

# **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 Details                                    |                     |                 |              |                   |  |
|--|---------------------|-----------------|--------------|-------------------|--|
| Program Name                                       | Program Number      |                 | Prog         | gram Type         |  |
| THE CHILDHOOD LEAGUE CENTER                        | 00000401282         |                 | Child        | d Care Center     |  |
| Address<br>674 CLEVELAND AVE. COLUMBUS<br>OH 43215 |                     |                 | Cour<br>FRAI | nty<br>NKLIN      |  |
|  |                     |                 |              |                   |  |
| Building Approval Date                             | Use Group/Code      | Occupancy Limit |              | Maximum Under 2 ½ |  |
| Fire Inspection Approval Date<br>01/04/2021        | Food Service Risk L | evel            | ·            |                   |  |

| Inspection Information     |                                |                  |                                  |              |
|----------------------------|--------------------------------|------------------|----------------------------------|--------------|
| Inspection Type<br>Annual  | Inspection So<br>Full          | cope             | Inspection Notice<br>Unannounced |              |
| Inspection Date 10/14/2021 | Begin Time 1                   | 2:00 PM          | End Time 1:51 PM                 |              |
| Inspection Date 10/19/2021 | Begin Time 8                   | :30 AM           | End Time 5:00 PM                 |              |
| Inspection Date 10/20/2021 | Begin Time 3                   | :00 PM           | End Time 3:42 PM                 |              |
| Reviewer:<br>BEVERLY JAMES |                                |                  |                                  |              |
| Reviewer:<br>BEVERLY JAMES |                                |                  |                                  |              |
| Reviewer:<br>BEVERLY JAMES |                                |                  |                                  |              |
| Summary of Findings        |                                |                  |                                  |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk                | No. Low Risk |
| 57                         | 10                             | 0                | 2                                | 10           |

| 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 ½ Years                                     | 28                          | 0                         | 0 | 0 |  |



Department of Education Department of Job and Family Services

| Older Toddler             |     | 0   | 0 | 0   |
|---------------------------|-----|-----|---|-----|
| Preschool                 |     | 100 | 0 | 100 |
| School Age                |     | 0   | 0 | 0   |
| Total Capacity/Enrollment | 156 | 100 | 0 | 100 |

|               | Staff-Child Ratios at the Time of Inspection |                |         |  |
|---------------|--|----------------|---------|--|
| Group         | Age Group/Range                              | Ratio Observed | Comment |  |
| House 1       | 3 years to < 4 years                         | 3 to 11        | arrival |  |
| House 1       | 3 years to < 4 years                         | 2 to 11        |         |  |
| House 2       | 3 years to < 4 years                         | 2 to 11        | arrival |  |
| House 2       | 3 years to < 4 years                         | 3 to 9         |         |  |
| House 3       | 3 years to < 4 years                         | 3 to 12        | arrival |  |
| House 3       | 3 years to < 4 years                         | 3 to 12        |         |  |
| House 4 Am    | 3 years to < 4 years                         | 3 to 8         | arrival |  |
| House 4 PM    |  | 3 to 5         | pm      |  |
| House 6 AM    | 3 years to < 4 years                         | 3 to 8         | arrival |  |
| House 6 PM    | 3 years to < 4 years                         | 3 to 7         | pm      |  |
| House 8 AM    | 3 years to < 4 years                         | 3 to 8         | arrival |  |
| House 8 PM    | 3 years to < 4 years                         | 3 to 3         | pm      |  |
| Wonder School | 3 years to < 4 years                         | 2 to 11        | arrival |  |
| Wonder School | 3 years to < 4 years                         | 2 to 11        |         |  |

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



Department of Education Department of Job and Family Services

## Rule: 5101:2-12-25 Medication Administration and Food Supplements

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication, food supplement or medical food to a child as noted in number(s) 1,5,8,12 below:

- 1. No JFS 01217 "Request for Administration of Medication for Child Care" was on file.
- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217.
- 4. The child's weight was missing on the JFS 01217.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217.
- 7. The time to administer was missing on the JFS 01217.
- 8. The time period to administer was missing on the JFS 01217.
- 9. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 10. Possible side effects were missing on the JFS 01217.
- 11. Expiration date was missing on the JFS 01217.
- 12. Physician instructions were missing on the JFS 01217.
- 13. Physician's dated signature was missing on the JFS 01217.
- 14. Physician's phone number was missing on the JFS 01217.
- 15. Date medication was administered was missing on the JFS 01217.
- 16. Time medication was administered was missing on the JFS 01217.
- 17. Dosage administered was missing on the JFS 01217.
- 18. Staff member's signature was missing on the JFS 01217.
- 19. A prescription label was not attached to the prescription medication.
- 20. The medication or product, [ ], was not brought to the program in its original container.
- 21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/19/2021

## Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 "Child Medical/Physical Care Plan" for a child with a health condition.



<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan" must be on file for any child having health conditions which require monitoring for symptoms or a medical procedure be performed at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 8,9,13,18 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Symptoms to watch for were missing.
- 6. Action to be taken if symptoms to occur were missing.
- 7. Activities/foods/environmental conditions to avoid, if applicable, were missing.
- 8. Medical procedures to be followed were missing.
- 9. Expected benefit was missing.
- 10. Name of any applicable medication was missing.

11. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

- 12. Instructions regarding emergency evacuation, if applicable, were missing.
- 13. Training instructions were missing.
- 14. Dated signature of parent or certified professional who trained the program staff was missing.
- 15. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 16. Directions regarding additional services, if applicable, were missing.
- 17. Dated signature of parent giving permission to perform the procedure was missing.
- 18. Dated signature of program administrator was missing.
- 19. The plan was not implemented.
- 20. The plan was not able to be implemented due to conflicting information.
- 21. The plan was not followed.

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

Corrective Action Plan Due: 11/19/2021

#### Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have the information listed in rule on all attendance records.



<u>Finding</u>: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 1,2,4 below:

- 1. The name of the child.
- 2. The birth date of the child.
- 3. The assigned group.
- 4. The child's weekly schedule.
- 5. The time (hours and minutes) of each child's arrival and departure to the program, including

transportation by the program.

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

Corrective Action Plan Due: 11/19/2021

# Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

<u>Code</u>: The program is required to provide equipment and materials that are easy to clean.

<u>Finding</u>: During the inspection, it was determined that at least one piece of equipment, furnishings, or material at the program was not constructed of materials to facilitate cleaning and sanitizing as noted in number(s) 3 below:

- 1. The material had a tear;
- 2. The material was not washable;
- 3. The material was porous; (Blue Cheese mat in Movement Room)
- 4. The surface was cracked;
- 5. The surface was repaired, but in a manner that still did not facilitate cleaning and sanitizing;

6. Other [ ].

Equipment, furnishings, and furniture shall be constructed of materials to facilitate cleaning and shall be kept clean and in good repair. 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.



## Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to provide equipment that is safe and hazard free.

<u>Finding</u>: During the inspection, equipment was determined to be unsafe or hazardous to children and in need of repair as noted in number(s) 3 below:

- 1. The equipment had sharp points or corners;
- 2. The equipment had splinters;
- 3. The equipment had protruding nails; (House 8 drawer pull loose. Screw was protruding.)
- 4. The equipment had loose or rusty parts;
- 5. The equipment had paint which contains lead or other poisonous materials;
- 6. The equipment had hazardous features;
- 7. Other [ ].

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

Corrective Action Plan Due: 11/19/2021

#### Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: 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) 1,4.

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: 11/19/2021

## Domain: 08 Staff Files

Rule: 5101:2-12-08 Orientation and Staff Records

<u>Code</u>: The program is required to have staff complete the online staff orientation training.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number(s) 1 below:

1. 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.

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

Corrective Action Plan Due: 11/19/2021

# Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have staff complete the required one hour prescribed Child Abuse training.

<u>Finding</u>: In review of the staff records, it was determined that the requirement for the ODJFS one-hour prescribed Child Abuse Training was not met as noted in number(s) 3 below:

- 1. The training was not completed within sixty days of hire;
- 2. The training expired, as it is only valid for two years;
- 3. Not all administrators, Child Care Staff Members, and substitutes have completed the training.

Refer to the Employee Record Chart for the name(s) of the Child Care Staff Member(s) who must complete the ODJFS one-hour prescribed Child Abuse Training. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/19/2021



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

<u>Rule</u>: 5101:2-12-07 Administrator Responsibilities/Requirements <u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

<u>Finding</u>: During the inspection, it was determined employment records were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in number(s) 2 below:

1. At least one administrator, employee or child care staff member (including substitutes) had not created an employment record in the OPR for the program.

2. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard in the OPR.

3. At least one individual's schedule was not current.

4. At least one individual's position or role was not current.

5. At least one individual's employment had not been end dated.

6. Other: [ ]

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

Corrective Action Plan Due: 11/19/2021

## Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration and Food Supplements

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for the JFS 01217 "Request for Administration of Medication for Child Care" as noted in number(s) 1 below:

1. The JFS 01217 was missing or incomplete for a topical product, food supplement, medical food.

- 2. The program used an old version of the JFS 01217.
- 3. The signature date on the JFS 01217 exceeded more than 12 months.
- 4. The time period to administer the medication on the JFS 01217 was exceeded.
- 5. The JFS 01217 included more than one medication.
- 6. The JFS 01217 included more than one child's name.
- 7. The JFS 01217 was not on file for one year.
- 8. The prescription label was not current.



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

Corrective Action Plan Due: 11/19/2021

Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-25 Medication Administration and Food Supplements <u>Code</u>: The program is required to have medication labeled with the child's name.

<u>Finding</u>: During the inspection, it was determined that medication was at the program which had not been labeled with the child's name. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/19/2021

## Domain: 09 Children's Files

<u>Rule</u>: 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) 5,7,8 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: The menu was     |
| Requirements                      |           | posted in rooms                         |
|                                   |           |   |
|                                   | ·         |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing          | Compliant |   |
| Requirements                      |           |   |
|                                   | ·         |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Approval  | Compliant | Documenting Statement: Please Note: An  |
|                                   |           | annual fire inspection approval must be |
|                                   |           | secured for the program. Secure a new   |
|                                   |           | approval by 1/4/22.                     |
|                                   |           |   |
|                                   | ·         |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of        | Compliant |   |
| Communicable Disease              |           |   |
|                                   | ·         |   |
| 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                    |           |   |



| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
|---|---|--|
| 5101:2-12-08 Child Care Staff Member    | Compliant                               |  |
| Educational Requirements                |   |  |
|   |   |  |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-24 Swimming and Water         | Compliant                               |  |
| Safety Requirements                     |   |  |
| Dula                                    | Status                                  | Desumenting (tatement(s)) If emplicitly  |
| Rule<br>Rule: 5101:2-12-04 Food License | Compliant                               | Documenting Statement(s), If applicable<br>Documenting Statement: The food service |
| Rule. 5101.2-12-04 F000 License         | Compliant                               | license was observed posted. Following is  |
|   |   | the audit number and date of expiration:   |
|   |   | Columbus Health department 9916047   |
|   |   | Exp 3/1/22   |
|   |   |  |
|   | 1                                       | 1  |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance             | Compliant                               |  |
|   |   |  |
|   |   |  |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements    | Compliant                               |  |
|   |   | <u> </u>   |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard         | Compliant                               |  |
| Precautions                             |   |  |
|   |   | ·  |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play Fall    | Compliant                               | Documenting Statement: The protective  |
| Zones                                   |   | material used under outdoor equipment  |
|   |   | was poured rubber.   |
|   |   |  |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity           | Compliant                               |  |
|   |   |  |
|   |   |  |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food                  | Compliant                               |  |
| Handling/Storage                        |   |  |
|   |   |  |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space               | Compliant                               |  |
| Requirements                            |   |  |
|   | • · · · · · · · · · · · · · · · · · · · |  |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Emergency Drills     | Compliant                               | Documenting Statement: Documentation   |
|   |   | for completed fire, weather, and   |



|                                       |                     | emergency/lockdown drills was verified  |
|---------------------------------------|---------------------|---|
|                                       |                     | during this inspection.                 |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and            | Compliant           |   |
| Equipment                             |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment   | Compliant           |   |
|                                       | compliant           |   |
|                                       | 1                   |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant           | Documenting Statement: Outdoor play     |
|                                       |                     | was observed for the House 1 group(s).  |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval        | Compliant           |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted           | Compliant           |   |
|                                       | •                   |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space            | Compliant           |   |
| Requirements                          |                     |   |
| Rule                                  | Status              | Decumenting Statement(c) If applicable  |
| 5101:2-12-19 Supervision              | Compliant           | Documenting Statement(s), If applicable |
| 5101.2-12-19 Supervision              | Compliant           |   |
|                                       | 1                   |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information      | Compliant           |   |
|                                       |                     |   |
| Pulo                                  | Status              | Documenting Statement(s), If applicable |
| Rule<br>5101:2-12-17 Daily Schedule   | Status<br>Compliant | Documenting statement(s), it applicable |
|                                       |                     |   |
|                                       | 1                   |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping         | Compliant           |   |
|                                       |                     |   |
| Dula                                  | Ctatua              |   |
| 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 |
| Nule                                  | Status              | Documenting statement(s), if applicable |



| 5101:2-12-10 Professional             | Compliant |   |
|---------------------------------------|-----------|---|
| Development Requirements              | Compliant |   |
| Development nequirements              |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment         | Compliant |   |
|                                       | •         |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant |   |
| Trip Procedures                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury          | Compliant |   |
| Reporting                             |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and     | Compliant |   |
| General Emergency Plan                |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size               | Compliant |   |
|                                       |           |   |
| Dula                                  | Chature   |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                    | Compliant |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check   | Compliant | Documenting Statement: During the       |
| Requirements                          |           | inspection, the required documentation  |
|                                       |           | regarding background checks was on file |
|                                       |           | for all employees listed.               |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection               | Compliant |   |
| Requirements                          |           |   |
| · · · · · · · · · · · · · · · · · · · |           |   |
|                                       |           |   |
|                                       |           |   |