

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 Det | ails | |
|---|----------------------------------|-----------------|--------------------|
| Program Name | Program Number | | Program Type |
| KidsFirst Learning Center | 2210025346 | | Child Care Center |
| Address 15163 Howe Road Strongsville OH 44136 | | | County CUYAHOGA |
| Building Approval Date 11/19/2007 | Use Group/Code E | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 12/20/2021 | Food Service Risk L Level III | Level | , |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Provisional | Full | | Unannounced | |
| Inspection Date 04/27/2022 | Begin Time 9 |):15 AM | End Time 12:52 PM | |
| Reviewer: MARY WOODLAND | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 5 | 0 | 1 | 5 |

| 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) | | 13 | 3 | 16 |
| Young Toddler | | 24 | 0 | 24 |
| Total Under 2 ½ Years | 75 | 37 | 3 | 40 |
| Older Toddler | | 5 | 0 | 5 |
| Preschool | | 46 | 1 | 47 |
| School Age | | 3 | 0 | 3 |
| Total Capacity/Enrollment | 180 | 54 | 1 | 95 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|------------------|----------------|------------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infants | 0 to < 12 months | 3 to 9 | At Arrival |

| Infants | 0 to < 12 months | 2 to 10 | 2nd |
|-----------------|--------------------------|---------|--------------|
| Tiny Tots (O/I) | 12 months to < 18 months | 1 to 5 | At Arrival |
| Tiny Tots (O/I) | 12 months to < 18 months | 1 to 5 | 2nd |
| Toddler 1 | 18 months to < 30 months | 2 to 8 | At Arrival |
| Toddler 1 | 18 months to < 30 months | 2 to 8 | At Nap |
| Toddler 2 | 18 months to < 30 months | 2 to 12 | At Arrival |
| Toddler 2 | 18 months to < 30 months | 2 to 13 | At Nap |
| Toddler 3 | 30 months to < 36 months | 1 to 4 | At Arrival |
| Toddler 3 | 30 months to < 36 months | 1 to 4 | At Nap Prep |
| Preschool 1 | 3 years to < 4 years | 1 to 8 | At Arrival |
| Preschool 1 | 3 years to < 4 years | 1 to 11 | At Nap Prep |
| Preschool 2 | 3 years to < 4 years | 1 to 8 | At Arrival |
| Preschool 3 | 4 years to < 5 years | 1 to 8 | At Arrival |
| Preschool 3 | 4 years to < 5 years | 1 to 8 | At Lunch/Nap |
| | | | Prep |
| Pre-K 1 | 4 years to < 5 years | 1 to 2 | At Arrival |
| Pre-K 1 | 4 years to < 5 years | 1 to 4 | At Lunch/Nap |
| | | | Prep |
| Pre-K 2 | 4 years to < 5 years | 2 to 6 | At Arrival |
| Pre-K 2 | 4 years to < 5 years | 1 to 6 | At Lunch/Nap |
| | | | Prep |

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| Serious Risk Non-Compliances | | |
|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection | | |
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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) 8 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 (Physician's instructions were missing for administering sample medications (Flovent and Albuterol Sulfate-both without RX)).
- 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: 05/27/2022



Low Risk Non-Compliances

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) 2 below:

- 1. The straps were missing on the [].
- 2. The straps were attached, but were not used on the high chairs in Tiny Tots.
- 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: 05/27/2022

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to place fans, air conditioners, heat pumps, and space heaters in a place inaccessible to children.

<u>Finding</u>: During the inspection, it was determined that the program's air-conditioning unit was unsafe, as noted in number(s) 6 below:

- 1. The fan was unstable and could easily tip over;
- 2. The fan had openings a finger could enter;
- 3. The pipes from the heat pump felt hot to the touch;
- 4. The space heater felt hot to the touch;
- 5. The position of the space heater was a tripping hazard;
- 6. The air-conditioning unit was not enclosed and was accessible to children on the playground.

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

Corrective Action Plan Due: 05/27/2022

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-Carpeted play area dividers in Tiny Tots and Toddler 1 is frayed, which could pose a risk to children if mouthed.

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: 05/27/2022

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: The program is required to refrain from using televisions, computers, and other screens during meals and snacks.

<u>Finding</u>: During the inspection it was determined that televisions were on during meals and snacks. 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 required at this time. Please submit a statement verifying compliance.

Corrective Action Plan Due: 05/27/2022

Domain: 09 Children's Files

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

Code: 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 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: 05/27/2022

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 | |
| | | |
| | I a | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| 0.1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| D. I | | 5 (1) 16 1: 11 |
| 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 12/20/22. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| | Compliant | license was observed posted. Following is |
| Requirements | | • |
| | | the audit number and date of expiration: |
| | | MJAE-C9NJTE and 3/1/23. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | bocumenting statement(3), it applicable |
| Qualifications | Compliant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | Bootinenting statement(s), it applicable |
| Responsibilities/Requirements | 3011171101110 | |
| Responsibilities, Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Ruie | Julius | Bocamenting Statement(3), if applicable |

| 5101:2-12-07 Written Program | Compliant | |
|---|-----------|---|
| Policies and Procedures | Compilant | |
| Folicies and Procedures | | |
| Dula | Chatura | Decumenting Statement(s) If annicely |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| | Compilant | Staff Members had verification of |
| Member Educational Requirements | | educational requirements on file at the |
| | | · |
| | | program. |
| | | |
| Pula | Chatura | Decumenting Statement(s) If annicely |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
| Whistie Blower Protection | | |
| Pulo | Ctatus | Documenting Statement(s) If and inchis |
| 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. |
| | | |
| Dula | Status | Decumenting Statement(s) If annicely |
| Rule | | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: The program had at least one Child Care Staff Member |
| Requirements | | |
| | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | | and readily accessible during all hours of |
| | | operation. |
| | | |
| Rule | Ctatus | Decumenting Statement(s) If applicable |
| 5101:2-12-10 Professional | Status | Documenting Statement(s), If applicable |
| | Compliant | |
| Development Requirements | | |
| Pulo | Ctatus | Documenting Statement(s) If and inchis |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| Dula | Chatura | Description Chalcus and A. If and Italy |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| 2.1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |

| 7 | | |
|--|--------------------------------|---|
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 3/28/22. |
| | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | (4) |
| Sione in a requipment | Compilant | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was pea gravel. |
| | | was pea graver. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | у такон (-), такон (-), |
| Environment | Joniphane | |
| Liivii oiiiiieiit | | |
| Pulo | Status | Documenting Statementick If applicable |
| 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 |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Requirements |
| | | |
| Rule: 5101:2-12-14 Transportation and | | Documenting Statement: Requirements regarding routine and/or field trips were |
| Rule: 5101:2-12-14 Transportation and | | Documenting Statement: Requirements |
| Rule: 5101:2-12-14 Transportation and | | Documenting Statement: Requirements regarding routine and/or field trips were |
| Rule: 5101:2-12-14 Transportation and | | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule | Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule | Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Status Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Status | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Status Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: Documentation |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Status | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Status | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Status | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |
| Rule: 5101:2-12-14 Transportation and Field Trip Procedures Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Status Compliant Status Status | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|---------------------|---|
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | bocumenting statement(3), ii applicable |
| 3101.2 12 10 Written bisaster Hair | Compilant | |
| | 1 | <u>'</u> |
| 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 | |
| Equipment | | |
| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-17 Daily Outdoor Flay | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| | | was operating within their license |
| | | capacity limits. |
| | | |
| | | |
| Rule 5101:2-12-18 Ratio | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Katio | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | 7, 31, 31, 31, 31, 31, 31, 31, 31, 31, 31 |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| Dulo | Chatus | Decumenting Statement of If any live in |
| Rule 5101:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable |
| | Compliant | |
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|--|---------------------------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were |
| | | placed appropriately and safely during nap time. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were |
| | , , , , , , , , , , , , , , , , , , , | labeled with the assigned infant's name. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| D. J. | Ctatura | Danis aking Chaham and a life and inchin |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | |
| | | |
| 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 |
| | | infant room(s). |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | 0 1 1 (-1) |
| Administration | | |
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