

## **Center Licensing Inspection Full Report**

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

|                                     | Program Deta         | ils             |                   |
|-------------------------------------|----------------------|-----------------|-------------------|
| Program Name                        | Program Number       |                 | Program Type      |
| Eversole Run Middle School - Dublin | 2230028614           |                 | Child Care Center |
| Latchkey                            |                      |                 |                   |
| Address                             | 80                   |                 | County            |
| 9015 Gardenia Drive Plain City      |                      |                 | UNION             |
| OH 43064                            |                      |                 |                   |
|                                     |                      |                 |                   |
|                                     |                      |                 | ·                 |
| Building Approval Date              | Use Group/Code       | Occupancy Limit | Maximum Under 2 ½ |
|                                     | School Building      |                 |                   |
| Fire Inspection Approval Date       | Food Service Risk Le | evel            |                   |
|                                     | Level III            |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Pre-license                | Full                           |                  | Unannounced       |              |
| Inspection Date 09/15/2023 | Begin Time 1                   | .0:35 AM         | End Time 11:45 AM |              |
| Reviewer:                  | <u> </u>                       |                  |                   |              |
| CRYSTAL LUSE               |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 0                              | 0                | 0                 | 0            |

| 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)                                 |                  | 0         | 0          | 0     |  |
| Young Toddler                                             |                  | 0         | 0          | 0     |  |
| Total Under 2 ½ Years                                     |                  | 0         | 0          | 0     |  |
| Older Toddler                                             |                  | 0         | 0          | 0     |  |
| Preschool                                                 |                  | 0         | 0          | 0     |  |
| School Age                                                |                  | 0         | 0          | 0     |  |
| Total Capacity/Enrollment                                 |                  | 0         | 0          | 0     |  |

| S     | taff-Child Ratios at the Time of Ins | pection        |         |
|-------|--------------------------------------|----------------|---------|
| Group | Age Group/Range                      | Ratio Observed | Comment |

## **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                                         |
| No Moderate Risk Non-Compliances were observed during this inspection |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
| Low Risk Non-Compliances                                              |
| No Low Risk Non-Compliances were observed during this inspection      |

| <br>View representation (V |
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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 will     |
|                                    |           | be posted in a location visible to parents  |
|                                    |           | as required.                                |
|                                    |           |                                             |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-02 Current         | Compliant | Documenting Statement: The program          |
| Information                        |           | had current information entered in the      |
|                                    |           | Ohio Child Licensing and Quality System     |
|                                    |           | (OCLQS).                                    |
|                                    |           |                                             |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-03 Inspection            | Compliant |                                             |
| Requirements                       |           |                                             |
|                                    |           |                                             |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Building        | Compliant | Documenting Statement: This program         |
| Department Inspection              |           | serves only school age children in a public |
|                                    |           | or chartered non-public school building.    |
|                                    |           |                                             |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: This program         |
|                                    |           | serves only school age children in a public |
|                                    |           | or chartered non-public school building.    |

| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status    | Documenting Statement(s), If applicable     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------|
| Rule: 5101:2-12-04 Food Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Compliant | Documenting Statement: The food service     |
| Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | license was observed posted. Following is   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | the audit number and date of expiration:    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | #SHAN-BSWR87, exp 3/1/24.                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 2 2                                         |
| Rule: 5101:2-12-04 Food Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Compliant | Documenting Statement: Written              |
| Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | permission to operate under the food        |
| Tourney about Purpleton compage was into keep to the compage of th |           | service license of another entity at the    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | same location was observed.                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Same resulten was easer vear                |
| D. I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                             |
| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Compliant |                                             |
| Qualifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                             |
| Pula                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ctatus    | Decumenting Statements of smill and         |
| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Compliant |                                             |
| Responsibilities/Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                             |
| - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                             |
| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-07 Written Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Compliant | Documenting Statement: The written          |
| Policies and Procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | policies and procedures reviewed on the     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | day of the inspection were verified as      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | complete.                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         |                                             |
| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-08 Medical Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Compliant | Documenting Statement: All employees        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | had current medical statements on file.     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                             |
| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Orientation Training &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Compliant | Documenting Statement(3), it applicable     |
| Whistle Blower Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Compliant |                                             |
| Whistie Blower Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                             |
| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status    | Documenting Statement(s), If applicable     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Documenting Statement(s), if applicable     |
| 5101:2-12-09 Background Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Compliant |                                             |
| Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                             |
| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Health Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Compliant | Documenting Statement: The program          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Compilant | had at least one Child Care Staff Member    |
| Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | 76                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 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                                | Status    | Documenting Statement(s), If applicable                                          |
| 5101:2-12-10 Professional           | Compliant | Documenting Statement(s), if applicable                                          |
| Development Requirements            | Compliant |                                                                                  |
| Development Requirements            |           |                                                                                  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                          |
| 5101:2-12-11 Indoor Space           | Compliant |                                                                                  |
| Requirements                        |           |                                                                                  |
|                                     |           |                                                                                  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                          |
| Rule: 5101:2-12-11 Outdoor Space    | Compliant | Documenting Statement: During the                                                |
| Requirements                        |           | inspection, the requirements of the rule regarding outdoor space were discussed. |
|                                     |           | The program is using a grassy area for                                           |
|                                     |           | their outdoor space, but they will also be                                       |
|                                     |           | permitted to use the track & field when it                                       |
|                                     |           | is not in use by sports teams.                                                   |
|                                     |           | is not in use by sports teams.                                                   |
|                                     |           |                                                                                  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                          |
| Rule: 5101:2-12-12 Safe Equipment   | Compliant | Documenting Statement: Equipment was                                             |
|                                     |           | observed to be in good condition.                                                |
|                                     |           |                                                                                  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                          |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe                                                    |
|                                     |           | environment was observed during the                                              |
|                                     |           | inspection. Children were protected from                                         |
|                                     |           | items and conditions which threaten their                                        |
|                                     |           | health, safety and well-being.                                                   |
| L                                   |           |                                                                                  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                          |
| Rule: 5101:2-12-13 Sanitary         | Compliant | Documenting Statement: On the day of                                             |
| Equipment and Environment           |           | the inspection, the program provided a                                           |
|                                     |           | clean environment in accordance with                                             |
|                                     |           | Appendix A of this rule, which included                                          |
|                                     |           | the furniture, materials and equipment.                                          |
| L                                   |           |                                                                                  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                          |
| 5101:2-12-13 Handwashing            | Compliant |                                                                                  |
| Requirements                        |           |                                                                                  |
|                                     |           |                                                                                  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                          |

| 5101:2-12-13 Smoke Free<br>Environment            | Compliant |                                           |
|---------------------------------------------------|-----------|-------------------------------------------|
| 1                                                 |           |                                           |
| Rule                                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-15 Child Medical and Enrollment Records | Compliant |                                           |
|                                                   | •         |                                           |
| Rule                                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-15 Medical/Physical Care<br>Plans       | Compliant |                                           |
|                                                   |           |                                           |
| Rule                                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,               | Compliant | Documenting Statement: On the day of      |
| and General Emergency Plan                        |           | the inspection, the complete prescribed   |
|                                                   |           | JFS 01242 "Medical, Dental, and General   |
|                                                   |           | Emergency Plan For Child Care" were       |
|                                                   |           | posted in the program as required.        |
|                                                   |           |                                           |
| Rule                                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Emergency Drills                     | Compliant |                                           |
|                                                   |           |                                           |
| 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   |
| Rule: 5101:2-12-16 Management of                  | Compliant | Documenting Statement: The JFS 08087      |
| Communicable Disease                              |           | "Communicable Disease Chart" was          |
|                                                   |           | posted and was readily available to staff |
|                                                   |           | and parents.                              |
|                                                   |           |                                           |
| Rule                                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury                      | Compliant |                                           |
| Reporting                                         |           |                                           |
| Rule                                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Written Disaster               | Compliant | Documenting Statement: The program's      |
| Plan                                              |           | written disaster plan was reviewed during |
|                                                   |           | the inspection and met the requirements.  |
| <u> </u>                                          |           |                                           |
| Rule                                              | Status    | Documenting Statement(s), If applicable   |
|                                                   | 020 10    |                                           |
| Rule: 5101:2-12-17 Daily Schedule                 | Compliant | Documenting Statement: Daily schedules    |

| Beginning!                        |            |                                                                                |
|-----------------------------------|------------|--------------------------------------------------------------------------------|
|                                   |            |                                                                                |
|                                   |            |                                                                                |
| Rule                              | Status     | Documenting Statement(s), If applicable                                        |
| Rule: 5101:2-12-17 Materials and  | Compliant  | Documenting Statement: Sufficient                                              |
| Equipment                         |            | equipment was observed in 5 of the 9                                           |
|                                   |            | categories.                                                                    |
|                                   |            |                                                                                |
| <u></u>                           | E          |                                                                                |
| Rule                              | Status     | Documenting Statement(s), If applicable                                        |
| 5101:2-12-17 Daily Outdoor Play   | Compliant  |                                                                                |
|                                   |            |                                                                                |
|                                   |            |                                                                                |
| Rule                              | Status     | Documenting Statement(s), If applicable                                        |
| 5101:2-12-18 License Capacity     | Compliant  |                                                                                |
|                                   |            |                                                                                |
| Rule                              | Status     | Documenting Statement(s), If applicable                                        |
| Rule: 5101:2-12-18 Ratio          | Compliant  | Documenting Statement(s), if applicable  Documenting Statement: The Appendix A |
| Mule: 3101.2-12-10 Natio          | Compliant  | "Staff/Child Ratios, Age Grouping and                                          |
|                                   |            | Maximum Group Size" was posted in a                                            |
|                                   |            | noticeable area at the program as                                              |
|                                   |            | required.                                                                      |
|                                   |            | required.                                                                      |
|                                   |            |                                                                                |
| Rule                              | Status     | Documenting Statement(s), If applicable                                        |
| 5101:2-12-18 Group Size           | Compliant  | Boddmenting Statement(3), it approads                                          |
| 310112 12 10 010 up 0120          | Compilant  |                                                                                |
|                                   | <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  |                                                                                |
|                                   |            |                                                                                |
|                                   |            |                                                                                |
| Rule                              | Status     | Documenting Statement(s), If applicable                                        |
| 5101:2-12-19 Child Guidance       | Compliant  |                                                                                |
|                                   | ļ          |                                                                                |
| Rule                              | Status     | Documenting Statement(s), If applicable                                        |
| Rule: 5101:2-12-22 Meal and Snack | Compliant  | Documenting Statement(s), if applicable  Documenting Statement: The menu was   |
| Requirements                      | Compliant  | posted on the parent board.                                                    |
| Nequilements                      |            | posted on the parent board.                                                    |
| <u>I</u>                          |            |                                                                                |
| Rule                              | Status     | Documenting Statement(s), If applicable                                        |
| 5101:2-12-22 Safe Food            | Compliant  | bocumenting statement(3), it applicable                                        |
| Handling/Storage                  | Johnphalit |                                                                                |
| Transmitty ocorage                |            |                                                                                |
| Rule                              | Status     | Documenting Statement(s), If applicable                                        |
| nuic                              | Julius     | Documenting Statement(3), if applicable                                        |



| 5101:2-12-25 Medication<br>Administration                              | Compliant |                                                                                                                          |
|------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------|
| Rule                                                                   | Status    | Documenting Statement(s), If applicable                                                                                  |
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements | Compliant | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program. |