

# **Center Licensing Inspection Full Report**

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

Program Details				
Program Name	Program Number		Program Type	
KAMP KIDDOS	2230027718		Child Care Center	
Address	80		County	
2148 ROCKWELL AVE CLEVELAND			CUYAHOGA	
ОН				
44114				
			**	
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½	
01/20/2023	E	67	25	
Fire Inspection Approval Date	Food Service Risk Level			
01/09/2024	Level III			

Inspection Information					
Inspection Type	Inspection So	соре	Inspection Notice		
Provisional	Full	Full			
Inspection Date	Begin Time		End Time		
03/06/2024	8:30 AM	8:30 AM		30 AM 2:00 PM	
Reviewer:					
Kathryn Noftz					
Summary of Findings					
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
58	10	0	1	9	

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)		3	0	3
Young Toddler		6	0	6
Total Under 2 ½ Years	25	9	0	9
Older Toddler		1	0	1
Preschool		6	0	6
School Age		0	4	4
Total Capacity/Enrollment	60	7	4	20

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

Infants/Toddler	0 to < 12 months	2 to 7	
Infants/Toddler	0 to < 12 months	2 to 3	
Toddler/Preschool	18 months to < 30 months	2 to 5	
Toddler/Preschool	18 months to < 30 months	2 to 5	

## **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: 09 Children's Files

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

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

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 7,11-19,30,31,39, below:

1. No plan was on file.

(Page 1)

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

- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

## (Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

#### (Page 3)

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

#### (Page 4)

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

- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

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

Corrective Action Plan Due: 04/15/2024

#### Low Risk Non-Compliances

# Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements

Code: The program is required to respond to noncompliances by the date noted in the inspection report.

<u>Finding</u>: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 11/29/23. The rule requires the program to complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/06/2024

#### **Domain: 01 Ratio & Supervision**

Rule: 5101:2-12-18 Group Size

<u>Code</u>: The program is required to have a signed transitioning agreement in the child's file and transitioning

classrooms.



<u>Finding</u>: During the inspection, it was determined that children were being transitioned into another group without meeting the requirement listed in number(s) 1 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: 04/06/2024

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Handwashing Requirements

<u>Code</u>: The program staff is required to wash their hands in a sink designated for handwashing. The handwashing sink may not be used for meal preparation.

<u>Finding</u>: During the inspection, it was determined that at least one staff member washed his or her hands in a sink that is used for meal preparation or clean-up or is near the food serving area. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/06/2024

## Domain: 05 Health & Safety

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

<u>Code</u>: 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.

<u>Finding</u>: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 5 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.
- 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 required at this time.

Corrective Action Plan Due: 04/06/2024

#### Domain: 05 Health & Safety

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

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

<u>Finding</u>: During the inspection, it was determined that required documentation for substitutions for fluid milk was not on file as noted in number(s) 2,3 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.

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.

Corrective Action Plan Due: 04/12/2024

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

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

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

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

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

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 04/12/2024

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

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

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

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 7 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: 04/06/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1,5(c) 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: 04/06/2024

## Domain: 09 Children's Files

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

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

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 4,6,15 below.

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

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 04/06/2024

# Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Department	Compliant	
Inspection	Schlosticated at 1 to 450000 States as	

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 1-9-25.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food Service	Compliant	Documenting Statement: The food service
Requirements		license was observed posted. Following is
The quite in enter		the audit number and date of expiration:
		AANS-D2UM3E, 3-1-25.
		AANS-DZUIVISE, 5-1-25.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-07 Written Program	Compliant	Documenting Statement: No changes
Policies and Procedures		have been made to the written policies
		and procedures since it was last approved
		by this Department.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection	Compilant	
	l	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	
Development Requirements		
Rule	Chatus	Decumenting Statement(s) If applicable
340 AV (400 A)	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
IMIC	Julius	Documenting Statement(5), it applicable

5101:2-12-11 Separation of Children Under 2 1/2 Years	Compliant	
Officer 2 1/2 rears		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Space	Compliant	Documenting Statement: The outdoor
Requirements		play area is separated from traffic and
		other hazards by a fence.
		1 2 4 1 5 1 1 1 1 1
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Compliant	booking statement(s), it applicable
Environment		
The state of the s	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation and	Status Compliant	Documenting Statement: Requirements
-34 A-36/4-20	Section 2 date of the	Documenting Statement: Requirements regarding routine and/or field trips were
Rule: 5101:2-12-14 Transportation and	Section 2 date of the	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The
Rule: 5101:2-12-14 Transportation and	Section 2 date of the	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip
Rule: 5101:2-12-14 Transportation and	Section 2 date of the	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to
Rule: 5101:2-12-14 Transportation and	Section 2 date of the	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents
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Rule: 5101:2-12-14 Transportation and Field Trip Procedures	Compliant	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.
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Rule: 5101:2-12-14 Transportation and Field Trip Procedures  Rule  5101:2-12-16 Medical, Dental, and	Compliant	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.
Rule: 5101:2-12-14 Transportation and Field Trip Procedures  Rule  5101:2-12-16 Medical, Dental, and	Compliant	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.
Rule: 5101:2-12-14 Transportation and Field Trip Procedures  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. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.  Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation and Field Trip Procedures  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. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.  Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation and Field Trip Procedures  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule 5101:2-12-16 Emergency Drills	Status Compliant Status Compliant Compliant	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation and Field Trip Procedures  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule 5101:2-12-16 Emergency Drills	Status Compliant  Status Compliant  Status Compliant	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.  Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation and Field Trip Procedures  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule 5101:2-12-16 Emergency Drills  Rule 5101:2-12-16 First Aid/Standard	Status Compliant Status Compliant Compliant	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation and Field Trip Procedures  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule 5101:2-12-16 Emergency Drills	Status Compliant  Status Compliant  Status Compliant	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation and Field Trip Procedures  Rule 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule 5101:2-12-16 Emergency Drills  Rule 5101:2-12-16 First Aid/Standard	Status Compliant  Status Compliant  Status Compliant	Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. The program uses the ODJFS sample trip permission form for routine trips to secure written permission from parents or guardians.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable

5101:2-12-16 Management of	Compliant	
Communicable Disease	Compliant	
Communicable bisease		
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	
		,
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s) If applicable
Rule: 5101:2-12-17 Materials and	Compliant	Documenting Statement(s), If applicable  Documenting Statement: Sufficient
Equipment	Compilant	equipment was observed in all categories.
Lydipment		equipment was observed in an categories.
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	
D. J.	C1-1	D
Rule 5101:2-12-18 Ratio	Status Compliant	Documenting Statement(s), If applicable
3101.2-12-16 Natio	Compliant	
	<u> </u>	
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	
Dula	Shahara	D-100-04-05-06-06-06-06-06-06-06-06-06-06-06-06-06-
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Compliant	boams
	*	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cribs	Compliant	

Status	Documenting Statement(s), If applicable
Compliant	
Status	Documenting Statement(s), If applicable
Compliant	
Ct-t	D
	Documenting Statement(s), If applicable
Compliant	
Status	Documenting Statement(s), If applicable
Compliant	Documenting Statement: There were no
	children on medication at the time of the
	inspection; however, the method of
	storage and practices for the
	administration were reviewed.
Status	Documenting Statement(s), If applicable
Compliant	
	Status Compliant  Status Compliant  Status Compliant  Status Compliant