

# **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 Deta      | ils             |                   |
|---|-------------------|-----------------|-------------------|
| Program Name  | Program Number    |                 | Program Type      |
| The Bennett Family Child Care                           | 2170014368        |                 | FCC - Type A Home |
| Address   |                   |                 | County            |
| 486 Richmond Road                                       |                   |                 | CUYAHOGA          |
|   |                   |                 |                   |
| Richmond Heights  |                   |                 |                   |
| OH 44143  |                   |                 |                   |
| Building and Fire Approvals apply to Type A Family Chil | d Care Homes only |                 | _                 |
| Building Approval Date                                  | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |
| 03/31/2017  |                   | 12              | 6                 |
| Fire Inspection Approval Date                           |                   |                 |                   |
| 04/15/2021  |                   |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | cope               | Inspection Notice |              |
| Compliance         | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 09/28/2021         | 10:07 AM                       |                    | 2:17 PM           |              |
| Reviewer:          |                                |                    |                   |              |
| Maricela Ruiz      |                                |                    |                   |              |
|                    | Sui                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 79                 | 5                              | 0                  | 0                 | 5            |

| Lic                       | ense Capacity and | d Enrollment a | at the Time of I | nspection |
|---------------------------|-------------------|----------------|------------------|-----------|
| 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       | 6                 | 3              | 0                | 3         |
| Older Toddler             |                   | 1              | 0                | 1         |
| Preschool                 |                   | 2              | 0                | 2         |
| School Age                |                   | 12             | 0                | 12        |
| Total Capacity/Enrollment | 12                | 15             | 0                | 18        |

| S                | taff-Child Ratios at the Time of Ins | pection        |         |
|------------------|--------------------------------------|----------------|---------|
| Group            | Age Group/Range                      | Ratio Observed | Comment |
| Angelita Bennett | Mixed Age Group                      | 1 to 4         |         |

## **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 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(s) or condition(s) which may threaten their health, safety, or well being as noted in the following number(s) 1 below:

- 1. Open pull cords that are not closed loop;
- 2. Telephone cords;
- 3. Electrical/Extension cords attached to an object that would likely result in a severe injury if pulled;
- 4. Stacked chairs;
- 5. Employee(s) purse(s);
- 6. Diaper bags;
- 7. Television not securely anchored;
- 8. Small or lightweight pieces of shelving units are not securely anchored to the wall;
- 9. Staff member stepped over a barrier/gate while holding a child;
- 10. Chipping or peeling paint;
- 11. Emergency exits were blocked by the following furniture: [];
- 12. 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: 10/29/2021

#### **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-13 Clean Environment and Equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number(s) 4 & 5 below, were in the basement restroom:

- 1. There was no liquid soap.
- 2. There was no toilet tissue.
- 3. There were no individually assigned towels or disposable towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet was not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 10/29/2021

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

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

Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined a fire and weather alert plan was not posted in a noticeable location on each level of the home in use for child care as required by 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: 10/29/2021

#### Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Outdoor Equipment

Code: The program is required to have equipment that does not present a safety risk.

Findings: During the inspection, it was determined that there was equipment that presented a safety risk as noted with the number 10 below:

- 1. Rust exposed;
- 2. Protruding bolts;
- 3. Cracks;
- 4. Holes;
- 5. Splintering wood;
- 6. Sharp edges or points;
- 7. Lead hazards;
- 8. Toxic substances;
- Tripping hazards;
- Chipped and/or peeling paint;
- 11. Other [ ].

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

Corrective Action Plan Due: 10/29/2021

#### 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 number(s) 4 & 5 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  | Dlan | Dua. | 10 | /2a | /2021  |
|------------|---------|------|------|----|-----|--------|
| Corrective | ACLIOIT | Pian | Due. | TU | 129 | / 2021 |

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

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-14 Driver Requirements   | Compliant |   |
| -                                  |           |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant |   |
| Care                               |           |   |
|                                    | 1         |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care     | Compliant |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| 5101:2-13-16 Disaster Plan            | 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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|                                       |           | <u> </u>                                  |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|                                       |           | bocumenting statement(s), if applicable   |
| 5101:2-13-07 Provider Requirements    | Compliant |   |
|                                       |           |   |
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|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|                                       |           | bocumenting statement(s), if applicable   |
| 5101:2-13-11 Indoor Space             | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Child Care Staff         | Compliant | 0   |
|                                       | Compilant |   |
| Requirements                          |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Topical Products and     | Compliant |   |
| Lotions                               |           |   |
|                                       |           |   |
|                                       | 1         |   |
|                                       | T.        |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-04 Fire Inspection for Type | Compliant |   |
| A Homes                               |           |   |
|                                       |           |   |
|                                       | 1         | I   |
|                                       | I s       |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Handwashing              | Compliant |   |
|                                       |           |   |
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| Dula                                  | Chatura   | Decumenting States and (a) If a malicular |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Programming              | Compliant |   |
|                                       |           |   |
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| <u> </u>                              | <u> </u>  |   |

| Rule   | Status              | Documenting Statement(s), If applicable   |
|--|---------------------|---|
| 5101:2-13-24 On-site Pools   | Compliant           | 2 continuing ottatement(s), it applicable |
| 310112 10 11 011 3110 1 0013   |                     |   |
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| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-10 Health Training   | Compliant           |   |
|  | ·                   |   |
|  |                     |   |
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| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Safe Equipment  | Compliant           |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-24 Parent Permission for   | Compliant           |   |
| Swimming   |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
|  |                     | bocumenting statement(s), if applicable   |
| 5101:2-13-20 Sleep and Napping   | Compliant           |   |
| Requirements for a Licensed Family Child Care Provider   |                     |   |
| Child Care Provider  |                     |   |
| D. J.  | Chatura             | Decree ation (taken anti-) If a disable   |
| Rule 5101:2-13-13 Smoke Free   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Smoke Free  | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Employee Requirements   | Compliant           |   |
| January 20 May 10 May |                     |   |
|  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Standard Precautions  | Compliant           |   |
|  |                     |   |
|  |                     |   |
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| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Inspections   | Compliant           |   |
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| L  | 1                   |   |
|  |                     |   |
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| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-02 JFS 00598 'Owner's  | Status<br>Compliant | Documenting Statement(s), If applicable   |
| 5101:2-13-02 JFS 00598 'Owner's<br>Authorized  |                     | Documenting Statement(s), If applicable   |
| 5101:2-13-02 JFS 00598 'Owner's  |                     | Documenting Statement(s), If applicable   |

| Rule                                  | Status    | Documenting Statement(s), If applicable    |
|---------------------------------------|-----------|--|
| 5101:2-13-08 Review Policies and      | Compliant |  |
| Procedures                            |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Voluntary Temporary      | Compliant |  |
| Closure                               |           |  |
| 0.034.0                               |           |  |
|                                       |           | <u> </u>                                   |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Fluid Milk               | Compliant |  |
| STOTIZ TO ZZ FIGIG WIIK               | Compilant |  |
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|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
|                                       |           | bocumenting statement(s), ii applicable    |
| 5101:2-13-20 Crib and Playpen         | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
| - 1                                   | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-14 Vehicle Requirements     | Compliant |  |
|                                       |           |  |
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|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-11 Fall Zone                | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-08 Staff Records            | Compliant |  |
|                                       |           |  |
|                                       |           |  |
| <u> </u>                              | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-16 Incident/Injury          | Compliant | 2 commenting ottatement (o), in applicable |
| 3101.2-13-10 mcluent/mjury            | Compilant |  |
|                                       |           |  |
|                                       |           |  |
| Pulo                                  | Charlie   | Decumenting Statement/s) If a reliable     |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-04 Building Inspections for | Compliant |  |
| Type A Homes                          |           |  |
|                                       |           |  |
|                                       | 1-        |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-23 Diapering                | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| Ruie                                  | 010100    |  |

| 5101:2-13-12 Pets   | Compliant           |   |
|---|---------------------|---|
| Rule 5101:2-13-24 Swimming Sites                                      | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-22 Food Handling                                       | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-19 Child Guidance                                      | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-16 First Aid Kit                                       | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Heaters in a Type B Home                            | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips   | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-25 Medication Storage                                  | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-19 School Age Supervision                              | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-23 Infant Bottle and Food Preparation                  | Status<br>Compliant | Documenting Statement(s), If applicable |

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| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Toothbrushing   | Compliant  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Materials and   | Compliant  |   |
| Equipment  | •  |   |
|  |  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-19 Supervision   | Compliant  |   |
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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  | '  |   |
| 70 -   |  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable   |
| Rule<br>5101:2-13-25 Medication  | Status<br>Compliant  | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication  |  | Documenting Statement(s), If applicable   |
|  |  | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication  |  | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication  |  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication<br>Requirements  | Compliant  |   |
| 5101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider  | Compliant  |   |
| 5101:2-13-25 Medication Requirements Rule  | Compliant  |   |
| 5101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider  | Compliant  |   |
| 5101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider  | Compliant  |   |
| S101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider Portal  Rule   | Status Compliant   | Documenting Statement(s), If applicable   |
| S101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field   | Status Compliant Status Status   | Documenting Statement(s), If applicable   |
| S101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider Portal  Rule   | Status Compliant Status Status   | Documenting Statement(s), If applicable   |
| S101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field   | Status Compliant Status Status   | Documenting Statement(s), If applicable   |
| S101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field   | Status Compliant Status Status   | Documenting Statement(s), If applicable   |
| Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-02 Information in Provider Portal   | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field and Routine Trips  Rule                                    | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field and Routine Trips  Rule                                    | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field and Routine Trips  Rule                                    | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-25 Medication Requirements  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field and Routine Trips  Rule                                    | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field and Routine Trips  Rule 5101:2-13-08 Whistle Blower | Status Compliant  Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field and Routine Trips  Rule 5101:2-13-08 Whistle Blower | Status Compliant  Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-02 Information in Provider Portal  Rule 5101:2-13-14 Requirements for Field and Routine Trips  Rule 5101:2-13-08 Whistle Blower | Status Compliant  Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |

| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-13-10 Professional            | Compliant | 0 (" 11  |
| Development                          | ·         |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Use of Crib and Playpen | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child's Medical         | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks        | Compliant |  |
|                                      |           |  |
|                                      | l         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Substitute              | Compliant | a comment of the comm |
| Requirements                         | '         |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Substitute              | Compliant |  |
| Requirements                         |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Health Conditions       | Compliant | Service a state of the service of  |
|                                      | '         |  |
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|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Information in OCLQS    | Compliant |  |
|                                      |           |  |
|                                      | I         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space           | Compliant | у при  |
| <u>'</u>                             | ,         |  |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical        | Compliant |  |
|                                      |           |  |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
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