# **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 <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      |
| MARTIN, QIANA   | 00000968206735 | FCC - Type B Home |
| Address         |                | County            |
| 1072 PEERLESS   |                | SUMMIT            |
|                 |                |                   |
| AKRON           |                |                   |
| OH 44320        |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 12/07/2021             | 2:30 PM                        |                  | 3:40 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Kathryn Carey          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 11                             | 0                | 2                 | 10           |

| 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)                                  |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 3          | 0         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 1          | 0         | 4     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Qiana Martin                                 | Mixed Age Group | 1 to 3         |         |



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

**Domain: 02 Safe & Sanitary Environment** 

Rule: 5101:2-13-12 Carbon Monoxide Detectors - Type B Only

Code: The program is required to meet all requirements for carbon monoxide detectors.

Findings: During the inspection, it was determined that the Type B Home did not have a working carbon monoxide detector on each floor where care is provided in accordance with manufacturer's recommendations. A working carbon monoxide detector must be placed, installed, tested, and maintained in accordance with manufacturer's recommendations. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 01/08/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-13-09 Background Checks

Code: The individual is required to update background checks every five years.

Findings: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number(s) 1.below:

- 1. Provider;
- 2. Administrator;
- 3. Child care staff member, employee;
- 4. Substitute child care staff member;



#### 5. Resident.

Submit the program's corrective action plan, which includes a statement the background check update has been requested, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/08/2022

#### **Low Risk Non-Compliances**

### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number(s) 7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.
- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 01/08/2022

**Domain: 04 Indoor/Outdoor Space** 

Rule: 5101:2-13-11 Outdoor Space



Code: The program staff is required to protect the children from hazardous conditions in the outdoor play area.

Findings: During the inspection, it was determined that the following hazardous conditions existed in the outdoor play area, as noted in number(s) [] below:

- 1. There was broken glass.
- 2. There were tall weeds.
- 3. There was poison ivy.
- 4. There were tree branches.
- 5. There was mold visible.
- 6. The sandbox was contaminated.
- 7. There were thistles with prickers.
- 8. There were bird droppings.
- 9. Other: a piece of a broken fence was lying in the back yard.

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

Corrective Action Plan Due: 01/08/2022

# Domain: 05 Health & Safety

Rule: 5101:2-13-16 Communicable Diseases

Code: The program is required to post the Ohio Communicable Disease Chart in a noticeable area.

Findings: During the inspection, it was determined that the Ohio Communicable Disease Chart was not posted as required, as indicated in the number(s) 3.below:

- 1. In a location readily available to provider, child care staff members, employees, and residents;
- 2. The chart was not posted.
- 3. The posted chart was not the current version.
- 4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

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

Corrective Action Plan Due: 01/08/2022

# Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

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 and/or expired listed in number(s) 6,8 below:

- 1. One roll of 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: 01/08/2022

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

Rule: 5101:2-13-23 Diapering

Code: The program staff is required to have adequate supplies for diapering available.

Findings: During the inspection, it was determined the required supplies were not available for diaper changing as noted in the following number(s) [ ] below:

- 1. There was no disposable separation material;
- 2. There was no germicidal solution for sanitizing;
- 3. There were no plastic containers or bags for the storage of soiled clothing;
- 4. There was no clean supply of diapers;
- 5. There was no extra change of clothing;
- 6. Other [ ].

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

Corrective Action Plan Due: 01/08/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-13-10 Health Training

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

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in number(s) 10,12 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups the program serves and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of the CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse 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: 01/08/2022

Domain: 09 Children's Files

Rule: 5101:2-13-25 Medication Requirements

Code: The program is required to have a current and completed JFS 01217 on file.

Findings: During the inspection, it was determined that the program did not meet the requirements for the JFS 01217 "Request for Administration of Medication for Child Care" as noted in number(s) 3 below:

- 1. The JFS 01217 was missing or incomplete for a medical food that was not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care".
- 2. The program used an old version of the JFS 01217.
- 3. The signature date on the JFS 01217 exceeded more than 12 months.
- 4. The time period to administer medication on the JFS 01217 was exceeded.
- 5. The JFS 01217 included more than one child's name.
- 6. The JFS 01217 included more than one medication or medical food.
- 7. The prescription label was not current.

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

Corrective Action Plan Due: 01/08/2022

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

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 number(s) 2,10,15 below:

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

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

Corrective Action Plan Due: 01/08/2022

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

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(s) 1,2 below

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- 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.

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Corrective Action Plan Due: 01/08/2022

# Domain: 09 Children's Files

Rule: 5101:2-13-15 Health Conditions

Code: The program is required to have a completed JFS 01236 "Medical/Physical Care Plan" on file for each condition for each child, which is updated annually and retained for at least one year.

Findings: In review of records, it was determined the JFS 01236 "Medical/Physical Care Plan for Child Care" did not meet the requirements of the rule as noted in number(s) parent and provider signature missing below:

- 1. The JFS 01236 had not been updated annually
- 2. A separate JFS 01236 had not been used for each condition

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

| Corrective Action Plan Due: 01/08/2022 |  |
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# Rules In-Compliance/Not Verified

| Rule  | Status      | Documenting Statement(s), If applicable |
|---|-------------|---|
| 5101:2-13-02 License Visible                        | Compliant   |   |
|   |             |   |
|   |             |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary                    | Compliant   |   |
| Closure   |             |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location                     | Compliant   | Documenting Statement(s), if applicable |
| 5101.2-13-02 Change of Location                     | Compliant   |   |
|   |             |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS                   | Compliant   | J (" 11                                 |
| ·   | '           |   |
|   |             |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical                       | Compliant   |   |
|   |             |   |
|   |             |   |
| - 1   | T           |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                             | Compliant   |   |
| Requirements  |             |   |
|   | 1           |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| Nuic  |             | bocamenting statement(s), it applicable |
| 5101.2-13-04 Building Requirements                  | i Combijani |   |
| 5101:2-13-04 Building Requirements                  | Compliant   |   |
| 5101:2-13-04 Building Requirements for Type B Homes | Compliant   |   |
|   | Compliant   |   |
|   | Status      | Documenting Statement(s). If applicable |
| for Type B Homes                                    | Status      | Documenting Statement(s), If applicable |
| for Type B Homes                                    |             | Documenting Statement(s), If applicable |

| Rule  | Status   | Documenting Statement(s), If applicable  |
|---|--|--|
| 5101:2-13-04 Flammable and  | Compliant  | bocamenting statement(s), it applicable  |
| Combustible Materials in a Type B   |  |  |
| Home  |  |  |
| Home  |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B  | Compliant  | Documenting Statement(3), it applicable  |
| Home  | Compliant  |  |
| Home  |  |  |
|   | . <u>l</u>   |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-05 Denial, Revocation, and  | Compliant  | 0 (7 11  |
| Suspension  |  |  |
|   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster   | Compliant  |  |
| Parent  |  |  |
|   | <u> </u>   |  |
|   | 1  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional   | Compliant  |  |
| Development   |  |  |
|   |  |  |
| Dula  | Chahira  | Decumenting Chatamantha If and achie   |
| Rule 5101:2-13-11 Fall Zone   | Status   | Documenting Statement(s), If applicable  |
| 3101:2-13-11 Fall 2011e   | Compliant  |  |
|   |  |  |
|   | , <u>L</u>   |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment   |  | I DOCUMENTINE STATEMENTS). II ADDIICADIE   |
| TOTAL ACTION AND FUUIDINEIN   | Compliant  | Documenting statement(s), if applicable  |
| 5101.2-13-12 Sale Equipment   | Compliant  | Documenting statement(s), if applicable  |
| 5101.2-13-12 Sale Equipment   | Compliant  | Documenting statement(s), if applicable  |
| 3101.2-13-12 Sale Equipilient   | Compliant  | Documenting statement(s), if applicable  |
| Rule  | Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
|   |  |  |
| Rule  | Status   |  |
| Rule  | Status   |  |
| Rule 5101:2-13-12 Safe Environment  | Status<br>Compliant                                | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-12 Safe Environment  Rule  | Status Compliant Status                            |  |
| Rule 5101:2-13-12 Safe Environment  Rule 5101:2-13-13 Clean environment and                 | Status<br>Compliant                                | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-12 Safe Environment  Rule  | Status Compliant Status                            | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-12 Safe Environment  Rule 5101:2-13-13 Clean environment and                 | Status Compliant Status                            | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-12 Safe Environment  Rule 5101:2-13-13 Clean environment and equipment       | Status Compliant Status Compliant                  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Safe Environment  Rule 5101:2-13-13 Clean environment and equipment  Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-12 Safe Environment  Rule 5101:2-13-13 Clean environment and equipment       | Status Compliant Status Compliant                  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Safe Environment  Rule 5101:2-13-13 Clean environment and equipment  Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Safe Environment  Rule 5101:2-13-13 Clean environment and equipment  Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Safe Environment  Rule 5101:2-13-13 Clean environment and equipment  Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |

| 5101:2-13-13 Smoke Free  | Compliant          |  |
|--|--------------------|--|
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing                                     | Compliant          |  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field and Routine Trips          | Compliant          | <u> </u>   |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant          |  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention and Confidentiality       | Compliant          | Documenting Statement(s), if applicable  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills                                  | Compliant          |  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury                                   | Compliant          | у предоставления пред |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan                                     | Compliant          | Documenting Statement(3), if applicable  |
|  |                    |  |
| Sule 5101:2-13-18 Attendance                                   | Status   Compliant | Documenting Statement(s), If applicable  |
|  |                    |  |
| Rule<br>5101:2-13-19 Supervision                               | Status Compliant   | Documenting Statement(s), If applicable  |
|  |                    |  |
| Rule 5101:2-13-19 School Age Supervision                       | Status Compliant   | Documenting Statement(s), If applicable  |

| Degining:                           |           |   |
|-------------------------------------|-----------|---|
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|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant | , , , , , , , , , , , , , , , , , , ,   |
| Requirements                        |           |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant | bocumenting statement(3), if applicable |
|                                     | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| D 1                                 | C         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         | ·         |   |
| 70 -                                |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant | , , , , , , , , , , , , , , , , , , ,   |
| 3101.2 13 22 Wedis and Shacks       | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting statement(s), if applicable |
| 5101:2-13-22 Fluid Milk             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant |   |
| ,                                   | · '       |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | bocamenting statement(s), it applicable |
|                                     | Compilant |   |
| Preparation                         |           |   |
|                                     |           |   |
|                                     |           |   |

| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| 5101:2-13-07 Provider Responsibilities | Compliant |  |
|  |           |  |
|  |           |  |
|  | -         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant |  |
|  |           |  |
|  | <u> </u>  |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and         | Compliant | 3 (" 11  |
| Procedures                             | ·         |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space              | Compliant |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming               | Compliant | - comment of the control of the cont |
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|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Materials and             | Compliant |  |
| Equipment                              |           |  |
|  |           |  |
|  |           |  |