

# **Family Child Care Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

|  | Program Deta      | ils             | n.      |                  |
|--|-------------------|-----------------|---------|------------------|
| Program Name   | Program Number    |                 | Program | т Туре           |
| LA LA'S LIL ONE'S LEARN AND PLAY                         | 000000200506      |                 | FCC - T | ype A Home       |
| Address  |                   |                 | County  | 1                |
| 1138 CALIFORNIA AVE.                                     |                   |                 | HAMIL   | TON              |
|  |                   |                 |         |                  |
| CINCINNATI   |                   |                 |         |                  |
| OH 45237   |                   |                 |         |                  |
| Building and Fire Approvals apply to Type A Family Child | d Care Homes only |                 |         |                  |
| Building Approval Date                                   | Use Group/Code    | Occupancy Limit | Ma      | aximum Under 2 ½ |
| 01/02/2014   | NA                | 12              | 6       |                  |
| Fire Inspection Approval Date                            |                   |                 |         |                  |
| 06/15/2024   |                   |                 |         |                  |

|                    | Insp                           | ection Information | 1                 |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | cope               | Inspection Notice |              |
| Compliance         | Full                           | 7394               | Announced         |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 10/16/2024         | 12:13 PM                       |                    | 2:58 PM           |              |
| Reviewer:          | ·                              |                    | •                 |              |
| Lisa Johnson-Garr  | ett                            |                    |                   |              |
|                    | Sui                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 66                 | 5                              | 0                  | 1                 | 8            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           | nspection |
|---|------------------|------------|-----------|-----------|
| Age Group   | License Capacity | Enrollment |           |           |
|   | Totals           | Full Time  | Part Time | Total     |
| Infant ( Birth to < 18 m)                                 |                  | 6          | 0         | 6         |
| Young Toddler   |                  | 10         | 0         | 10        |
| Total Under 2 Years                                       | 12               | 16         | 0         | 16        |
| Older Toddler   |                  | 0          | 0         | 0         |
| Preschool   |                  | 6          | 0         | 6         |
| School Age  |                  | 22         | 1         | 23        |
| Total Capacity/Enrollment                                 | 12               | 28         | 1         | 45        |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| 10/16/24 inspection                          | Mixed Age Group | 3 to 10        |         |





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

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

Findings: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) 1 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/16/2024



### **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-13-08 Employee Requirements

Code: The program is required to obtain completed medical statements for all program staff.

Findings: In review of the staff records, it was determined that the medical statements for those individuals listed on the Employee Record Chart did not include the required information listed below in number(s) 1 below:

- 1. A medical statement was not on file;
- 2. The medical statement(s) on file were not dated within 12 months of the individual's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the individual is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);

Submit the program's corrective action plan, which includes a copy of the completed medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/16/2024

## **Domain: 08 Staff Files**

Rule: 5101:2-13-09 Background Checks

Code: Individuals are required to completed the background check process and obtain complete results.

Findings: In review of the staff records, it was determined that background check requirements were incomplete for the individuals listed on the Employee Record Chart, as noted in number(s) 3 below:

- 1. The JFS 01176 "Program Notification of Background check Review for Child Care" was not on file at the program, but was on file at the county agency and the individual is eligible.
- 2. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the program and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.
- 3. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the county agency and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 11/16/2024

**Domain: 08 Staff Files** 

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number(s) 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.
- 6. Other [ ].

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

Corrective Action Plan Due: 11/16/2024

### Domain: 08 Staff Files

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to have documentation on file at the program of all trainings.

Findings: During the inspection, it was determined the provider did not have training documentation on file or OPR. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/16/2024

#### **Domain: 08 Staff Files**

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program staff is required to have their high school documentation translated and/or equivalency completed to verify they are meeting the requirement.



Findings: During the inspection, it was determined that the Child Care Staff Member listed on the Employee Record Chart had educational information on file that could not be verified as recognized by the state board of education or the appropriate agency of another state or country as equivalent to the completion of a high school education. The rule requires a Child Care Staff Member to provide evidence of the completion of a high school education. Submit the program's corrective action plan, which includes a copy of the translated educational information and/or equivalency report, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/16/2024

#### **Domain: 08 Staff Files**

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

Findings: In review of the staff records, it was determined that child care staff member(s) or substitute child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 1,2,3 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. No documentation of completing the training after December 31, 2016.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 11/16/2024

#### 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) 1,14 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: 11/16/2024

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, 2 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 o |
|--|
| this rule.   |

Corrective Action Plan Due: 11/16/2024

# 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<br>Closure | Compliant |   |
| Rule  | Chatus    | Decumenting Statements of applicable    |
|   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location             | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS           |           | bocumenting statement(s), it applicable |
| 3101:2-13-02 information in OCLQ3           | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical               | Compliant | bootinenting statement(s), it approasts |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership               | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                     | Compliant | Boomening Statement(5), it applicable   |
| Requirements                                | Compliant |   |
|   |           |   |



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| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-04 Building Inspections for  | Compliant |  |
| Type A Homes                           |           |  |
| Type / Triomes                         |           |  |
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| D.d.                                   | Chatana   | D  |
| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-04 Fire Inspections for Type | Compliant |  |
| A Homes                                |           |  |
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| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-07 Staff Records             | Compliant |  |
| STOTIZ TO 07 Starr Necestas            | Compilant |  |
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| Dula                                   | Chahira   | Decomposition Statement (a) If I'm I'm         |
| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-08 Whistle Blower            | Compliant |  |
|  |           |  |
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| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-10 Health Training           | Compliant |  |
|  | Sompliant |  |
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|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 2000000000                             |           | Documenting statement(s), if applicable        |
| 5101:2-13-11 Outdoor Space             | Compliant |  |
|  |           |  |
|  |           |  |
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| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-11 Outdoor Equipment         | Compliant |  |
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|  |           |  |
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| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-11 Fall Zone                 | Compliant | 2 Statile Hall & State Helicity, 11 applicable |
|  | Compilant |  |
|  |           |  |
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|  | -         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-12 Safe Equipment            | Compliant |  |
|  |           |  |
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| Rule                                   | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-12 Safe Environment          | Compliant |  |
| STOT.Z-13-1Z Sale Elivirolillelit      | Compilant |  |
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| Rule                                   | Status    | Documenting Statement(s), If applicable        |



| <del>~~</del>   |           | 1                                       |
|---|-----------|---|
| 5101:2-13-13 Clean environment and  | Compliant |   |
| equipment   |           |   |
| ATC 19  |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing  | Compliant | Describing Statement(s), it approases   |
| 5101.2-15-15 Halluwasiiilig   | Compilant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free   | Compliant |   |
| Jack To to office Tree  | Compilant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing  | Compliant |   |
|   |           |   |
|   |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement/s) If a wall-sale |
|   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field                                       | Compliant |   |
| and Routine Trips   |           |   |
| s S Antiddens de dominient " (11 noto tradepolisies, noto volume ■ Report |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
|   |           | bocumenting statement(3), it applicable |
| 5101:2-13-14 Ratio and Supervision  | Compliant |   |
| for Field and Routine Trips   |           |   |
|   |           |   |
| ×   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements   | Compliant | S ( ) 11                                |
| 3101.2 13 14 Vehicle Requirements   | Compilant |   |
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| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions  | Compliant |   |
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| Pulo  | Status    | Decumenting Statement/s) If applicable  |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention                                      | Compliant |   |
| and Confidentiality   |           |   |
| 9963  |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
|   | Compliant |   |
| 5101:2-13-16 Medical, Dental, and   | Compilant |   |
| General Emergency Plan  |           |   |
|   |           |   |
|   |           |   |
| 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 First Aid Kit/Standard   | Compliant  |  |
| Precautions   | # F  |  |
| A the second control of the control |  |  |
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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  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency  | Compliant  |  |
| Preparedness and Response Plan  |  |  |
|   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance   | Compliant  |  |
|   | 1  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision  | Compliant  |  |
|   | Control Contro |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), If applicable  |
| Rule<br>5101:2-13-19 School Age Supervision   | Status<br>Compliant  | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), If applicable  |
|   |  |  |
| 5101:2-13-19 School Age Supervision Rule  | Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision   | Compliant  |  |
| 5101:2-13-19 School Age Supervision Rule  | Compliant  |  |
| 5101:2-13-19 School Age Supervision Rule  | Compliant  |  |
| 5101:2-13-19 School Age Supervision Rule  | Compliant  | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule   | Status Compliant Status Status   |  |
| S101:2-13-19 School Age Supervision  Rule  5101:2-13-19 Child Guidance  Rule  5101:2-13-20 Sleep and Nap  | Status Compliant   | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule   | Status Compliant Status Status   | Documenting Statement(s), If applicable  |
| S101:2-13-19 School Age Supervision  Rule  5101:2-13-19 Child Guidance  Rule  5101:2-13-20 Sleep and Nap  | Status Compliant Status Status   | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule  | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule 5101:2-13-20 Crib and Playpen  | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule  | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| 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  |           |   |
| The second secon |           |   |
|  |           | -                                       |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks  | Compliant |   |
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|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk  | Compliant | bounding statement(s), it applicable    |
| J101.2-13-22 Fluid Milik   | Compliant |   |
|  |           |   |
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| 0.1  | C         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling   | Compliant |   |
|  |           |   |
|  |           |   |
|  |           | <u> </u>                                |
| 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  | 1         |   |
| Teparation   |           |   |
|  |           | <u>.</u>                                |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering   | Compliant |   |
| 3101.2 13 23 Diabeting   | Compilant |   |
|  |           |   |
|  | I         |   |
| Dula   | Chahara   | D                                       |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for   | Compliant |   |
| Swimming   |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication  | Compliant |   |
| Requirements   |           |   |
| changed Total Control of T.  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities   | Compliant | bounding statement(s), it applicable    |
| 3 TOT. Z-T3-01 FIGURE 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     | Compliant |   |
| Procedures                         | '         |   |
|                                    |           |   |
| Date                               | Chabina   | D                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space          | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming           | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and   | Compliant |   |
| Procedures                         |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement/s\ If applicable  |
| 5101:2-13-24 Swimming Sites        | Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-24 Swiffilling Sites     | Compilant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and         | Compliant |   |
| Equipment                          |           |   |