10 Natio | Compilant | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| - | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-12-19 Supervision | Compliant | Documenting Statement(s), If applicable |
| 3101.2 12 13 Supervision | Compilant | |
| , | 5. | |

| 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 |
| 5101:2-12-20 Cribs | Compliant | Documenting Statement(s), if applicable |
| 3101.2 12 20 61163 | Compilant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | ** | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | Documenting statement(s), if applicable |
| 3101.2-12-23 Illiant Daily Care | Compliant | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate |
| Toilet Training | | diaper changing procedures were |
| | | observed during the inspection in the |
| | | Early Preschool room. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Compliant | |
| Safety Requirements | | |
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