## **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      |  |
| Brickner Childcare LLC                                                   | 2210025208     |                 | FCC - Type A Home |  |
| Address                                                                  |                |                 | County            |  |
| 328 Ella Street                                                          |                |                 | SENECA            |  |
|                                                                          |                |                 |                   |  |
| Tiffin                                                                   |                |                 |                   |  |
| OH 44883                                                                 |                |                 |                   |  |
| Building and Fire Approvals apply to Type A Family Child Care Homes only |                |                 |                   |  |
| Building Approval Date                                                   | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |  |
| 10/25/2021                                                               |                |                 |                   |  |
| Fire Inspection Approval Date                                            |                |                 |                   |  |
| 09/02/2021                                                               |                |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/31/2022             | 10:30 AM                       |                  | 11:50 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Jayne Goshe            |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 67                     | 1                              | 0                | 0                 | 1            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|-----------------------------------------------------------|------------------|------------|-----------|-------|
| Age Group                                                 | License Capacity | Enrollment |           |       |
|                                                           | Totals           | Full Time  | Part Time | Total |
| Infant (Birth to < 18 m)                                  |                  | 2          | 0         | 2     |
| Young Toddler                                             |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 6                | 4          | 0         | 4     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 3          | 0         | 3     |
| School Age                                                |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 12               | 3          | 0         | 7     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| brickner                                     | Mixed Age Group | 2 to 7         |         |



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

Domain: 05 Health & Safety

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

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

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number(s) 9 below:

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

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 03/09/2022

## **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                          |           |                                         |

| - General Section 1                             |                       |                                                                                  |
|-------------------------------------------------|-----------------------|----------------------------------------------------------------------------------|
|                                                 |                       |                                                                                  |
| - 1                                             |                       |                                                                                  |
| Rule Sta                                        |                       | Documenting Statement(s), If applicable                                          |
| 5101:2-13-02 Change of Location Col             | mpliant               |                                                                                  |
|                                                 |                       |                                                                                  |
|                                                 |                       |                                                                                  |
|                                                 |                       |                                                                                  |
| Rule Sta                                        | tus                   | Documenting Statement(s), If applicable                                          |
| 5101:2-13-02 Information in OCLQS Co.           | mpliant               |                                                                                  |
|                                                 |                       |                                                                                  |
|                                                 |                       |                                                                                  |
|                                                 |                       |                                                                                  |
| Rule Sta                                        | tus                   | Documenting Statement(s), If applicable                                          |
| 5101:2-13-02 Provider Medical Con               | mpliant               |                                                                                  |
|                                                 | ·                     |                                                                                  |
|                                                 |                       |                                                                                  |
|                                                 |                       |                                                                                  |
| Rule Sta                                        | tus                   | Documenting Statement(s), If applicable                                          |
|                                                 | mpliant               | general (e), approach                                                            |
| STOTIZ IS OZ TYPE A SWITCH SIMP                 | p.iaire               |                                                                                  |
|                                                 |                       |                                                                                  |
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| Rule Sta                                        | tus                   | Documenting Statement(s), If applicable                                          |
|                                                 |                       | bocumenting statement(s), if applicable                                          |
|                                                 | mpliant               |                                                                                  |
| Requirements                                    |                       |                                                                                  |
|                                                 |                       |                                                                                  |
| Pula Cta                                        | <b></b>               | Decrease time Chatamantle) If a militable                                        |
| Rule Sta                                        |                       | Documenting Statement(s), If applicable                                          |
|                                                 | mpliant               |                                                                                  |
| Type A Homes                                    |                       |                                                                                  |
|                                                 |                       |                                                                                  |
|                                                 |                       | D C                                                                              |
| Rule Sta                                        |                       | Documenting Statement(s), If applicable                                          |
| 5101:2-13-04 Fire Inspections for Type   Col    | mpliant               |                                                                                  |
| A Homes                                         |                       |                                                                                  |
|                                                 |                       |                                                                                  |
|                                                 |                       |                                                                                  |
|                                                 |                       |                                                                                  |
|                                                 | tus                   | Documenting Statement(s), If applicable                                          |
|                                                 | tus<br>mpliant        | Documenting Statement(s), If applicable                                          |
| 5101:2-13-05 Denial, Revocation, and Suspension |                       | Documenting Statement(s), If applicable                                          |
|                                                 |                       | Documenting Statement(s), If applicable                                          |
| Suspension                                      | mpliant               |                                                                                  |
| Suspension Sta                                  | mpliant               | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Suspension Sta                                  | mpliant               |                                                                                  |
| Suspension Sta                                  | tus<br>mpliant        |                                                                                  |
| Rule Sta 5101:2-13-07 Staff Records Con         | tus<br>mpliant        | Documenting Statement(s), If applicable                                          |
| Rule Sta 5101:2-13-07 Staff Records Con         | tus<br>mpliant<br>tus | Documenting Statement(s), If applicable                                          |
| Rule Sta 5101:2-13-07 Staff Records Con         | tus<br>mpliant<br>tus | Documenting Statement(s), If applicable                                          |



| Rule                           | Status              | Documenting Statement(s), If applicable     |
|--------------------------------|---------------------|---------------------------------------------|
| 5101:2-13-08 Child Care Staff  | Compliant           |                                             |
| Requirements                   | ·                   |                                             |
| ·                              |                     |                                             |
|                                |                     |                                             |
| Rule                           | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Whistle Blower    | Compliant           |                                             |
|                                |                     |                                             |
|                                |                     |                                             |
| Rule                           | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-09 Background Checks | Compliant           | 3 (" 11                                     |
|                                | ·                   |                                             |
|                                |                     |                                             |
|                                | Cul                 |                                             |
| 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                    |                     |                                             |
|                                |                     |                                             |
| Rule                           | Chatus              | Decumenting Statement(s) If applicable      |
| 5101:2-13-11 Outdoor Space     | Status<br>Compliant | Documenting Statement(s), If applicable     |
| 3101.2-13-11 Outdoor Space     | Compilant           |                                             |
|                                |                     |                                             |
|                                |                     |                                             |
| Rule                           | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Outdoor Equipment | Compliant           |                                             |
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|                                |                     |                                             |
| Rule                           | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Fall Zone         | Compliant           | , , , , , , , , , , , , , , , , , , ,       |
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|                                |                     |                                             |
| P. J.                          | Chahara             | Daniel Children Children Children           |
| 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           |                                             |
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| Dulo                           | Ctatus              | Decumenting Statement (a) If a substitute ( |
| Rule                           | Status              | Documenting Statement(s), If applicable     |

| 5101:2-13-13 Clean environment and equipment                   | Compliant           |                                         |
|----------------------------------------------------------------|---------------------|-----------------------------------------|
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                                       | Compliant           | Documenting Statement(s), if applicable |
| Pule                                                           | Ctatus              | Decumenting Ctatement/s) If applicable  |
| Rule 5101:2-13-13 Smoke Free                                   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2 13 13 3Moke free                                        | Compliant           |                                         |
| Bulo                                                           | Ctatus              | Documenting Statement(s) If applicable  |
| Rule 5101:2-13-13 Toothbrushing                                | Status<br>Compliant | Documenting Statement(s), If applicable |
| J101.2-13-13 TOOLHDI USHING                                    | Compliant           |                                         |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field                            | Compliant           | Documenting statement(s), if applicable |
| and Routine Trips                                              | Compliant           |                                         |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant           |                                         |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                               | Compliant           |                                         |
|                                                                |                     |                                         |
| S101:2-13-14 Vehicle Inspections                               | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                                                |                     |                                         |
| 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 Child Medical and<br>Enrollment Records           | Compliant           | Documenting Statement(s), if applicable |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                                 | Compliant           |                                         |
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| pedinary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1           | T                                        |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Compliant   |                                          |
| and Confidentiality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                          |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Compliant   |                                          |
| General Emergency Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                          |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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  |
| 5101:2-13-16 Incident/Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Compliant   | 4-1, -1                                  |
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| 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 Attendance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Compliant   |                                          |
| 3101.2 13 10 Attendance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Compilant   |                                          |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Compliant   | bootamenting statement(s), it applicable |
| 3101.2-13-13 Supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Compliant   |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1           |                                          |
| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status      | Documenting Statement/s) If applicable   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Compliant   |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                          |
| D 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | l c         |                                          |
| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Compliant   |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                          |
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| Rule                                | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 5101:2-13-20 Sleep and Nap          | Compliant | - comment of contract of the c |
| Requirements                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-20 Crib and Playpen       | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Requirements                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-21 Evening and Overnight  | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Care                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-21 Sanitary Environment   | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and Hygiene                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-22 Meals and Snacks       | Compliant | (4) A T T T T T T T T T T T T T T T T T T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                     | ·         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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 | , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                     | ·         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dula                                | Chabina   | December Chair 1/ ) if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Rule                                | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-23 Infant Daily Care      | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     | 1         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-23 Infant Bottle and Food | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Preparation                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rulo                                | Ctatus    | Documenting Statement/s) If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Rule                                | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-23 Diapering              | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 5101:2-13-24 Parent Permission for Swimming | Compliant          |                                          |
|---------------------------------------------|--------------------|------------------------------------------|
| Rule                                        | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication<br>Requirements     | Compliant          | Documenting Statement(s), if applicable  |
|                                             |                    |                                          |
| Rule                                        | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities      | Compliant          |                                          |
|                                             |                    |                                          |
| Rule                                        | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios          | Compliant          |                                          |
|                                             |                    |                                          |
| Rule                                        | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and Procedures   | Compliant          |                                          |
| P. J.                                       | Chahara            | Decree the Chater and (a) If and include |
| Rule 5101:2-13-11 Indoor Space              | Status   Compliant | Documenting Statement(s), If applicable  |
|                                             |                    |                                          |
| Rule                                        | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming                    | Compliant          |                                          |
|                                             | 1 -                |                                          |
| Rule<br>5101:2-13-24 On-site Pools          | Status Compliant   | Documenting Statement(s), If applicable  |
|                                             |                    |                                          |
| Rule                                        | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Review Policies and Procedures | Compliant          |                                          |
|                                             |                    |                                          |
| Rule 5101:2-13-12 Pets                      | Compliant          | Documenting Statement(s), If applicable  |
|                                             |                    |                                          |
| Rule                                        | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Swimming Sites                 | Compliant          |                                          |



| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5101:2-13-16 First Aid Kit | Compliant |                                         |
|                            | ·         |                                         |
|                            |           |                                         |
|                            | ·         |                                         |
| Rule                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant |                                         |
| Equipment                  |           |                                         |
| -1- P                      |           |                                         |
|                            | •         | •                                       |
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