

Ohio Department of Job and Family Services
INSPECTION REPORT FOR TYPE B HOME

Provider Name			Provider Number	Telephone Number
Address			County	Hours of Operation
City			Zip Code	
Date(s) of Inspection	Time of Inspection		Purpose of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Complaint <input type="checkbox"/> Compliance <input type="checkbox"/> Monitoring	Name of county department of job and family services (CDJFS) Staff
	Arrive	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	Depart	<input type="checkbox"/> AM <input type="checkbox"/> PM		

Current Enrollment

List all children currently being provided care during all shifts and all days of the week, including children whose care is paid for by the CDJFS, children of parents who pay privately, and children under the age of six who are related to the provider.

Child's Complete Name	Age	Private Pay Y/N	Schedule of Care	JFS 01297 Y/N	Medical Y/N N/A	JFS 01634 Y/N

List all persons, over 18 years of age, who are staying in the home.

Name	JFS 01329	BCII/FBI (exp. date)	Central Registry (exp. date)

HEALTH AND SAFETY CHECKLIST

Key Code:

I = In Compliance

O = Out of Compliance

P/V = Previously Verified

N/V = Compliance Not Verified

N/A = Not Applicable

Please Note: All Noncompliances shall be summarized on page 9

Compliance Item	Key	Comments								
5101:2-14-02 Application Requirements		<input type="checkbox"/> JFS 01643 and interview completed <input type="checkbox"/> JFS 01280 Provider Medical Statement completed /date: <input type="checkbox"/> JFS 01329 Nonconviction Statement completed for provider and all adults in home <input type="checkbox"/> BCII and FBI criminal records check completed for provider and all adults in home <input type="checkbox"/> JFS 01302 Request for Child Abuse and Neglect Report Information <input type="checkbox"/> JFS 01923 Emergency and Substitute Caregiver Statement completed <input type="checkbox"/> High school diploma or GED verified for providers certified on or after April 1, 2003								
5101:2-14-02 Issuance of License		<input type="checkbox"/> JFS 08087 Communicable Disease Chart given to provider <input type="checkbox"/> All forms required for record keeping given to provider <input type="checkbox"/> License posted								
5101: 2-14-06 Provider Qualifications		<input type="checkbox"/> At least 18 years of age/Date of birth: <input type="checkbox"/> At least six months experience in child care, parenthood, or documentation of 30 hours of approved training <input type="checkbox"/> Notify CDJFS of any changes in household composition <input type="checkbox"/> Provide caretakers with income tax preparation information <input type="checkbox"/> Provider has a six hour break or waiver								
5101:2-14-06 Caretaker/Provider Responsibilities		<input type="checkbox"/> Caretaker and provider met for discussion and completion of JFS 01634 "Caretaker/Provider Agreement" <input type="checkbox"/> JFS 01332 "Child Care Handbook for Caretakers" completed <input type="checkbox"/> Provider gives caretaker written receipt for all payments made <input type="checkbox"/> Proof of liability insurance or JFS 01933 signed by caretakers								
5101:2-14-07 Offenses Prohibiting Certification		<input type="checkbox"/> JFS 01329 Completed for provider and all adults residing in the home <input type="checkbox"/> BCII criminal records check current for provider and all adults in home								
5101:2-14-08 Training Requirements		<input type="checkbox"/> Provider currently trained in First Aid Exp date: _____ <input type="checkbox"/> Provider currently trained in CPR Exp date: _____ <input type="checkbox"/> Health and Safety training completed Exp date: _____								
First Year: Completed at least six hours of training and have completed training in Management of Communicable Disease and Child Abuse		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Child Growth</td><td style="width: 25%;">Comm. Disease</td><td style="width: 25%;">Child Abuse</td><td style="width: 25%;">Gen. Knowledge</td></tr> <tr> <td colspan="4" style="height: 100px;"></td></tr> </table>	Child Growth	Comm. Disease	Child Abuse	Gen. Knowledge				
Child Growth	Comm. Disease	Child Abuse	Gen. Knowledge							
Second Year and After: Completed at least six hours of training with at least two hours in Child Growth/Development										
Providers attended all CDJFS mandatory trainings										

5101:2-14-09 Emergency and Substitute Care		<input type="checkbox"/> JFS 01923 Emergency/Substitute Caregiver Statement completed <input type="checkbox"/> JFS 01329 Nonconviction Statement signed <input type="checkbox"/> BCII and FBI results on file <input type="checkbox"/> JFS 01302 Request for Child Abuse and Neglect Report Information <input type="checkbox"/> Health and Safety training completed <input type="checkbox"/> Currently trained in First Aid Exp date: _____ <input type="checkbox"/> Currently trained in CPR Exp date: _____
5101:2-14-09 Employee/Assistant		<input type="checkbox"/> The JFS 01527 on file *CDJFS must complete the JFS 01528
5101:2-14-10 Fire Safety <u>Escape Routes:</u> Basement exits Primary: _____ Secondary: _____ First Floor Primary: _____ Secondary: _____ Second Floor Primary: _____ Secondary: _____		<input type="checkbox"/> Primary and secondary escape routes <input type="checkbox"/> No space higher than the second floor of building used for child care <input type="checkbox"/> Window openings 5.7 sq. ft. <input type="checkbox"/> No space accessible only by ladder, folding stairs or trapdoor is used <input type="checkbox"/> All stairs, hallways and passages to exit are adequately lighted <input type="checkbox"/> Doorways, corridors, stairways are clear of obstructions <input type="checkbox"/> Written evacuation plan <input type="checkbox"/> Documentation of plan and log of practice drills <input type="checkbox"/> Proper storage of flammable/combustible materials <input type="checkbox"/> One working UL or FM smoke detector on each level of the home <input type="checkbox"/> One working UL or FM carbon monoxide detector on each level of home <input type="checkbox"/> At least one UL or FM portable fire extinguisher; one in kitchen (minimum rating of 1A:10BC) <input type="checkbox"/> Nonflammable guards on heaters, no unprotected flames <input type="checkbox"/> Electrical connections in properly covered junction boxes <input type="checkbox"/> Childproof covers on electrical outlets <input type="checkbox"/> No exposed light bulbs
5101:2-14-11 Indoor Floor Space		Indoor square footage available for child care: _____ <input type="checkbox"/> Thirty-five square feet per child of usable floor space <input type="checkbox"/> Placement of furniture and equipment ensures child safety and mobility <input type="checkbox"/> Uninterrupted space available <input type="checkbox"/> Individual storage for child's personal items
5101:2-14-11 Outdoor Play Daily outdoor play provided in suitable weather Outdoor play area provides at least 60 square feet of usable space per child using the area at one time Outdoor play area protected by a fence in good repair with functioning gates or a natural barrier Children provided with access to drinking water and bathroom facilities during play times Shade provided as needed Outdoor play area free of rubbish, foreign objects, garbage, hazards Climbing equipment, swings, teeter-totters and slides have a fall zone of protective resilient material under and around equipment		Outdoor square footage available for child care: _____ Equipment <input type="checkbox"/> Out of traffic pattern <input type="checkbox"/> Anchored or stable <input type="checkbox"/> All parts in working order <input type="checkbox"/> Ropes attached at both ends (< 5" diameter loop or less) <input type="checkbox"/> "S" hooks closed (.04 or thickness of dime) <input type="checkbox"/> Free of rust, cracks, holes splinters, sharp points or edges <input type="checkbox"/> No chipped/peeling paint or toxic substances <input type="checkbox"/> No protruding bolts or tripping hazards <input type="checkbox"/> No trampolines permitted <input type="checkbox"/> Protective barriers on platforms over 30" <input type="checkbox"/> Assembled/Installed according to manufacturer's guidelines <input type="checkbox"/> Sandboxes covered when not in use

5101:2-14-12 Safe Equipment and Environment		Safe <input type="checkbox"/> Firearms onsite locked and out of sight <input type="checkbox"/> Temperature 65-85 degrees indoor <input type="checkbox"/> No broken or unsafe equipment <input type="checkbox"/> No hazardous conditions <input type="checkbox"/> No toys small enough to swallow <input type="checkbox"/> Cleaning supplies and storage/labeling <input type="checkbox"/> Pets inoculated, licensed and properly cared for <input type="checkbox"/> Electrical outlet covers <input type="checkbox"/> Fans and air conditioners used safely <input type="checkbox"/> Blind cords, electrical cords secure <input type="checkbox"/> Lawnmowers not used or accessible <input type="checkbox"/> Toilet and sink height suitable or platform <input type="checkbox"/> Proper ventilation <input type="checkbox"/> Protective covering under indoor gross motor <input type="checkbox"/> Equipment straps used properly <input type="checkbox"/> Handles of pots facing inward on stove <input type="checkbox"/> No spray aerosols <input type="checkbox"/> Safe use of equipment <input type="checkbox"/> No environmental hazards <input type="checkbox"/> No mercury thermometers <input type="checkbox"/> "No Weapons" sign posted [per ORC 2923.1212(A)(8)] <input type="checkbox"/> Hot tubs or spas not used or accessible <input type="checkbox"/> Aware of Consumer Product Safety Commission (CPSC) guidelines and follow them (recommended)																																	
5101:2-14-13 Sanitary Equipment and Environment		Sanitary <input type="checkbox"/> Toilet tissue, liquid soap, toweling available for handwashing <input type="checkbox"/> Toilets flushed after use <input type="checkbox"/> Home and equipment clean and in good repair <input type="checkbox"/> Food/drink servings discarded if not used <input type="checkbox"/> Cups/dishes/silverware cleaned and sanitized after use or sent home <input type="checkbox"/> Water bottles labeled and sanitized <input type="checkbox"/> Water supply is safe and sanitary, Non-public water supply, date last tested: _____ Before and or After Use- food prep area, highchair trays, soiled toilet parts, changing table, potty chairs, toys in mouth, items soiled w/blood or bodily fluids Daily- wastebaskets emptied, diaper cans, sink/handles, toilet seats, bowls and handles Weekly- floors, carpets, blankets/sheets, washable furniture, highchairs Monthly- cribs, dress up clothes/hats, toys, slip covers for furniture Every Three Months- cots																																	
5101:2-14-13 Handwashing and Basic Precautions Provider handwashing-done properly (15 seconds with liquid soap and running water) Children handwashing instructed/assisted as needed		<table border="0"> <tr> <td><u>Prov.</u></td> <td><u>Children</u></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>After toileting or assisting with toileting</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td>After changing diapers or pull-ups</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>After handling pets or items</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Before eating/serving/preparing food</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td>Before feeding bottles or food</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>After contact with bodily fluids</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td>Before/after medication/first aid/medical procedure</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td>After removing gloves</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>When returning inside after outdoor play</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>When hands are visibly soiled</td> </tr> </table>	<u>Prov.</u>	<u>Children</u>		<input type="checkbox"/>	<input type="checkbox"/>	After toileting or assisting with toileting	<input type="checkbox"/>		After changing diapers or pull-ups	<input type="checkbox"/>	<input type="checkbox"/>	After handling pets or items	<input type="checkbox"/>	<input type="checkbox"/>	Before eating/serving/preparing food	<input type="checkbox"/>		Before feeding bottles or food	<input type="checkbox"/>	<input type="checkbox"/>	After contact with bodily fluids	<input type="checkbox"/>		Before/after medication/first aid/medical procedure	<input type="checkbox"/>		After removing gloves		<input type="checkbox"/>	When returning inside after outdoor play	<input type="checkbox"/>	<input type="checkbox"/>	When hands are visibly soiled
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5101:2-14-13 Smoke Free Environment		<input type="checkbox"/> No smoking in home or attached buildings <input type="checkbox"/> Person smoking cannot be seen by children <input type="checkbox"/> Area removed so that smoke not inhaled																																	

"No smoking" sign posted		<input type="checkbox"/> Written notice provided to caretakers if smoking permitted in home after child care hours <input type="checkbox"/> No smoking in vehicles while children are being transported
5101:2-14-14 Transportation and Field Trip Safety		<input type="checkbox"/> Written permission for routine trips or field trips <input type="checkbox"/> JFS 01297 "Child Enrollment/Health Information" taken for every child <input type="checkbox"/> JFS 01928 "Medical/Physical Care Plan" taken for children who may require special care <input type="checkbox"/> First aid supplies <input type="checkbox"/> Working cell phone or other means of immediate communication <input type="checkbox"/> Provider has valid driver's license and verified insurance coverage <input type="checkbox"/> Emergency/substitute has valid driver's license and insurance coverage <input type="checkbox"/> Approved child restraint systems used <input type="checkbox"/> No children under 12 years old in the front seat <input type="checkbox"/> No smoking in vehicle when occupied by children <input type="checkbox"/> Contact information shall be attached to the child.
Permission forms complete		<input type="checkbox"/> Child's name <input type="checkbox"/> Destination (and date for field trips) <input type="checkbox"/> Caretaker's signature and date <input type="checkbox"/> Notification if children will have access to bodies of water eighteen inches or more in depth
5101:2-14-15 Records Requirements		<input type="checkbox"/> JFS 01297 "Child Enrollment and Health Information" complete for every child in care <input type="checkbox"/> JFS 01297 Updated annually and as needed by caretaker <input type="checkbox"/> Child's Medical Statement on file within 30 days of attendance for every child (not yet attending school) in care <input type="checkbox"/> Medical exam completed every 13 months <input type="checkbox"/> Records are kept confidential <input type="checkbox"/> Records can be easily/quickly accessed and removed in an emergency <input type="checkbox"/> Daily attendance record maintained
5101:2-14-15 Administration of Medication		<input type="checkbox"/> Provider uses prescribed form, JFS 01644 "Permission to Administer Medication" <input type="checkbox"/> JFS 01644 completed for all medications, topical ointments, food supplements <input type="checkbox"/> Medications properly labeled <input type="checkbox"/> Medications are safely and properly stored <input type="checkbox"/> Provider ensures that child has had medication prior to the provider administering <input type="checkbox"/> Medication in refrigerator stored in a separate container <input type="checkbox"/> Medications no longer needed or expired, sent home or disposed
5101:2-14-15 Care of Children with Special Needs or Health Conditions		<input type="checkbox"/> JFS 01928 "Medical/Physical Care Plan" on file for children with special needs or health conditions <input type="checkbox"/> Plan updated at least annually and as needed <input type="checkbox"/> Provider has received training as needed <input type="checkbox"/> Modified meal plan on file
5101:2-14-16 Medical, Dental General Emergency Plan Plan posted readily in view and on each level of the home used for child care		<input type="checkbox"/> Name, address, telephone number of home <input type="checkbox"/> Location of first aid kit, fire extinguishers, electrical box <input type="checkbox"/> Emergency telephone numbers <input type="checkbox"/> Location of children's medical and other records

Plan complete/prescribed form used, JFS 01929		<input type="checkbox"/> General emergency instructions including supervision of children <input type="checkbox"/> General instructions for serious incident, injury or illness and parent notification <input type="checkbox"/> Instructions for other emergencies i.e. tornado, threat to safety, etc. <input type="checkbox"/> Location of child car safety seat or alternative policy
Child car safety seat available w/label or alternative plan		
5101:2-14-16 Incident/Injury Report		<input type="checkbox"/> Provider using prescribed form <input type="checkbox"/> JFS 01299 "Incident/Injury Reports" appropriately completed and filed <input type="checkbox"/> CDJFS notified as required for serious incidents/injuries or death
5101:2-14-16 First Aid Supplies and Procedures		<input type="checkbox"/> Tweezers <input type="checkbox"/> Rounded end scissors <input type="checkbox"/> Digital thermometer <input type="checkbox"/> Assorted adhesive bandages <input type="checkbox"/> Assorted gauze squares <input type="checkbox"/> First Aid tape <input type="checkbox"/> Rolled gauze bandage <input type="checkbox"/> Instant cold pack or ice <input type="checkbox"/> Disposable non-latex gloves <input type="checkbox"/> Pocket mask or face shield for CPR, (appropriate for all ages of children in care at the home) <input type="checkbox"/> Working flashlight <input type="checkbox"/> Sealable plastic bags, assorted sizes <input type="checkbox"/> Tooth preservation system or fresh chilled milk (providers serving S/A only) <input type="checkbox"/> A current guide to emergency first aid <input type="checkbox"/> Soap (fieldtrips/routine trips only) <input type="checkbox"/> Bottled water (fieldtrips/routine trips only)
Supplies Complete		
Supplies in a closed, unlocked first aid container that is readily available, but out of reach of children		
First aid kit taken on field trips and routine trips		
Basic precautions followed		
5101:2-14-16 Management of Communicable Disease		<input type="checkbox"/> Provider observes children for signs of communicable illness upon arrival each day <input type="checkbox"/> Ill children isolated in sight or hearing, but away from other children <input type="checkbox"/> Current Communicable Disease Chart posted <input type="checkbox"/> Caretakers notified when child has been exposed to a communicable illness
5101:2-14-17 Programming		<input type="checkbox"/> Balanced program of activities/quiet and active play <input type="checkbox"/> Copy of daily program posted and being followed <input type="checkbox"/> Program designed to promote children's physical, social-emotional, cognitive and language development <input type="checkbox"/> Daily outdoor or indoor gross motor activities <input type="checkbox"/> Opportunities for child initiated activities
5101:2-14-17 Equipment		<input type="checkbox"/> Equipment available for all appropriate age categories <input type="checkbox"/> Sufficient quantities of equipment <input type="checkbox"/> Furniture durable and child sized <input type="checkbox"/> Play materials accessible and orderly <input type="checkbox"/> Equipment accessible to children, able to select, remove, replace
5101:2-14-18 Group size _____ Children present _____ Children under 2 yrs		<input type="checkbox"/> No more than six children <input type="checkbox"/> No more than three under 2 years <input type="checkbox"/> Number of children under 6 included: _____ <input type="checkbox"/> Number of children 6-14 years, not related to provider _____ <input type="checkbox"/> Number of children 6-17 years, related to provider and care provided are included: _____ <input type="checkbox"/> Number of children 15-17 years, not related to provider and private or

		publicly funded, are included: _____
5101:2-14-19 Napping		<input type="checkbox"/> Individual bed, cot, sofa, pad or mat for each resting child <input type="checkbox"/> No children directly on floor <input type="checkbox"/> Mats or pads/floor carpeted, clean, warm, dry, draft free and 1.5" thick <input type="checkbox"/> Areas lighted to allow for visual supervision <input type="checkbox"/> Non-napping children provided with quiet activities <input type="checkbox"/> Cots, etc. assigned to children <input type="checkbox"/> Cots, etc. sanitized in between children <input type="checkbox"/> Linen changed at least weekly and between children for beds and couch
5101:2-14-19 & 5101:2-14-24 Sleeping and Overnight Care		<input type="checkbox"/> Children in care between 7:00 p.m. and 6:00 a.m. <input type="checkbox"/> Individual crib, cot mattress or bed and blankets for each child <input type="checkbox"/> Children under five years, sleep on same level as provider <input type="checkbox"/> Safe and sanitary and private area for washing and changing <input type="checkbox"/> Provider assists children as needed with washing and changing <input type="checkbox"/> Each child provided with labeled washcloth, towel and toothbrush <input type="checkbox"/> Provider remains awake until all children are asleep <input type="checkbox"/> Monitoring device to ensure sight or hearing <input type="checkbox"/> Bedtime routines and activities <input type="checkbox"/> Children sleeping four hours or more have clean, comfortable sleeping garments <input type="checkbox"/> Outdoor walkways, bathrooms, hallways, sleeping rooms and entrances adequately lighted <input type="checkbox"/> Approved sleeping areas
5101:2-14-19 Crib and Playpen Requirements		Number of: Porta Cribs _____ Full Size Cribs _____ Playpens _____ <input type="checkbox"/> Full size crib has correct dimensions (52"L x 28"W x 26"H) <input type="checkbox"/> Closely spaced bars (2 3/8") <input type="checkbox"/> No more than 1 1/2 inches between mattress and sides <input type="checkbox"/> Firm mattress at least 1 1/2 inches thick, playpen no more than 1" thick <input type="checkbox"/> Safe, waterproof mattress cover that can be sanitized <input type="checkbox"/> Properly fitting sheets <input type="checkbox"/> Bumper pads not in use <input type="checkbox"/> Items not hung over the side of the crib or playpen <input type="checkbox"/> Cribs/playpens sanitized between children <input type="checkbox"/> Infants not placed in crib with bibs or other strangulation or suffocation hazards <input type="checkbox"/> Cribs or playpens not used for storage of toys or other materials
Each infant has a separate crib		
Infants placed on back to sleep, unless written authorization is on file from physician (JFS 01930) "Sleep Position Waiver"		
Infants sleep only in cribs or playpens		
Written permission on file for 16 months and over infant to sleep on cot		
5101:2-14-20 Safety and Supervision of Children		<input type="checkbox"/> Children supervised at all times (within sight or hearing) <input type="checkbox"/> Provider not under any influence that impairs their ability to perform duties <input type="checkbox"/> Outdoor supervision requirements met (within sight and hearing) <input type="checkbox"/> Water play, swimming and higher risk activities supervision requirements met <input type="checkbox"/> Notifies PCSA if suspects abuse or neglect
Immediate access to a telephone (incoming/outgoing calls)		

5101:2-14-20 Child Guidance and Management		<input type="checkbox"/> Guidance and management is developmentally appropriate, consistent and explained to the child <input type="checkbox"/> Separation from situations developmentally appropriate and not used with infants <input type="checkbox"/> Does not use a prohibited discipline technique												
5101:2-14-21 Meal Preparation/Nutritional Requirements Meals and snacks are varied, nutritious and appropriately timed		<input type="checkbox"/> Breakfast Served – Fluid milk, + two food groups <input type="checkbox"/> Meals Served – Fluid milk, meat/meat alternative, two fruit/vegetable, one grain/bread <input type="checkbox"/> Snack Served – Two foods from two food groups <input type="checkbox"/> Follows USDA portion recommendations												
Children are fed required meals														
Food is prepared, served and stored in a clean and safe manner Refrigerator Temp: _____ (40° or lower)														
Current weekly menu is posted														
Hot and cold running water available Hot Water Temp: _____ (125° or less)														
5101:2-14-22 Infant Care Infants allowed to safely and comfortably sit, crawl, toddle, walk and play		Storage/Preparation <input type="checkbox"/> Bottles labeled with name and date of preparation <input type="checkbox"/> Bottles refrigerated upon arrival (unless commercially prepared) <input type="checkbox"/> Formula and food labeled w/name and when prepared, discarded according to manufacturer's instructions, sent home daily <input type="checkbox"/> Formula/food expiration dates verified <input type="checkbox"/> Breast milk: labeled w/date expressed and date of receipt. Stored appropriately. <table border="1" style="margin-top: 10px;"> <thead> <tr> <th>Storage Temperature (at or below)</th> <th>Storage Time</th> </tr> </thead> <tbody> <tr> <td>Room temp (78F)</td> <td>6-8 hrs</td> </tr> <tr> <td>Refrigerator (39F)</td> <td>5 days (expressed)</td> </tr> <tr> <td>Freezer w/in refrigerator (5F)</td> <td>2 weeks</td> </tr> <tr> <td>Freezer/refrigerator w/separate door (0)F</td> <td>3-6 months</td> </tr> <tr> <td>Deep freeze (-4F)</td> <td>6-12 months</td> </tr> </tbody> </table>	Storage Temperature (at or below)	Storage Time	Room temp (78F)	6-8 hrs	Refrigerator (39F)	5 days (expressed)	Freezer w/in refrigerator (5F)	2 weeks	Freezer/refrigerator w/separate door (0)F	3-6 months	Deep freeze (-4F)	6-12 months
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Designated play area which does not allow infants to go underneath cribs														
Caretakers provided with written daily record which includes: food intake, sleep, diaper changes and daily activities														
Infants removed from crib for feeding, infants held or fed sitting up, no bottles propped														
Caretakers provide written feeding instructions														
Formula/breast milk prepared/stored and handled appropriately														
5101:2-14-22 Diaper Care Diapers checked every two hours		<input type="checkbox"/> Provider washes all soiled areas of child <input type="checkbox"/> Hands washed with liquid soap/running water/15 seconds after each diaper change <input type="checkbox"/> Disposable separation material used <input type="checkbox"/> Diaper changing surface cleaned if visibly soiled <input type="checkbox"/> Surface sanitized after each diaper changed												
Children not left unattended on changing table														

Toilet training is based on child's readiness, is in consultation with caretaker and is never forced		<input type="checkbox"/> Soiled clothing bagged and sent home <input type="checkbox"/> Covered, plastic lined, receptacle that prevents hand contamination and is not accessible to children <input type="checkbox"/> Wipes/washcloths discarded, or properly sanitized and laundered <input type="checkbox"/> Ensures caretaker provides clean supply of diapers and a change of clothes
5101:2-14-23 Swimming and Water Safety		<input type="checkbox"/> Onsite swimming pools inaccessible to children by fence or barrier <input type="checkbox"/> Saunas, hot tubs, spas inaccessible to children and not used by children <input type="checkbox"/> Wading pools 18" or less filtered or emptied and sanitized daily <input type="checkbox"/> Provider supervises at all time with a clear view of all parts of pool and surrounding areas where children are playing <input type="checkbox"/> Approved off site swim sites meet all state/local guidelines for health <input type="checkbox"/> Activities in water eighteen inches or more in depth supervised by lifeguard or Water Safety Instructor <input type="checkbox"/> No swimming activities in lakes, rivers, ponds, creeks or similar bodies <input type="checkbox"/> Written permission from caretaker before swimming or infants/toddlers in wading pools
Permission forms complete		<input type="checkbox"/> Child's name and date of birth <input type="checkbox"/> Statement indicating if child is swimmer or non-swimmer <input type="checkbox"/> Location of off site swimming <input type="checkbox"/> Statement granting permission for child to participate
Additional Comments/Noncompliances – CDJFS Staff		

Additional Comments/Noncompliances – CDJFS Staff (cont.)

Comments – Provider

The inspection documented on this form was conducted by CDJFS staff to determine compliance with child care rules. All statements on this report are true and accurate documentation of compliance items on the date of the inspection.

Signature of CDJFS Staff	Date
The provider's signature below indicates acknowledgement of receipt of the report, not necessarily agreement with findings.	
Signature of Provider	Date

This form meets the requirements of Chapter 5101:2-14 of the Administrative Code.