

# 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      |
| STAHL, TERESA D | 00000968715132 | FCC - Type B Home |
| Address         |                | County            |
| 417 PARK ST.    |                | PAULDING          |
|                 |                |                   |
| MELROSE         |                |                   |
| OH 45861        |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |
| Compliance             | Full                           |                  | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 03/03/2022             | 9:36 AM                        |                  | 12:48 PM          |              |
| Reviewer:              |                                |                  |                   |              |
| Jill Gentile           | ile                            |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 9                              | 0                | 0                 | 13           |

| Lic                       | 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) |   | 1          | 1         | 2     |  |
| Young Toddler             |   | 0          | 0         | 0     |  |
| Total Under 2 Years       | 3   | 1          | 1         | 2     |  |
| Older Toddler             |   | 1          | 0         | 1     |  |
| Preschool                 |   | 3          | 5         | 8     |  |
| School Age                |   | 5          | 4         | 9     |  |
| Total Capacity/Enrollment | 6   | 9          | 9         | 20    |  |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Teresa Stahl                                 | Mixed Age Group | 1 to 5         |         |



#### **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

**Moderate Risk Non-Compliances** 

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to refrain from using and storing outdoor machinery around children.

Findings: During the inspections, a potentially hazardous substance, which was determined to not present a serious risk to a child, was accessible to children as noted in number 3 below: 1. Cosmetics



Department of Education Department of Job and Family Services

- 2. Disinfecting wipes
- 3. Fish food
- 4. Hand lotion
- 5. Hand sanitizer (for children under 24 months).
- 6. Laundry detergent
- 7. Powder dish washing soap
- 8. Paint cans
- 9. White out
- 10. Potting soil
- 11. Other potentially hazardous substance [turtle food] (Fixed on site at time of inspection.)

The potentially hazardous substance was determined to be accessible to children in the following area: front room/kitchen area

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

Corrective Action Plan Due: 04/03/2022

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Pets

Code: The program is required to properly care for all pets.

Findings: During the inspection, it was determined that a pet at the program posed a threat to the safety or health of the children, in that proper licensing had not been obtained. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/03/2022

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 outlets did not have childproof receptacle covers, in the children play area. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule. (Replaced on site at time of the inspection.)

Corrective Action Plan Due: 04/03/2022

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment



Code: The program is required to protect children in care from items and conditions that threaten their health, safety, and well being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following item which may threaten their health, safety, or well being as noted in the following number 3 below:

- 1. Telephone cords;
- 2. Stacked chairs;
- 3. Employee purse; (Placed out of children's reach at time of inspection.)
- 4. Diaper bags;
- 5. Television not securely anchored;
- 6. Small or lightweight pieces of shelving units are not securely anchored to the wall;
- 7. Staff member stepped over a barrier/gate while holding a child;
- 8. Chipping or peeling paint;
- 9. Other [ ].

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

Corrective Action Plan Due: 04/03/2022

## 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 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: 04/03/2022



#### **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 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the current JFS 01201 "Dental First Aid" was not posted. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 04/03/2022

# 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 9 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 [cigarette butts found on ground by parking].

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

Corrective Action Plan Due: 04/03/2022

#### 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 number 20 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. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials
- 20. Provider couldn't locate the disaster plan at the time of inspection

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: 04/03/2022

## 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: In review of the staff records, it was determined that the medical statements for those individuals listed on the Employee Record Chart did not include the required information listed below in number 3b :

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 person is:
- a. Physically fit for employment as a provider caring for children;

b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap); (Did not have verification of current Tdap immunization.)



#### c. 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: 04/03/2022

## 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 provider did not have current valid documentation for trainings listed in numbers 1 & 4 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the 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 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 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 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: 04/03/2022

## Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities



Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule. (Missing for D.D., M.D., L.S.)

Corrective Action Plan Due: 04/03/2022

# 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 1 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 was missing a record of immunizations the child has had specifying month, day and year (For N.H.)

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: 04/03/2022



#### 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 numbers 4, 6, 8, 10, 12 & 13 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: 04/03/2022

## 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 |
| Rule<br>5101:2-13-02 Voluntary Temporary | Status<br>Compliant | Documenting Statement(s), If applicable |



| Dula                                 | Chathara            |   |
|--------------------------------------|---------------------|---|
| Rule                                 | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location      | Compliant           |   |
|                                      |                     |   |
| L                                    | 1                   | I                                       |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS    | Compliant           |   |
| 5101.2 15 02 momution in occus       | compliant           |   |
|                                      |                     |   |
|                                      |                     | '                                       |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical        | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection              | Compliant           |   |
| Requirements                         |                     |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements   | Compliant           |   |
| for Type B Homes                     |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B  | Compliant           |   |
| Homes                                | Compilant           |   |
| nomes                                |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and           | Compliant           |   |
| Combustible Materials in a Type B    |                     |   |
| Home                                 |                     |   |
|                                      | -                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B     | Compliant           |   |
| Home                                 |                     |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and | Compliant           |   |
| Suspension                           |                     |   |
|                                      |                     |   |
| Bula                                 | Status              | Documenting Statement(a) If englished   |
| Rule<br>5101:2-13-07 Staff Records   | Status<br>Compliant | Documenting Statement(s), If applicable |
| STOT:2-13-07 Stall Records           | Compliant           |   |
|                                      |                     |   |
| L                                    | 1                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
|                                      |                     |   |



| 5101:2-13-07 Type B Provider - Foster<br>Parent         | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff<br>Requirements           | Compliant           |   |
| Dula  | Chatura             | Decumenting Statement(a) If emplicable  |
| Rule<br>5101:2-13-08 Whistle Blower                     | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Decumenting Statement(c) If applicable  |
| 5101:2-13-09 Background Checks                          | Compliant           | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-10 Professional<br>Development        | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Chatwa              | Decumenting Statement(a) If emplicable  |
| 5101:2-13-11 Outdoor Equipment                          | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     | L                                       |
| Rule<br>5101:2-13-11 Fall Zone                          | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-12 Safe Equipment                     | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-13 Clean environment and<br>equipment | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-13 Handwashing                        | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-13 Smoke Free                         | Status<br>Compliant | Documenting Statement(s), If applicable |



| 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  | Compliant | Documenting statement(s), it applicable |
| and Routine Trips                    | Compliant |   |
| and Routine mps                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant |   |
| for Field and Routine Trips          |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Compliant |   |
| 5101.2-15-14 Venicle inspections     | Compliant |   |
|                                      |           |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
| L                                    | 1         | 1                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
|                                      |           |   |
| L                                    | I         |   |
| Dula                                 | Chabus    |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |   |
| Precautions                          |           |   |



| Rule                                      | Status              | Documenting Statement(s), If applicable |
|---|---------------------|---|
| 5101:2-13-16 Communicable Diseases        | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Ctatus              | Documenting Statement(c) If applicable  |
| 5101:2-13-16 Incident/Injury              | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-10 medent/ mjury                | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                   | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision                  | Compliant           |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision       | Compliant           |   |
|   |                     |   |
|   |                     |   |
| 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                              | compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen             | Compliant           |   |
| Requirements                              |                     |   |
| L   | 1                   |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight        | Compliant           |   |
| Care                                      |                     |   |
|   |                     |   |
| Pulo                                      | Status              | Documenting Statement(a) If any list la |
| Rule<br>5101:2-13-21 Sanitary Environment | Status<br>Compliant | Documenting Statement(s), If applicable |
| and Hygiene                               |                     |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks             | Compliant           |   |
|   |                     |   |



| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-22 Fluid Milk             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
| Preparation                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering              | Compliant |   |
| 5101.2 15 25 Didpering              | compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for  | Compliant |   |
| Swimming                            |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication             | Compliant |   |
| Requirements                        | compliant |   |
| ····                                |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and      | Compliant |   |
| Procedures                          |           |   |
|                                     |           |   |
|                                     | ·         | · · · ·                                 |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide        | Compliant |   |
| Detectors - Type B Only             |           |   |



| 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 |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools  | Compliant |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |