# **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      |
| Little Leaders Childcare | 2200023110      | FCC - Type B Home |
| Address                  | •               | County            |
| 1954 Milburn             |                 | LUCAS             |
|                          |                 |                   |
| Toledo                   |                 |                   |
| OH 43606                 |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection Sc                  | cope               | Inspection Notice |              |
| Provisional        | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 12/10/2021         | 9:35 AM                        |                    | 11:49 AM          |              |
| Reviewer:          |                                |                    |                   |              |
| Laura Fitzenrider  |                                |                    |                   |              |
|                    | Sur                            | nmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 68                 | 7                              | 0                  | 1                 | 8            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant (Birth to < 18 m)                                  |                  | 0          | 1         | 1     |
| Young Toddler   |                  | 2          | 1         | 3     |
| Total Under 2 Years                                       | 3                | 2          | 2         | 4     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 1          | 3         | 4     |
| Total Capacity/Enrollment                                 | 6                | 6          | 3         | 13    |

| S              | taff-Child Ratios at the Time of Ins | pection        |         |
|----------------|--------------------------------------|----------------|---------|
| Group          | Age Group/Range                      | Ratio Observed | Comment |
| Little Leaders | Mixed Age Group                      | 1 to 2         |         |



# **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: 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

health condition for each child.

Findings: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 7 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Symptoms to watch for were missing.
- 6. Action to be taken if symptoms to occur were missing.
- 7. Activities or conditions to avoid, if applicable, were missing.
- 8. Medical procedures to be followed were missing.
- 9. Expected benefit was missing.
- 10. Name of any applicable medication was missing.
- 11. Instructions regarding emergency evacuation, if applicable, were missing.
- 12. Training instructions were missing.
- 13. Dated signature of parent or certified professional who trained the program staff was missing.
- 14. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 15. Directions regarding additional services, if applicable, were missing.

- 16. Dated signature of parent giving permission to perform the procedure was missing.
- 17. Dated signature of program administrator was missing.
- 18. The plan was not implemented.
- 19. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236 "Child Medical/Physical Care Plan for Child Care", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/09/2022

## **Low Risk Non-Compliances**

## **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 6 below, was in the 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: 01/09/2022

# **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: 01/09/2022

#### **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 version of the 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: 01/09/2022

#### **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 numbers 9 and 10 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. There were decaying leaves on play equipment.
- 10. There was standing water in a large tub.

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

Corrective Action Plan Due: 01/09/2022

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed properly for item numbers 1, 2, and 3 below:

- 1. Monthly fire drills complete date and length of time
- 2. Monthly weather emergency drills (March through September) date and length of time
- 3. Emergency/lockdown drills in each quarter of the calendar year were not logged

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

Corrective Action Plan Due: 01/09/2022

#### **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.

Corrective Action Plan Due: 01/09/2022

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 7 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. Medicals 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: 01/09/2022

#### 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 6, 8, 10, 12, and 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: 01/09/2022

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

| 5101:2-13-02 Provider Medical  | Compliant          |   |
|--|--------------------|---|
| Rule   | Status             | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection<br>Requirements                                | Compliant          | J (" 11                                 |
| Rule   | Status             | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements for Type B Homes                    | Compliant          |   |
| Rule   | Status             | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B<br>Homes                           | Compliant          |   |
| Dula   | Chahara            | Decumenting Chatemant/s) If andischip   |
| Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Status Compliant   | Documenting Statement(s), If applicable |
| Rule   | Status             | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B<br>Home                               | Compliant          |   |
| Rule   | Status             | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and Suspension                        | Compliant          | Documenting statement(3), if applicable |
|  | -                  |   |
| Sule 5101:2-13-07 Staff Records  | Status   Compliant | Documenting Statement(s), If applicable |
| D. J.  | Chabana            | December (State and A) If and Sales     |
| Rule 5101:2-13-07 Type B Provider - Foster Parent                      | Status Compliant   | Documenting Statement(s), If applicable |
| Rule   | Status             | Documenting Statement(s) If annicable   |
| 5101:2-13-08 Employee Requirements                                     | Status Compliant   | Documenting Statement(s), If applicable |
| D. J.  | Chatan             | Danis Christian (1) 15                  |
| Rule   | Status             | Documenting Statement(s), If applicable |

| Rule   Status   Documenting Statement(s), If applicable  | E101-2-12-00 Child Come Class  | Compliant   |  |
|--|--------------------------------|-------------|--|
| Rule   Status   Documenting Statement(s), If applicable  | 5101:2-13-08 Child Care Staff  | Compliant   |  |
| Rule   Status   Documenting Statement(s), If applicable  | kequirements                   |             |  |
| Rule   Status   Documenting Statement(s), If applicable  |                                |             |  |
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| Rule   Status   Documenting Statement(s), If applicable  |                                |             |  |
| Rule     Status     Documenting Statement(s), If applicable       5101:2-13-10 Health Training     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-10 Professional     Compliant       Development     Documenting Statement(s), If applicable       5101:2-13-11 Outdoor Equipment     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-11 Fall Zone     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-12 Safe Equipment     Compliant       Rule     Status     Documenting Statement(s), If applicable  | Rule                           | Status      | Documenting Statement(s), If applicable  |
| Rule   Status   Documenting Statement(s), If applicable  | 5101:2-13-09 Background Checks | Compliant   |  |
| Rule   Status   Documenting Statement(s), If applicable  |                                |             |  |
| Rule   Status   Documenting Statement(s), If applicable  |                                |             |  |
| Rule   Status   Documenting Statement(s), If applicable  |                                | T           |  |
| Rule     Status     Documenting Statement(s), If applicable       5101:2-13-10 Professional Development     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-11 Outdoor Equipment     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-11 Fall Zone     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-12 Safe Equipment     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-12 Safe Environment     Compliant  |                                |             | Documenting Statement(s), If applicable  |
| Status   Documenting Statement(s), If applicable   | 5101:2-13-10 Health Training   | Compliant   |  |
| Status   Documenting Statement(s), If applicable   |                                |             |  |
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|  |                                |             | Documenting Statement(s), If applicable  |
|  | 5101:2-13-12 Safe Environment  | Compliant   |  |
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| Rule Status Documenting Statement(s), If applicable  |                                |             | Documenting Statement(s), if applicable  |
| 5101:2-13-13 Handwashing Compliant   | 2101.2-12-13 Laurasulus        | Compliant   |  |
|  |                                |             |  |
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| Rule Status Documenting Statement(s), If applicable  | Rule                           | Status      | Documenting Statement(s). If applicable  |
| 5101:2-13-13 Smoke Free Compliant  |                                |             | Control of the contro |
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| Rule                                | Status        | Documenting Statement(s), If applicable |
|-------------------------------------|---------------|---|
| 5101:2-13-16 Incident/Injury        | Compliant     |   |
|                                     | - Compilation |   |
|                                     |               |   |
|                                     |               |   |
| 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     | Documenting Statement(3), if applicable |
| 3101.2-13-19 Child Galdance         | Compliant     |   |
|                                     |               |   |
|                                     | 1             |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant     |   |
| Requirements                        | · ·           |   |
| - 4                                 |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant     |   |
| Requirements                        |               |   |
|                                     |               |   |
|                                     | I             |   |
| 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     | Documenting statement(s), if applicable |
|                                     | Compilant     |   |
| and Hygiene                         |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant     | 0 - 1111 - 111 (o))                     |
|                                     |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant     |   |
| <u>.</u>                            | · ·           |   |

| Rule                                | Status     | Documenting Statement(s), If applicable |
|-------------------------------------|------------|---|
| 5101:2-13-22 Food Handling          | Compliant  |   |
| 3101.2 13 22 1 00d 1 driding        | Compilarit |   |
|                                     |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant  |   |
| 320212 20 20 1110111 2011 4 0010    |            |   |
|                                     |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant  |   |
| Preparation                         | ·          |   |
| Treparation                         |            |   |
|                                     |            |   |
|                                     |            | 2                                       |
| Rule                                | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering              | Compliant  |   |
|                                     |            |   |
|                                     |            |   |
|                                     | l          |   |
|                                     |            | 2                                       |
| Rule                                | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for  | Compliant  |   |
| Swimming                            |            |   |
| 8                                   |            |   |
|                                     | L          |   |
| Dista                               | Chahara    | Decree the Chatanage (a) If and leading |
| Rule                                | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication             | Compliant  |   |
| Requirements                        |            |   |
| ·                                   |            |   |
|                                     | •          |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
|                                     |            | Documenting Statement(s), if applicable |
| 5101:2-13-18 Group Size and Ratios  | Compliant  |   |
|                                     |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
|                                     |            | bocumenting statement(s), if applicable |
| 5101:2-13 Written Policies and      | Compliant  |   |
| Procedures                          |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
|                                     |            | bocumenting statement(s), ii applicable |
| 5101:2-13-12 Carbon Monoxide        | Compliant  |   |
| Detectors - Type B Only             |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable |
|                                     |            | bocamenting statement(s), it applicable |
| 5101:2-13-11 Indoor Space           | Compliant  |   |
|                                     |            |   |
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