



## 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 Details			
Program Name Angels Land Here	Program Number 2230027603	Program Type Child Care Center	
Address 364 W Exchange Street akron OH 44302		County SUMMIT	
Building Approval Date 01/03/2023	Use Group/Code E	Occupancy Limit 73	Maximum Under 2 ½ 0
Fire Inspection Approval Date 12/08/2022	Food Service Risk Level Level III		

Inspection Information		
Inspection Type Provisional	Inspection Scope Full	Inspection Notice Unannounced
Inspection Date 08/09/2023	Begin Time 10:20 AM	End Time 3:42 PM
Reviewer: SARAH HEIL-HINTON		

Summary of Findings				
No. Rules Verified 58	No. Rules with Non-compliances 22	No. Serious Risk 0	No. Moderate Risk 4	No. Low Risk 23

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)		6	0	6
Young Toddler		2	0	2
<b>Total Under 2 ½ Years</b>	16	8	0	8
Older Toddler		3	0	3
Preschool		9	0	9
School Age		14	0	14
<b>Total Capacity/Enrollment</b>	62	26	0	34

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



Infants	0 to < 12 months	1 to 5	Free Play/Sleeping
Infants	0 to < 12 months	1 to 5	Lunch
Infants	0 to < 12 months	1 to 5	Naptime
School Age	5 years to < Kindergarten	1 to 8	Free Play
School Age	5 years to < Kindergarten	1 to 8	Lunch
School Age	5 years to < Kindergarten	1 to 8	Resting/Napping
Toddler/Preschool	18 months to < 30 months	2 to 16	Finished up breakfast/separating groups
Toddler/Preschool	18 months to < 30 months	1 to 8	Lunch
Toddler/Preschool	18 months to < 30 months	1 to 8	Naptime

**Summary of Non-Compliances**

*If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.*

**Serious Risk Non-Compliances**

**No Serious Risk Non-Compliances were observed during this inspection**

**Moderate Risk Non-Compliances**

**Domain: 00 License & Approvals**

Rule: 5101:2-12-04 Building Department Inspection

Code: The program is required to refrain from using space that did not receive building approval and from caring for children in spaces not approved for that age group. The program is required to refrain from using a remodeled or modified space before obtaining building approval. The program is required to maintain building occupancy limitations.

Finding: During the inspection, it was determined the program was using space for child care in a manner that was not approved by the Ohio Department of Commerce or local certified building authority as noted in number(s) 1 below:



1. The preschool/toddler room or space was not approved for children under 2 1/2.
2. Children under school age were being cared for in a building only approved for school age.
3. The space had been modified and not yet re-inspected and approved.
4. The [ ] floor, which had not been approved by the building department for child care, was being used.
5. The building limitation had been exceeded. [ ] children were being cared for and the building had been approved for [ ] children.
6. The [ ] room(s) occupancy had been exceeded. [ ] children were being cared for in this space that had been approved for [ ] children.
7. Care was provided to [ ] children less than two and one-half years of age. This violated the program's building code limitation in that, [ ].

Submit the program's corrective action plan, which includes building approval for use of this space, a written statement that the building occupancy limitations are being maintained, or a written statement that it is no longer being used, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/08/2023

**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-12 Safe Environment

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

Finding: During the inspection, a potentially hazardous item or toxic substance was used or stored in the pantry kitchenette on the countertop where children had access to it in that it had no door to the pantry, as noted in number(s) 2 below.

1. Bleach.
2. Cleaning agent (odor ban, Tilex cleaner, fabric freshener)
3. Fish tank chemicals.
4. Gasoline.
5. Pesticide.
6. Poison, including insect/rodent poison.
7. Flammable substance.
8. Windshield washer fluid.
9. Aerosol cans.
10. A lawn mower.
11. A weed trimmer.
12. Hedge trimmers.
13. A snow blower.
14. Other potentially hazardous substance, equipment or machinery: [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside



when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/08/2023

**Domain: 05 Health & Safety**

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

Code: Meals and snacks provided or served by the program must include all required food groups and meet the recommended daily dietary allowances as specified by the USDA.

Finding: During the inspection, it was determined that a meal or snack at the program did not meet the requirements as noted in number(s) 7 below:

1. The breakfast served did not include foods from three of the four food groups.
2. Snack served did not include foods from two of the four food groups.
3. The meal did not provide 1/3 of the recommended daily dietary allowances as specified by the USDA.
4. Juice used to meet the fruit or snack component was not 100% undiluted fruit or vegetable juice.
5. The meal served did not include an item from the meat or meat alternative group.
6. The meal served did not include an item from the bread or grain group.
7. The meal served did not include two items from the fruit/vegetable group.
8. The meal served did not include a vegetable (two fruits were served).
9. The meal served did not include a serving of fluid milk.

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

Corrective Action Plan Due: 09/08/2023

**Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-20 Cribs

Code: The program staff is required to remove any items listed in rule that are a potential suffocation risk from cribs.

Finding: During the inspection, it was determined that a child had been placed in a crib with an object that created a potential strangulation or suffocation risk, as indicated in number(s) 1 below:

1. Bib
2. Pacifier clip/ribbon
3. Teething jewelry



4. Blanket for infant under twelve months old
5. Pillow
6. Boppy
7. Bumper pad
8. Clothing stored in the crib
9. Diaper bag
10. Object or toy strung over the crib in which a child can pull himself up
11. Stuffed animal that is large/soft enough to conform to the shape of the child's face
12. Other [ ]

The rule prohibits any item which obstructs child-care staff's visibility or poses a risk of strangulation or suffocation from being placed on or in a crib. Remove the item(s) immediately. 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: 09/08/2023

### Low Risk Non-Compliances

#### Domain: 00 License & Approvals

Rule: 5101:2-12-02 Current Information

Code: The rule requires the program to keep their information current in OCLQS.

Finding: During the inspection, it was determined the information in number(s) 5 below was not up to date in the Ohio Child Licensing and Quality System (OCLQS):

1. Mailing address
2. Telephone number
3. Email address
4. Days and hours of operation
5. Services offered
6. Name of program
7. Private pay rates

Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

Corrective Action Plan Due: 09/08/2023



**Domain: 01 Ratio & Supervision**

Rule: 5101:2-12-18 Group Size

Code: The program is required to have a signed transitioning agreement in the child's file and transitioning classrooms.

Finding: During the inspection, it was determined that children were being transitioned into another group without meeting the requirement listed in number(s) 1 & 2 below:

1. A signed transition agreement between the parent and center.
2. Copies of the agreement available in the classrooms.

Each transitioning child must have a transition agreement between the parents/guardians and the program staff, which is available in the classrooms. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/08/2023

**Domain: 01 Ratio & Supervision**

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

Finding: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record for toddler/preschool & school age as listed in number(s) 1,2,3,4,7 below:

1. No attendance record was being maintained.
2. The attendance record was not being consistently completed.
3. The record did not include the name of at least one child.
4. The record did not include the birth date of at least one child.
5. The record did not include the assigned group.
6. The record did not include the child's weekly schedule.
7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
8. The original attendance record was not kept at the program for a period of one year.

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



Corrective Action Plan Due: 09/08/2023

**Domain: 01 Ratio & Supervision**

Rule: 5101:2-12-20 Cots and Napping

Code: The program is required to provide sufficient lighting when the children rest, nap, or sleep.

Finding: During the inspection, it was determined that the area used when children rest, nap or sleep was not lighted sufficiently to allow child care staff visual supervision of the children at all times. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Corrective Action Plan Due: 09/08/2023

**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide a clean restroom with the appropriate materials available.

Finding: During the inspection, it was determined that unsanitary conditions, as noted in number(s) 6 & 9 below, were in the main hallway restrooms:

1. There was no liquid soap.
2. There was no toilet paper.
3. There were no paper towels.
4. The toilet cleaning brush was accessible to the children.
5. The plunger was accessible to the children.
6. The toilet(s) were not flushed.
7. The trash was not emptied from the day before.
8. There was a strong urine odor.
9. Other: trash liner was not in the wastebasket and there were soiled wipes/paper towels in the bathrooms.

The restroom(s) must be kept sanitary at all times. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Corrective Action Plan Due: 09/08/2023



**Domain: 03 Postings & Equipment**

**Rule:** 5101:2-12-17 Daily Schedule

**Code:** The program is required to have the daily program schedule posted in all required areas.

**Finding:** During the inspection, it was determined that a copy of the daily program schedule was not posted in the school age area for all day programming as required. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Corrective Action Plan Due: 09/08/2023

**Domain: 04 Indoor/Outdoor Space**

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

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

**Finding:** 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 (Quarter 2, 2023), 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: 09/08/2023

**Domain: 05 Health & Safety**

**Rule:** 5101:2-12-16 Emergency Drills

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

**Finding:** During the inspection, it was determined that the required drills were not completed for item number(s) 1,2,3 below:

1. Monthly fire drills (May).
2. Monthly weather emergency drills (March through September)- none.
3. Emergency/lockdown drills in each quarter of the calendar year- (Quarter 2, 2023).





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

Corrective Action Plan Due: 09/08/2023

**Domain: 05 Health & Safety**

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

Code: The program is required to post the current weekly menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Finding: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 3,4 below.

1. The menu was not posted.
2. The posted menu was not in a visible place readily accessible to parents.
3. The menu was not currently dated.
4. The entire menu was substituted in that the meal served was not listed anywhere on the weekly menu.
5. At least one item on menu did not match what was served.
6. The meal or snack served did not match the posted menu.

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.

Corrective Action Plan Due: 09/08/2023

**Domain: 05 Health & Safety**

Rule: 5101:2-12-22 Fluid Milk Requirements

Code: The program is required to serve age-appropriate fluid milk or obtain written documentation when serving substitutions for fluid milk.

Finding: During the inspection, it was determined that required documentation for substitutions for fluid milk was not on file as noted in number(s) 5 below:

1. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants up to 12 months of age are served anything other than formula or breast milk.
2. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants and toddlers 12 months of age up to 24 months of age are served anything other than unflavored whole



homogenized vitamin D fortified cow's milk, breast milk, or non-cow milk substitution that is nutritionally equivalent to milk.

3. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when toddlers and children 24 months of age and older are served anything other than unflavored one per cent milk that is vitamin A and D fortified, unflavored fat free or skim milk that is vitamin A and D fortified, or non-cow milk substitutions that are nutritionally equivalent to milk.
4. Written parental consent for non-cow milk substitutions that are nutritionally equivalent to milk for children 12 months of age and older.
5. The program did not have the type of milk on-site to ensure that all children were served age-appropriate fluid milk (served whole milk to all age groups).

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.

Corrective Action Plan Due: 09/08/2023

#### Domain: 06 Program Information

Rule: 5101:2-12-14 Transportation and Field Trip Procedures

Code: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.

Finding: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number(s) 1 below:

1. Written parental permission was not secured for field trips and/or routine trips off the premises.
2. The written permission was missing the child's name.
3. The written permission was missing the date(s) of the trip(s) (field trips only).
4. The written permission was missing the destination(s) of the trip(s).
5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).
6. The written permission was missing the signature of the parent.
7. The written permission was missing the date on which the permission was signed.
8. The written permission was missing a statement notifying parents how their child will be transported.
9. Permission forms for routine trips were not being updated annually.
10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.
11. 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.

Corrective Action Plan Due: 09/08/2023



**Domain: 07 Diapering & Infant Care**

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

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

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

Corrective Action Plan Due: 09/08/2023

**Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-23 Infant Daily Care

Code: The program is required to provide a daily written record for each infant in care to the parents when picking up the infant each day.

Finding: During the inspection, it was determined that the written record used to document infant routines and activities did not meet the requirements as noted in number(s) 5 below:

1. A daily written record was not provided to the parent or person picking up the infant on a daily basis.
2. Food intake was missing.
3. Sleeping patterns was missing.
4. Times and results of diaper changes was missing.
5. Information about daily activities was missing.

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.

Corrective Action Plan Due: 09/08/2023

**Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-20 Cribs

Code: The program is required to obtain written permission from parents of children who are over 12 months old and will using a cot/mat instead of a crib.



Finding: During the inspection, it was determined that an infant who was 12 months or older was assigned to a cot without written permission from the parent, as required by 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.

Corrective Action Plan Due: 09/08/2023

**Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-20 Cribs

Code: The program is required to provide a safe and sufficient barrier to separate the play and sleeping space.

Finding: During the inspection, it was determined that the barrier between the play and sleeping space did not meet the requirements as noted in number(s) 4 below:

1. No barrier had been provided
2. The barrier did not prevent the infants from entering the sleeping area.
3. The barrier was not safe.
4. The barrier was not sturdy in that a rocking chair was being used as part of the barrier.
5. The barrier impaired staff's ability to see and hear all sleeping infants in their cribs.
6. The barrier was inadequate.
7. 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.

Corrective Action Plan Due: 09/08/2023

**Domain: 08 Staff Files**

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

Code: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

Finding: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 4 below:

1. The training was not completed within 30 days of starting employment at the program as a child care staff member.



2. Documentation of completing the training after December 31, 2016 was not on file.
3. Completion of the training was not verified in the OPR.
4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 09/08/2023

**Domain: 08 Staff Files**

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

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

Finding: 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: 09/08/2023

**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.

**Finding:** 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) 5c 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: 09/08/2023

**Domain: 08 Staff Files**

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

**Code:** 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.

**Finding:** 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) 5 & 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: 09/08/2023

**Domain: 08 Staff Files**

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

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

Finding: 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) 1 & 4 below:

1. First Aid – child care staff members scheduled during the hours of 7:30-9:00 AM, M-F had expired training
2. First Aid – child care staff members scheduled during the hours of 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 7:30-9:00 AM, M-F 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: 09/08/2023



**Domain: 09 Children's Files**

Rule: 5101:2-12-25 Medication Administration

Code: The program is required to removed all medication, medical foods and topical products that are no longer being administered or have expired.

Finding: During the inspection, it was determined that medication, medical foods and/or topical products had not been removed from the program and were no longer needed or had expired. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

**Domain: 09 Children's Files**

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

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

Finding: 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: 09/08/2023

**Domain: 09 Children's Files**

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

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

Finding: 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) 1,4,5,6,7,10,12,13 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.

Corrective Action Plan Due: 09/08/2023



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**Rules In-Compliance/Not Verified**

Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-02 License Posted	Compliant	Documenting Statement: The license was in a location visible to parents as required; office door.
Rule: 5101:2-12-03 Inspection Requirements	Compliant	
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 12/8/22.
Rule: 5101:2-12-04 Food Service Requirements	Compliant	Documenting Statement: The food service license was observed posted in the kitchen. Following is the audit number and date of expiration: TSTN-CNPKMW expires March 1 ,2024.
Rule: 5101:2-12-07 Administrator Qualifications	Compliant	Documenting Statement: The administrator has until six months from the date of appointment to complete the administrative rules review course part 2.
Rule: 5101:2-12-07 Written Program Policies and Procedures	Compliant	Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.



Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-09 Background Check Requirements	Compliant	Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.
Rule: 5101:2-12-10 Professional Development Requirements	Compliant	Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training.
Rule: 5101:2-12-10 Professional Development Requirements	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding professional development training for administrators and child care staff members were discussed.
5101:2-12-11 Indoor Space Requirements	Compliant	
5101:2-12-11 Separation of Children Under 2 1/2 Years	Compliant	
Rule: 5101:2-12-11 Outdoor Play Equipment	Compliant	Documenting Statement: Entrapment issues on the playground equipment were not verified on this inspection as the necessary tools in the playground safety kit were not used in that there is no equipment with entrapments.
Rule: 5101:2-12-12 Safe Equipment	Compliant	Documenting Statement: Equipment was observed to be in good condition.
Rule: 5101:2-12-13 Handwashing Requirements	Compliant	Documenting Statement: Staff and children were observed washing hands as required by the rule.



Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-13 Smoke Free Environment	Compliant	Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program; entryway door.
Rule: 5101:2-12-15 Medical/Physical Care Plans	Compliant	Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.
Rule: 5101:2-12-15 Medical/Physical Care Plans	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding caring for children with a specific health condition were discussed.
Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan	Compliant	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: 5101:2-12-16 First Aid/Standard Precautions	Compliant	Documenting Statement: During the inspection, the program had complete first aid kits available as required.
Rule: 5101:2-12-16 Management of Communicable Disease	Compliant	Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents; main hallway.
Rule: 5101:2-12-16 Incident/Injury Reporting	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding reporting incidents and injuries were discussed.
Rule	Status	Documenting Statement(s), If applicable



Rule: 5101:2-12-16 Written Disaster Plan	Compliant	Documenting Statement: Annual training of the written disaster plan was completed by staff; March 2023.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-17 Daily Outdoor Play	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding daily outdoor play were discussed.
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	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: 5101:2-12-18 Ratio	Compliant	Documenting Statement: Staff/child ratios observed during the inspection were in compliance.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-19 Supervision	Compliant	Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-22 Safe Food Handling/Storage	Compliant	Documenting Statement: All eating utensils were developmentally appropriate.



Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-23 Infant Bottle and Food Preparation	Compliant	Documenting Statement: All bottles were labeled as required.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements	Compliant	Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program.