

# **Center 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                     | ails            |                    |
|--|----------------------------------|-----------------|--------------------|
| Program Name   | Program Number                   |                 | Program Type       |
| THE SCHOLAR HOUSE                                      | 00000300904                      |                 | Child Care Center  |
| Address<br>5824 Lee Rd South Maple Heights<br>OH 44137 |                                  |                 | County<br>CUYAHOGA |
| Building Approval Date<br>04/29/2017                   | Use Group/Code                   | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date                          | Food Service Risk L<br>Level III | evel            | ·                  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 09/14/2021 | Begin Time 1                   | 0:45 AM          | End Time 1:30 PM  |              |
| Reviewer:                  |                                |                  |                   |              |
| Tamela Green               | Tamela Green                   |                  |                   |              |
|                            | Summary of Findings            |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                         | 6                              | 0                | 2                 | 4            |

| 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)                                  |                  | 3          | 0         | 3     |
| Young Toddler   |                  | 4          | 0         | 4     |
| Total Under 2 ½ Years                                     | 21               | 7          | 0         | 7     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 45               | 4          | 0         | 11    |

| Staff-Child Ratios at the Time of Inspection |                          |        |        |  |
|--|--------------------------|--------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                          |        |        |  |
| Infants                                      | 12 months to < 18 months | 1 to 2 | At nap |  |

| Toddlers  | 12 months to < 18 months | 2 to 4 | at arrival    |
|-----------|--------------------------|--------|---------------|
|           |                          |        | combined with |
|           |                          |        | infants.      |
| Toddlers  | 12 months to < 18 months | 3 to 4 | At lunch      |
|           |                          |        | combined with |
|           |                          |        | infants and   |
|           |                          |        | preschool     |
| Toddlers  | 18 months to < 30 months | 1 to 2 | At nap        |
| preschool | 3 years to < 4 years     | 1 to 3 | at arrival    |
| preschool | 3 years to < 4 years     | 1 to 3 | At nap        |

# **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: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

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

## **Moderate Risk Non-Compliances**

## Domain: 00 License & Approvals

Rule: 5101:2-12-04 Fire Approval

<u>Code</u>: The program is required to only use space approved by the fire department or the state fire marshal's office to serve children. The program is required to obtain a fire inspection within 12 months from the date of the last fire approval. If violations are noted during the inspection, the program is required to have all violations corrected and have the program re-inspected to obtain a completed fire form.

<u>Finding</u>: During the inspection, it was determined the program had not obtained written approval from the local fire safety inspector or the state fire marshal as noted in number(s) 1 below:

- 1. The program had not been inspected and approved within 12 months from the date of the last fire approval and the request for the new inspection was not made at least 30 days prior to the expiration of the previous approval.
- 2. The fire approval had not been obtained due to violations.



3. The [ ] space was being used and had not been approved by the fire department or the state fire marshal's office for child care.

Submit the program's corrective action plan, which includes an updated fire approval, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/16/2021

Domain: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

Code: The program is required to have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number(s) 2 below:

- 1. Owner;
- 2. Administrator;
- 3. Child Care Staff Member, employee.

Submit the program's corrective action plan, which includes a statement the background check update has been requested, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/16/2021

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

Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements

Code: The program is required to respond to noncompliances by the date noted in the inspection report.

<u>Finding</u>: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 5/4/21. The rule requires that the program provide materials to correct non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 10/16/2021

### **Domain: 06 Program Information**

Rule: 5101:2-12-14 Transportation and Field Trip Procedures

Code: The program is required to have parents update routine trip forms annually.

<u>Finding</u>: In review of the program's records, it was determined that permission forms for routine trips were not being updated annually, as required. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

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

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee 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);
- 4. Tuberculosis (TB) screening/test
- a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
- b. Results of a TB test for employees meeting both criteria in 4a;
- c. Results of additional testing for employees with a positive TB test;
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

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

Corrective Action Plan Due: 10/16/2021

#### **Domain: 09 Children's Files**

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% 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) 5 below.

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

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

# Rules In-Compliance/Not Verified

| Rule  | Status              | Documenting Statement(s), If applicable                                    |
|---|---------------------|--|
| Rule: 5101:2-12-22 Meal and Snack                     | Compliant           | Documenting Statement: Meals were  |
| Requirements  | ·                   | provided at intervals as required by this                                  |
| ·   |                     | rule.  |
|   |                     |  |
| Rule: 5101:2-12-22 Meal and Snack                     | Compliant           | Documenting Statement: Modified diets                                      |
| Requirements  |                     | provided by the program were   |
|   |                     | documented as required.  |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-13 Handwashing                        | Compliant           | Documenting Statement: Staff and   |
| Requirements  |                     | children were observed washing hands as                                    |
|   |                     | required by the rule.  |
|   |                     |  |
| Bulo  | Ctatus              | Decumenting Statement (-) If a military                                    |
| Rule  Pulo: F101:2-12-16 Management of                | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the |
| Rule: 5101:2-12-16 Management of Communicable Disease | Compliant           | inspection the requirements regarding                                      |
| Communicable Disease                                  |                     |  |
|   |                     | the isolation of a child suspected of                                      |
|   |                     | having a communicable disease were   |
|   |                     | discussed, but not observed.   |
| Rule: 5101:2-12-16 Management of                      | Compliant           | Documenting Statement: The JFS 08087                                       |
| Communicable Disease                                  | Compliant           | "Communicable Disease Chart" was   |
| Communicable Discuse                                  |                     | posted and was readily available to staff                                  |
|   |                     | and parents.   |
|   |                     | und purches.   |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-13 Smoke Free                               | Compliant           |  |
| Environment   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable                                    |
| 5101:2-12-07 Administrator                            | Compliant           |  |
| Qualifications  |                     |  |
| Dul   | Chahara             | Decreased Co. I. M. I. I.  |
| Rule  Rule: E101:2-12-09 Child Care Staff             | Status              | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-08 Child Care Staff                   | Compliant           | Documenting Statement: All Child Care Staff Members had verification of    |
| Member Educational Requirements                       |                     |  |
|   |                     | educational requirements on file at the                                    |
|   |                     | program.   |
|   |                     |  |
|   |                     |  |



| Rule                                  | Status      | Documenting Statement(s), If applicable   |
|---------------------------------------|-------------|---|
| 5101:2-12-16 Written Disaster Plan    | Compliant   |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food License       | Compliant   | Documenting Statement: The food service   |
|                                       |             | license was observed posted. Following is |
|                                       |             | the audit number RKFG-GIMN4 and date      |
|                                       |             | of expiration: 3/1/22.                    |
|                                       |             |   |
| Dulo                                  | Ctatus      | Decumenting Statement(s) If applicable    |
| Rule                                  | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Sanitary           | Compliant   | Documenting Statement: During the         |
| Equipment and Environment             |             | inspection, the equipment was observed    |
|                                       |             | clean and in good repair.                 |
| [                                     |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Child Guidance     | Compliant   | Documenting Statement: Appropriate        |
|                                       | ,           | child guidance techniques and practices   |
|                                       |             | were observed being used during the       |
|                                       |             | inspection.                               |
|                                       |             | 1   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-22 Fluid Milk         | Compliant   | Documenting Statement: All                |
| Requirements                          |             | infants/toddlers were served              |
|                                       |             | formula/milk in sufficient amounts to     |
|                                       |             | meet the nutritional requirements.        |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant   | Documenting Statement: The program        |
| Precautions                           | oop.i.a.i.c | had a system in place for regularly       |
| recautions                            |             | checking and replacing first aid kit      |
|                                       |             | supplies.                                 |
|                                       |             | supplies.                                 |
|                                       | ·           |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 License Capacity   | Compliant   | Documenting Statement: The program        |
|                                       |             | was operating within their license        |
|                                       |             | capacity limits.                          |
|                                       |             |   |
| Pulo                                  | Status      | Documenting Statement(s) If applicable    |
| Rule 5101:2-12-22 Safe Food           | Status      | Documenting Statement(s), If applicable   |
| Handling/Storage                      | Compliant   |   |
| nanuling/storage                      |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable   |
|                                       | 10.000      | 2   |

| Rule: 5101:2-12-07 Written Program Policies and Procedures | Compliant | Documenting Statement: The written policies and procedures reviewed on the day of the inspection were verified as complete. |
|--|-----------|---|
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space                                  | Compliant |   |
| Requirements   | '         |   |
| quee   |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills                        | Compliant | Documenting Statement: Documentation  |
| Naic. 3101.2 12 10 Emergency brins                         | Compilant | for completed fire, weather, and  |
|  |           | •   |
|  |           | emergency/lockdown drills was verified  |
|  |           | during this inspection.   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and                           | Compliant | Documenting Statement: Sufficient   |
|  | Compliant | equipment was observed in all categories.   |
| Equipment  |           | equipment was observed in an categories.  |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play                            | Compliant | Documenting Statement(s), it applicable   |
| S101.2-12-17 Daily Outdoor Flay                            | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Building Approval                       | Compliant | Documenting Statement: On the day of  |
|  | '         | the inspection, the program was   |
|  |           | operating in compliance with the current  |
|  |           | building approval(s).   |
|  |           | bananig approval(s).  |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-02 License Posted                                | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Space                           | Compliant | Documenting Statement: The outdoor  |
| Requirements   |           | play area is separated from traffic and   |
|  |           | other hazards by a fence.   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Supervision                             | Compliant | Documenting Statement: During the   |
|  |           | inspection, child care staff were observed  |
|  |           | assisting children throughout the day.  |
|  |           | ,   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |

| Rule: 5101:2-12-02 Current              | Compliant        | Documenting Statement: The program  |
|---|------------------|---|
| Information                             |                  | had current information entered in the  |
|   |                  | Ohio Child Licensing and Quality System                                       |
|   |                  | (OCLQS).  |
|   |                  |   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-23 Infant Bottle and    | Compliant        | Documenting Statement: All bottles were                                       |
| Food Preparation                        |                  | warmed in accordance with the rule in a                                       |
|   |                  | warm water. (no bottle children the day                                       |
|   |                  | of inspection)  |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-17 Daily Schedule       | Compliant        | Documenting Statement: Daily schedules  |
|   |                  | were observed posted.   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-20 Cots and Napping     | Compliant        | Documenting Statement: Cots were  |
| 5                                       | ·                | placed appropriately and safely during  |
|   |                  | nap time.   |
|   |                  |   |
| Rule: 5101:2-12-20 Cots and Napping     | Compliant        | Documenting Statement: Cots/mats were   |
|   |                  | assigned individually by a number system.                                     |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-23 Infant Daily Care    | Compliant        | Documenting Statement: Appropriate  |
| , |                  | daily written records for all infants were                                    |
|   |                  | viewed.   |
|   |                  |   |
| D. J.                                   | Chahara          | Decree while Chatere and a life and inchin                                    |
| Rule: 5101:2-12-12 Safe Equipment       | Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: Equipment was |
| Nuie. 5101.2-12-12 Sale Equipment       | Compliant        | observed to be in good condition.   |
|   |                  | observed to be in good condition.   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-15 Medical/Physical     | Compliant        | Documenting Statement: At the time of   |
| Care Plans                              |                  | the inspection, there were no children  |
|   |                  | currently enrolled who had health   |
|   |                  | conditions.   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable                                       |
| Rule: 5101:2-12-20 Cribs                | Compliant        | Documenting Statement: All cribs were   |
| Naic. 5101.2 12 20 Clips                | Compilant        | placed 2 feet apart.  |
|   |                  | placed 2 leet apart.  |
|   | ı                |   |

| Degitivary:                         |           | 1   |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-20 Cribs            | Compliant | Documenting Statement: All cribs were       |
|                                     |           | labeled with the assigned infant's name.    |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Separation of Children | Compliant |   |
| Under 2 1/2 Years                   | ·         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Orientation and Staff  |           | bocumenting statement(s), if applicable     |
|                                     | Compliant |   |
| Records                             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Health Training  | Compliant | Documenting Statement: The program          |
| Requirements                        |           | had at least one Child Care Staff Member    |
|                                     |           | with currently valid training in First Aid, |
|                                     |           | Management of Communicable Disease,         |
|                                     |           | CPR, and Child Abuse Prevention present     |
|                                     |           | and readily accessible during all hours of  |
|                                     |           | ,   |
|                                     |           | operation.                                  |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Professional     | Compliant | Documenting Statement: At the time of       |
| Development Requirements            |           | the inspection, all staff had completed the |
|                                     |           | required amount of professional             |
|                                     |           | development training.                       |
|                                     |           |   |
|                                     |           | <u> </u>                                    |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning             |
|                                     |           | supplies were viewed stored out of the      |
|                                     |           | reach of children.                          |
|                                     |           | reacti of children.                         |
| <u> </u>                            |           |   |
| Rule                                | Ctatus    | Documenting Statement(s), If applicable     |
|                                     | Status    | 5 ,   |
| Rule: 5101:2-12-16 Incident/Injury  | Compliant | Documenting Statement: The JFS 01299        |
| Reporting                           |           | "Incident/Injury Report For Child Care"     |
|                                     |           | forms reviewed during this inspection       |
|                                     |           | were complete as required.                  |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of        |
| and General Emergency Plan          | ·         | the inspection, the complete prescribed     |
| 35,                                 |           | JFS 01242 "Medical, Dental, and General     |
|                                     |           | Emergency Plan For Child Care" were         |
|                                     |           |   |
|                                     |           | posted in the program as required.          |
|                                     |           |   |
|                                     |           |   |

| Rule                                   | Status    | Documenting Statement(s), If applicable               |
|--|-----------|---|
| 5101:2-12-18 Attendance Records        | Compliant | 3 (" 11   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable               |
| Rule: 5101:2-12-18 Group Size          | Compliant | Documenting Statement: The group sizes                |
|  |           | observed on the day of the inspection                 |
|  |           | were in compliance.                                   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable               |
| Rule: 5101:2-12-18 Ratio               | Compliant | Documenting Statement: Staff/child                    |
|  |           | ratios observed during the inspection                 |
|  |           | surpassed those required by the rule.                 |
|  |           |   |
| Rule: 5101:2-12-18 Ratio               | Compliant | Documenting Statement: The Appendix A                 |
|  |           | "Staff/Child Ratios, Age Grouping and                 |
|  |           | Maximum Group Size" was posted in a                   |
|  |           | noticeable area at the program as                     |
|  |           | required.   |
|  |           |   |
| Dula                                   | Chahua    | Decrees the State we get (a) If a pulicible           |
| Rule                                   | Status    | Documenting Statement(s), If applicable               |
| Rule: 5101:2-12-23 Diapering and       | Compliant | Documenting Statement: Appropriate                    |
| Toilet Training                        |           | diaper changing procedures were                       |
|  |           | observed during the inspection in the infant room(s). |
|  |           | miant room(s).  |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable               |
| Rule: 5101:2-12-25 Medication          | Compliant | Documenting Statement: The program's                  |
| Administration and Food Supplements    |           | policy was not to administer medication.              |
| , tarrimistration and rood supplements |           | poney was not to dammister medication.                |
| l.                                     | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable               |
| Rule: 5101:2-12-07 Administrator       | Compliant | Documenting Statement: The                            |
| Responsibilities/Requirements          | ·         | administrator's hours of availability were            |
|  |           | posted in a noticeable location easily                |
|  |           | accessible to parents.                                |
|  |           | .   |
|  |           |   |
|  |           |   |