

# 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      |
| A lot of Love Child Care, LLC | 2230027948     | FCC - Type B Home |
| Address                       |                | County            |
| 116 W 5th Street              |                | ALLEN             |
|                               |                |                   |
| Lima                          |                |                   |
| ОН 45804                      |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |
| Provisional            | Full                           |                  | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 10/25/2023             | 12:49 PM                       |                  | 2:37 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Bridget Rex            |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 5                              | 0                | 0                 | 7            |

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

| Staff-Child Ratios at the Time of Inspection |                 |                |   |
|--|-----------------|----------------|---|
| Group  | Age Group/Range | Ratio Observed | Comment   |
| Mixed Age Group                              | Mixed Age Group | 1 to 0         | Provider stated<br>she currently has<br>0 children<br>enrolled. |



#### **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

## Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

**Moderate Risk Non-Compliances** 

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Clean environment and equipment

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



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

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

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

Corrective Action Plan Due: 11/25/2023

### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

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

Findings: During the inspection, a potentially hazardous item or toxic substance was used or stored in a space used for child care during the program's hours of operation, but no children were present, as noted in number(s) 5 below:

- 1. A lawn mower.
- 2. A weed trimmer.
- 3. Hedge trimmers.
- 4. A snow blower.

5. Other potentially hazardous substance, equipment or machinery: grill & fire pit .

Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/25/2023

#### 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) 8 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;
- squares in assorted sizes;
- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;

8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);

9. A working digital thermometer;

10. Disposable non-latex gloves;

11. A working flashlight;

12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;

13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;

14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;

15. Soap or waterless sanitizer (field trip or transporting away from the program only);

16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 11/25/2023

## Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

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

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

Corrective Action Plan Due: 11/25/2023



#### Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to reside at the licensed location, not have additional activities or employment during the program's operating hours, be on-site at the program for at least 75 percent of the program's operating hours, and have hours of availability posted in a noticeable place.

Findings: During the inspection, it was determined that the provider was not meeting the following requirements as noted in number(s) 4 below :

- 1. The provider no longer resides at the licensed location.
- 2. The licensed provider has additional activities/employment during operating hours, in that [].
- 3. The provider was not on-site for 75 percent of the program's operating hours as required by this rule.
- 4. The provider did not have hours of availability to meet with parents a noticeable location.

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

Corrective Action Plan Due: 11/25/2023

## Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 3, 7, 10, 11, 12, 13 & 15 below:

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



# 16. Other [ ]

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

Corrective Action Plan Due: 11/25/2023

# Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 1, 4, 6, 7, 8/9/10 below:

1. No medical was on file for at least one child

2. Medical(s) on file was not updated every 13 months

3. Medical(s) were missing child's name and date of birth

4. Medical(s) were missing the date of the medical examination

5. The date of the exam was more than 13 months prior to the date the form was signed

6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care

7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified

nurse practitioner (CNP) who examined the child

8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year

9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of

conscience, including religious convictions

11. Other [ ]

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

Corrective Action Plan Due: 11/25/2023



# 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                             |           |  |
|                                     |           |  |
| Dula                                | Chathara  | Decomposition (testamont/s) if eaching his |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Change of Location     | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Dula                                | Status    | Desumenting States ant/s) If a will ach !  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Information in OCLQS   | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Dula                                | Chabus    |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Provider Medical       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Dula                                | Chabura   | Desumenting (tetement/s) If englischie     |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-03 Inspection             | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Desumenting Statement(s) If applicable     |
|                                     | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-04 Building Requirements  | Compliant |  |
| for Type B Homes                    |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s) If applicable     |
|                                     |           | Documenting Statement(s), If applicable    |
| 5101:2-13-04 Fire Safety for Type B | Compliant |  |
| Homes                               |           |  |
|                                     |           |  |
| Dula                                | Status    | Decumenting Statement/s) If any line la    |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-04 Flammable and          | Compliant |  |
| Combustible Materials in a Type B   |           |  |
| Home                                |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |



Department of Education Department of Job and Family Services

| Home       Status       Documenting Statement(s), If applicable         S101:2-13-07 Staff Records       Compliant       Documenting Statement(s), If applicable         Rule       Status       Documenting Statement(s), If applicable         S101:2-13-07 Type B Provider - Foster       Compliant         Parent       Compliant         Rule       Status       Documenting Statement(s), If applicable         S101:2-13-08 Employee Requirements       Compliant         Rule       Status       Documenting Statement(s), If applicable         S101:2-13-08 Employee Requirements       Compliant         Rule       Status       Documenting Statement(s), If applicable         S101:2-13-08 Employee Requirements       Compliant         Rule       Status       Documenting Statement(s), If applicable         S101:2-13-08 Child Care Staff       Compliant | Rule<br>5101:2-13-07 Staff Records<br>Rule   |
|--|--|
| S101:2-13-07 Staff Records       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-07 Type B Provider - Foster       Compliant         Parent       Compliant         Rule       Status         5101:2-13-08 Employee Requirements       Compliant         Rule       Status         Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements         Compliant         Rule       Status         Documenting Statement(s), If applicable         Status       Documenting Statement(s), If applicable   | 5101:2-13-07 Staff Records Rule  |
| S101:2-13-07 Staff Records       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-07 Type B Provider - Foster       Compliant       Compliant         Parent       Compliant       Documenting Statement(s), If applicable         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Documenting Statement(s), If applicable         Rule       Status       Documenting Statement(s), If applicable         Status       Compliant       Documenting Statement(s), If applicable  | 5101:2-13-07 Staff Records Rule  |
| S101:2-13-07 Staff Records       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-07 Type B Provider - Foster       Compliant       Compliant         Parent       Compliant       Documenting Statement(s), If applicable         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Documenting Statement(s), If applicable         Rule       Status       Documenting Statement(s), If applicable         Status       Compliant       Documenting Statement(s), If applicable  | 5101:2-13-07 Staff Records Rule  |
| Rule       Status       Documenting Statement(s), If applicable         5101:2-13-07 Type B Provider - Foster       Compliant       Parent         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Documenting Statement(s), If applicable         Status       Documenting Statement(s), If applicable       Compliant  |  |
| 5101:2-13-07 Type B Provider - Foster Parent       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Image: Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Documenting Statement(s), If applicable         Status       Documenting Statement(s), If applicable       Compliant   |  |
| 5101:2-13-07 Type B Provider - Foster Parent       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Image: Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Documenting Statement(s), If applicable         Status       Documenting Statement(s), If applicable       Compliant   |  |
| 5101:2-13-07 Type B Provider - Foster Parent       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Image: Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Documenting Statement(s), If applicable         Status       Documenting Statement(s), If applicable       Compliant   |  |
| Parent       Status       Documenting Statement(s), If applicable         Rule       Status       Compliant         Status       Documenting Statement(s), If applicable         Rule       Status         Status       Documenting Statement(s), If applicable  | 5101.7-13-07 Type B Provider - Foster  |
| Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Employee Requirements       Compliant       Image: Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-08 Child Care Staff       Compliant       Image: Compliant   |  |
| Stot:2-13-08 Employee Requirements     Compliant       Rule     Status       5101:2-13-08 Child Care Staff     Compliant   |  |
| Status     Documenting Statement(s), If applicable       5101:2-13-08 Child Care Staff     Compliant   |  |
| Rule     Status     Documenting Statement(s), If applicable       5101:2-13-08 Child Care Staff     Compliant  |  |
| 5101:2-13-08 Child Care Staff Compliant  | 5101:2-13-08 Employee Requirements   |
| 5101:2-13-08 Child Care Staff Compliant  |  |
| 5101:2-13-08 Child Care Staff Compliant  |  |
|  |  |
| Requirements   |  |
|  | Requirements   |
|  |  |
| Rule         Status         Documenting Statement(s), If applicable  | Rule   |
| 5101:2-13-08 Whistle Blower Compliant  | 5101:2-13-08 Whistle Blower  |
|  |  |
|  |  |
| Rule         Status         Documenting Statement(s), If applicable  |  |
|  | Rule   |
|  | Rule<br>5101:2-13-09 Background Checks   |
|  | Rule<br>5101:2-13-09 Background Checks   |
| Dula Desumenting Statement(s) If applicable  |  |
|  | 5101:2-13-09 Background Checks   |
|  | 5101:2-13-09 Background Checks<br>Rule   |
|  | 5101:2-13-09 Background Checks   |
|  | 5101:2-13-09 Background Checks<br>Rule   |
|  | 5101:2-13-09 Background Checks<br>Rule<br>5101:2-13-10 Health Training   |
|  | 5101:2-13-09 Background Checks Rule 5101:2-13-10 Health Training Rule Rule   |
|  | 5101:2-13-09 Background Checks Rule 5101:2-13-10 Health Training Rule 5101:2-13-10 Professional  |
|  | 5101:2-13-09 Background Checks Rule 5101:2-13-10 Health Training Rule Rule   |
| Rule         Status         Documenting Statement(s), If applicable  | 5101:2-13-09 Background Checks Rule 5101:2-13-10 Health Training Rule 5101:2-13-10 Professional  |
| 5101:2-13-11 Outdoor Space Compliant   | 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional         Development         Rule |
|  | 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional         Development         Rule |
|  | 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional         Development         Rule |
| Rule         Status         Documenting Statement(s), If applicable  | 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional         Development         Rule |
|  | 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional         Development         Rule |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-11 Fall Zone               | Compliant |   |
| 5101.2 15 11 101 2010                | compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment          | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing             | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Decumenting Statement(s) If applicable  |
| 5101:2-13-13 Smoke Free              | Compliant | Documenting Statement(s), If applicable |
| 5101.2 15 15 50000 1100              | compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      | compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      | 1         | 1                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(c) If applicable  |
| 5101:2-13-16 Emergency Drills        | Compliant | Documenting Statement(s), If applicable |
| STOT'S-TO FUILE BELICA DUILS         | Compliant |   |



| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-16 Communicable Diseases  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| 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                           |                     |   |
|                                       |                     |   |
| Dula                                  | Chabura             |   |
| Rule<br>5101:2-13-22 Meals and Snacks | Status              | Documenting Statement(s), If applicable |
| 5101.2-13-22 Miedis and Shacks        | Compliant           |   |
|                                       |                     |   |
|                                       |                     | i                                       |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk               | Compliant           |   |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling            | Compliant           |   |
|                                       |                     |   |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care        | Compliant           |   |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food   | Compliant           |   |
| Preparation                           |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                | Compliant           |   |
|                                       | compliant           |   |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for    | Compliant           |   |
| Swimming                              |                     |   |
|                                       | 1                   |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication               | Compliant           |   |
| Requirements                          |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(a) If applicable  |
| 5101:2-13-18 Group Size and Ratios    | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                       | Compliant           |   |
|                                       |                     |   |
|                                       | ·                   |   |
|                                       |                     |   |



| Rule                               | Status    | Documenting Statement(s), If applicable   |
|------------------------------------|-----------|---|
| 5101:2-13 Written Policies and     | Compliant |   |
| Procedures                         |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Carbon Monoxide       | Compliant |   |
| Detectors - Type B Only            |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Indoor Space          | Compliant |   |
| 5101.2 15 11 muoor space           | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Programming           | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Dula                               | Chatura   | Description Chaterrand(a) If any list his |
| Rule<br>5101:2-13-24 On-site Pools | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-24 On-site Pools         | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Pets                  | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Materials and         | Compliant |   |
| Equipment                          |           |   |
| <u> </u>                           |           |   |
|                                    |           |   |
|                                    |           |   |