Family Child Care Licensing Inspection Full Report

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

| Program Details | | |
|-------------------|-----------------|-------------------|
| Program Name | Program Number | Program Type |
| ISOM, DENISE | 000000937945701 | FCC - Type B Home |
| Address | | County |
| 107 n navarre ave | | MAHONING |
| | | |
| Youngstown | | |
| OH 44515 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Announced | |
| Inspection Date | Begin Time | | End Time | |
| 04/29/2021 | 9:00 AM | | 10:45 AM | |
| Reviewer: | | | | |
| Hope Galbreath | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 79 | 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) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 2 | 0 | 2 |
| Total Capacity/Enrollment | 6 | 3 | 0 | 3 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Denise Isom | | 1 to 0 | |



Summary of Non-Compliances

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

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

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The program is required to have a JFS 01176 "Program Notification of Background Check Review for Child

Care" on file for the individual to have sole responsibility.

Findings: During the inspection, it was determined that the provider, child care staff member(s), or substitute had sole responsibility of children in the child care group(s) and the JFS 01176 "Program Notification of Background Check Review for Child Care" was not on file as required. Submit the program's corrective action plan, which includes a copy of the JFS 01176 or a statement that the child care staff member(s) no longer have sole responsibility of children, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/29/2021

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The program is required to have background checks for all staff and residents over 18 years of age.

Findings: In review of staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number(s) one and two below:

- 1. Submitting the request for a background check for child care in the OPR;
- 2. Submitting fingerprints electronically according to the process established by the BCI.



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

Corrective Action Plan Due: 05/29/2021

Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-13-02 Provider Medical

Code: The provider is required to submit a complete and valid medical statement.

Findings: In review of the staff records, it was determined that the medical statement for the provider did not include the required information listed below in numbers one, two and three:

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment as a provider caring for children;
- b. Immunized against Measles, Mumps, and Rubella (MMR).

Submit the program's corrective action plan, which includes a copy of the completed medical statement, to verify compliance with the requirements of this rule."

Corrective Action Plan Due: 05/29/2021

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that surge protectors or outlets did not have childproof receptacle covers. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/29/2021



Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to provide rugs that have a nonskid backing and replace any floor surface that

may be unsafe.

Findings: During the inspection, it was determined that the provider had an area rug that did not have a nonskid backing or a floor surface that was unsafe in that rug had no skid resistant backing. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/29/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Requirements Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item numbers one, two and three below:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- 3. Quarterly emergency/lockdown drills.

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

Corrective Action Plan Due: 05/29/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to have a completed written disaster plan.

Findings: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in numbers four through seventeen below:

Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat



- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Training of staff or reassignment of staff duties as appropriate
- 17. Updating the plan on a yearly basis
- 18. Contact with local emergency management officials

Add the missing information to the disaster plan. Submit the program's corrective action plan, which includes the missing information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/29/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use, when expired or damaged listed in numbers six and nine below:

- 1. One roll of hypoallergenic first-aid tape;
- 2. Individually wrapped sterile gauze

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;

- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

Correct the violation and submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/29/2021

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training B

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in numbers one and fourteen below:

- 1. First Aid expired training
- 2. First Aid not taken First Aid training
- 3. First Aid not have verification of completion of First Aid
- 4. First Aid Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 5. CPR expired training
- 6. CPR not taken CPR training
- 7. CPR not have verification of CPR training
- 8. CPR training taken did not include all age groups the program serves
- 9. CPR Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 10. Management of Communicable Disease expired training
- 11. Management of Communicable Disease not taken CD training
- 12. Managment of Communicable Disease not have verification of completion of the full CD training
- 13. Management of Communicable Disease Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 14. Child Abuse Recognition and Prevention expired training
- 15. Child Abuse Recognition and Prevention not taken Child Abuse six-hour training
- 16. Child Abuse Recognition and Prevention Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/29/2021

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Requirements

Code: The provider is required to create, maintain, and implement the policies and procedures outlined in

appendix C of this rule.

Findings: It was determined the provider was not responsible for creating, maintaining or implementing the policies and procedures detailed in appendix C of this rule. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/29/2021

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Requirements

Code: The provider is required to maintain current employee and resident records in the Ohio Professional

Registry.

Findings: During the inspection, it was determined that employment records were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in numbers seven below:

- 1. At least one employee or child care staff member (including substitutes) had not created an employment record in the OPR for the program.
- 2. At least one resident had not created an employment record in the OPR for the family child care provider within five days of becoming a resident or turning eighteen.
- 3. The provider had not assigned at least one employee, child care staff member (including substitutes), or resident to the program's organization dashboard.
- 4. At least one individual's schedule was not current.
- 5. At least one individual's position or role was not current.
- 6. At least one individual's employment or residence had not been end dated.
- 7 .Other: days of Operation and hours of provider not listed correctly to what her scheduled days and hours are in handbook and OCLQS

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

Corrective Action Plan Due: 05/29/2021

Domain: 08 Staff Files

Rule: 5101:2-13-08 Employee Requirements

Code: The program is required to obtain completed medical statements for all program staff.

Findings: During the inspection, it was determined that a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed medical statement with all required information, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/29/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information'

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review 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 numbers six and fourteen 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 parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 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: 05/29/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child's Medical

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

Findings: In review of 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 two 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. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 6. 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

- 7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 8. 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

9. 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

10. Other []

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

Corrective Action Plan Due: 05/29/2021

Rules In-Compliance/Not Verified

| Status | Documenting Statement(s), If applicable |
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| Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | boddinenting statement(s), it applicable |
| J101.2-13-07 Flovider Requirements | Compliant | |
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| Rule | Status | Documenting Statement/s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Compliant | |
| Combustible Materials in Type B Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and | Compliant | |
| Lotions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | bocumenting statement(3), if applicable |
| TOTICE-TO-TO LIGHT MASSILLS | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-24 On-site Pools | | Documenting Statement(s), If applicable |
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| 5101:2-13-24 On-site Pools | Status Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-20 Sleep and Napping | Compliant | |
| Requirements for a Licensed Family | | |
| Child Care Provider | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Standard Precautions | Compliant | 5 (7) |
| 3101.2 13 10 Standard Freedations | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
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| 5101:2-13-08 Review Policies and | Compliant | |
| Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | and the second s |
| | Compilant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-14 Vehicle Requirements | Compliant | bocumenting statement(s), if applicable |
| 5101.2-15-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | 2 30dilloriding ottaterificit(3), if applicable |
| Jioi.z-ij-ii Outuooi Equipinent | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | bocumenting statement(s), if applicable |
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| Sule 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage | Compliant | bocumenting statement(s), if applicable |
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| Rule 5101:2-13-19 School Age Supervision | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster Parent | Compliant | |
| Rule | Status | Decumenting Statement (a) If applicable |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-17 Materials and Equipment | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | Documenting statement(s), if applicable |
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| Rule 5101:2-13-13 Clean Environment and Equipment | Status Compliant | Documenting Statement(s), If applicable |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider | Compliant | |
| Portal | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
| STOTIZ IS GO WINSHE BIOWEI | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident | Compliant | Decamentally occurrence(o), in approals: |
| J101.2 15 10 Schous including | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | bootimenting statement(3), if applicable |
| | Compliant | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-08 Substitute | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute | Compliant | bocamenting statement(s), it applicable |
| Requirements | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | bocamenting statement(s), it applicable |
| 3101.2 13 11 Outdoor Space | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | Documenting Statement(s), if applicable |
| JIOI.2 IS TO Attendance | Compilant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Pulo | Ctatus | Decumenting Statement/s) If applicable |
| Rule Transitional Pandemic Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Transitional Fandennic Requirements | Compnant | |

