

# **Center Licensing Inspection Full Report**

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

| Program Details                     |                     |                         |                    |  |
|-------------------------------------|---------------------|-------------------------|--------------------|--|
| Program Name                        | Program Number      |                         | Program Type       |  |
| Creative Kids Child Care Center     | 2240029422          |                         | Child Care Center  |  |
| Address<br>2350 Fuji Drive Columbus |                     |                         | County<br>FRANKLIN |  |
| ОН                                  |                     |                         |                    |  |
| 43229                               |                     |                         |                    |  |
|                                     |                     |                         |                    |  |
| Building Approval Date              | Use Group/Code      | Occupancy Limit         | Maximum Under 2 ½  |  |
| 08/24/2023                          | E                   | 98                      | 36                 |  |
| Fire Inspection Approval Date       | Food Service Risk L | Food Service Risk Level |                    |  |
| 11/15/2023                          | Level II            |                         |                    |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 06/12/2024             | 10:00 AM                       |                  | 11:45 AM          |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 06/12/2024             | 1:30 PM                        |                  | 2:05 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| HEATHER WARES          |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| HEATHER WARES          |                                |                  |                   |              |
| TIE/(TITEI( W/(I(E)    |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 56                     | 12                             | 0                | 2                 | 12           |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 3          | 2         | 5     |
| Young Toddler   |                  | 2          | 5         | 7     |
| Total Under 2 ½ Years                                     | 32               | 5          | 7         | 12    |
| Older Toddler   |                  | 0          | 2         | 2     |
| Preschool   |                  | 2          | 10        | 12    |
| School Age  |                  | 6          | 38        | 44    |



| Total Capacity/Enrollment 87 8 50 70 |
|--------------------------------------|
|--------------------------------------|

| Staff-Child Ratios at the Time of Inspection |                          |                |                         |
|--|--------------------------|----------------|-------------------------|
| Group  | Age Group/Range          | Ratio Observed | Comment                 |
| Infant/Toddler                               | Mixed Age Group          | 1 to 2         | Under 12 - 28<br>months |
| Schoolage                                    | School-Age to < 11 years | 2 to 3         |                         |

## **Summary of Non-Compliances**

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

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

### **Moderate Risk Non-Compliances**

Domain: 05 Health & Safety

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

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

<u>Finding</u>: During the inspection, it was determined that a meal or snack at the program did not meet the requirements as noted in number(s) 9 below:

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



- 7. The meal served did not include two items from the fruit/vegetable group.
- 8. The meal served did not include a vegetable (two fruits were served).
- 9. The meal served did not include a serving of fluid milk.

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

Corrective Action Plan Due: 07/12/2024

#### Domain: 09 Children's Files

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

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

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 1 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

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

(Page 3)

20. Child's name was missing.

- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.
- (Page 4)
- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

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

Corrective Action Plan Due: 07/12/2024



#### Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 4 below:

- 1. There was no method in place;
- 2. The method did not include each child's name;
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times;
- 5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 07/12/2024

#### **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-12-11 Outdoor Play Fall Zones

Code: The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

<u>Finding</u>: During the inspection, it was determined the fall zone under and around equipment designated for climbing, swinging, balancing and sliding did not meet the requirements as noted in number(s) 2 below:

- 1. The fall surface material had not been properly distributed or raked as needed to retain proper depth under and around equipment.
- 2. A fall zone hazard was present, in that, the ride on toy was at the base of the slide and posed a risk of injury if a child were to fall from a piece of equipment.
- 3. The fall zone was less than 3 feet from the fence for equipment used by children 23 months of age and younger.
- 4. The fall zone was less than 6 feet from the fence for equipment used by children 24 months of age and older.
- 5. There was not a fall zone of 3 feet in all directions from the perimeter of the equipment used by children 23 months of age and younger.
- 6. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment used by children 24 months of age and older.
- 7. The fall zone was less than 4 1/2 feet from each piece of applicable equipment used by children 23 months of age and younger.
- 8. The fall zone was less than 9 feet from each piece of applicable equipment used by children 24 months of age and older.
- 9. Other [ ].

The program is required to provide adequate fall zones under and around outdoor play equipment at all times. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/12/2024

#### Domain: 04 Indoor/Outdoor Space

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

Code: The program is required to have an outdoor play space free from trash and foreign objects.

<u>Finding</u>: During the inspection, it was determined that the outdoor play space was not free of trash or foreign objects as noted in number(s) 8 below:

- 1. The outdoor area was littered with trash.
- 2. The trash can was missing a lid.
- 3. The trash can was not emptied from the day(s) before.
- 4. The trash can was overflowing with trash.
- 5. The trash can was infested with insects.
- 6. The trash can was visibly dirty.
- 7. There was broken glass.
- 8. There were tall weeds.
- 9. There was poison ivy.
- 10. There were tree branches.
- 11. There was mold visible.
- 12. There were thistles with prickers.
- 13. There were bird droppings.
- 14. The sandbox was contaminated.
- 15. Other [ ].

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

Corrective Action Plan Due: 07/12/2024

Domain: 05 Health & Safety

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

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

<u>Finding</u>: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 6 below.

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

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

Corrective Action Plan Due: 07/12/2024

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

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

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

<u>Finding</u>: During the inspection, it was determined that the written record used to document infant routines and activities did not meet the requirements as noted in number(s) 1 below:

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

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

Corrective Action Plan Due: 07/12/2024

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



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

Code: The program staff is required to label bottles containing formula or breast milk.

<u>Finding</u>: During the inspection, it was determined that bottles containing formula for a particular infant were not labeled with the child's name and date of preparation. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 07/12/2024

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

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

<u>Code</u>: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number(s) 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

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

Corrective Action Plan Due: 07/12/2024

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

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 6a below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:
- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/12/2024

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

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

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 1, 2, 3 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/12/2024

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

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

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

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 1 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 07/12/2024

#### Domain: 09 Children's Files

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

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

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1, 8 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination

- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified

nurse practitioner (CNP) who examined the child

- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other [ ]

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

Corrective Action Plan Due: 07/12/2024

#### Domain: 09 Children's Files

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

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

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 1, 4, 5, 6, 10, 11, 15 below.

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



15. Enrollment form for at least one child was not signed by the administrator and dated 16. Other [ ]

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

Corrective Action Plan Due: 07/12/2024

# **Rules In-Compliance/Not Verified**

| Rule                             | Status    | Documenting Statement(s), If applicable   |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted      | Compliant |   |
| Rule                             | Status    | Decumenting Chatemantics of annihila      |
| 21010                            |           | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection          | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department | Compliant |   |
| Inspection                       |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Fire Inspection     | Compliant |   |
|                                  |           |   |
| 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:  |
|                                  |           | 9971948 3/1/25.                           |
|                                  |           | , , -                                     |

| Rule: 5101:2-12-04 Food Service<br>Requirements             | Compliant              | Documenting Statement: The off-site food processing establishment's current Ohio Department of Agriculture registration information was observed during the inspection. |
|---|------------------------|---|
| Rule  | Status                 | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator Qualifications                   | Compliant              | bocumenting statement(s), if applicable   |
| Rule  | Status                 | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator<br>Responsibilities/Requirements | Compliant              |   |
| Rule  | Status                 | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program Policies and Procedures        | Compliant              |   |
| Rule  | Status                 | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-09 Background Check<br>Requirements         | Compliant              | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.                              |
|   |                        | 10 11 61 1 1/1 11   |
| Rule 5101:2-12-10 Professional Development Requirements     | Status<br>Not Verified | Documenting Statement(s), If applicable   |
|   | l c                    | 0 1: 6: 1/2 15 15   |
| Rule<br>5101:2-12-11 Indoor Space<br>Requirements           | Status<br>Compliant    | Documenting Statement(s), If applicable   |
| Rule  | Status                 | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years    | Compliant              | Documenting statement(s), if applicable   |
| Rule  | Status                 | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play Equipment                   | Compliant              | Documenting Statement: Outdoor equipment was viewed to be safe and free of rust, sharp points, and other hazards.   |
|   | T <sub>a</sub> , .     |   |
| Rule 5101:2-12-12 Safe Equipment                            | Status<br>Compliant    | Documenting Statement(s), If applicable   |

| Rule                                    | Status              | Documenting Statement(s) If applicable                                     |
|---|---------------------|--|
| Rule: 5101:2-12-12 Safe Environment     | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Cleaning   |
| Rule. 5101.2-12-12 Sale Elivirolillelit | Compilant           | supplies were viewed stored out of the                                     |
|   |                     | reach of children.   |
|   |                     | reach of children.   |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-13 Sanitary             | Compliant           | Documenting Statement: On the day of                                       |
| Equipment and Environment               | Compilant           | the inspection, the program provided a                                     |
| Equipment and Environment               |                     | clean environment in accordance with                                       |
|   |                     | Appendix A of this rule, which included                                    |
|   |                     | the furniture, materials and equipment.                                    |
|   |                     | the farmere, materials and equipment.                                      |
|   | - <b>I</b>          |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-13 Handwashing          | Compliant           | Documenting Statement: Children were                                       |
| Requirements                            |                     | viewed washing their hands, as required                                    |
|   |                     | by the rule.   |
|   |                     |  |
| Dulo                                    | Ctatus              | Decumenting State mental of a multiple                                     |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-13 Smoke Free           | Compliant           | Documenting Statement: A notice was  |
| Environment                             |                     | observed posted stating that smoking is                                    |
|   |                     | prohibited at the program.   |
|   |                     |  |
| 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                                    |
| Rule: 5101:2-12-16 Emergency Drills     | Compliant           | Documenting Statement: Documentation                                       |
|   |                     | for completed fire, weather, and   |
|   |                     | emergency/lockdown drills was verified                                     |
|   |                     | during this inspection.  |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-16 First Aid/Standard   | Compliant           | Documenting Statement(s), if applicable  Documenting Statement: During the |
| Precautions                             | Compilant           | inspection, the program had complete                                       |
| 1 i cedutions                           |                     | first aid kits available as required.                                      |
|   |                     | ili st alu kits avallable as requireu.                                     |
|   | 1                   | l  |
|   | Status              | Documenting Statement(s), If applicable                                    |

| Beginning!                        |           |   |
|-----------------------------------|-----------|---|
| 5101:2-12-16 Management of        | Compliant |   |
| Communicable Disease              |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury      | Compliant |   |
| Reporting                         |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the         |
| •                                 | ·         | inspection, developmentally-appropriate   |
|                                   |           | practices were observed in the            |
|                                   |           | classroom(s).                             |
|                                   |           | , ,                                       |
|                                   |           | <u> </u>                                  |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and  | Compliant | Documenting Statement: Sufficient         |
| Equipment                         | ·         | equipment was observed in all categories. |
|                                   |           |   |
|                                   | ·         | ·   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play   | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity     | Compliant |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Ratio                | Compliant | Documenting Statement(s), if applicable   |
| 3101.2-12-16 Natio                | Compliant |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Group Size           | Compliant |   |
| ·                                 | ·         |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Supervision    | Compliant | Documenting Statement: Child Care Staff   |
|                                   |           | Members were supervising the children     |
|                                   |           | and were able to intervene as needed.     |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance       | Compliant |   |
|                                   |           |   |
| Rule                              | Ctatus    | Documenting Statement(s) If applicable    |
|                                   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cots and Napping     | Compliant |   |
|                                   |           |   |
|                                   |           |   |

| Rule                                     | Status       | Documenting Statement(s), If applicable  |
|--|--------------|--|
| Rule: 5101:2-12-20 Cribs                 | Compliant    | Documenting Statement: All cribs were    |
|  |              | labeled with the assigned infant's name. |
|  |              |  |
|  |              |  |
| Rule                                     | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-21 Evening and Overnight       | Not Verified |  |
| Care                                     |              |  |
|  |              |  |
| Rule                                     | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements     | Compliant    |  |
|  |              |  |
|  | I a          |  |
| Rule                                     | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Safe Food             | Compliant    | Documenting Statement: Food was stored   |
| Handling/Storage                         |              | in a safe and sanitary manner.           |
|  |              |  |
| Rule                                     | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Diapering and Toilet        | Compliant    | bocumenting statement(s), if applicable  |
| Training                                 | Compliant    |  |
| Halling                                  |              |  |
| Rule                                     | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-25 Medication                  | Compliant    | bocumenting statement(s), it applicable  |
| Administration                           | Compilation  |  |
| Administration                           | <u> </u>     |  |
| Rule                                     | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Written Disaster Plan       | Compliant    |  |
| 22222 22 23 2223 23 23 23 23 23 23 23 23 |              |  |
|  | '            |  |
|  |              |  |