

# Family Child Care Licensing Inspection Full Report

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

| Program Details   |                |                   |  |
|-------------------|----------------|-------------------|--|
| Program Name      | Program Number | Program Type      |  |
| ROBERTS, DEBRA    | 00000900088703 | FCC - Type B Home |  |
| Address           |                | County            |  |
| 2641 FRANKLIN AVE |                | LUCAS             |  |
|                   |                |                   |  |
| TOLEDO            |                |                   |  |
| OH 43610          |                |                   |  |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection Se                  | соре             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 04/21/2023          | 9:50 AM                        |                  | 11:30 AM          |              |  |
| Reviewer:           |                                |                  |                   |              |  |
| Julie Tursic        |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                  | 5                              | 0                | 1                 | 6            |  |

| 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   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 5          | 0         | 5     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 7          | 0         | 8     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| ONE  | Mixed Age Group | 1 to 3         |         |



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

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

# Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

# **Moderate Risk Non-Compliances**

# Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The individual is required to update background checks every five years.

Findings: 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) 1 below:

- 1. Provider;
- 2. Administrator;
- 3. Child care staff member, employee;
- 4. Substitute child care staff member;
- 5. Resident.

Submit the program's corrective action plan, which includes a copy of the individual(s) JFS 01176, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/21/2023



#### Low Risk Non-Compliances

#### Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number(s) 1 below:

1. The plan was not posted on each level of the home used for child care. (on the 2nd floor)

2. The name, address and telephone number of the program were not complete.

3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.

4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.

5. Location of children's records was not complete.

6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.

7. The current version of the prescribed form was not used.

8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 05/21/2023

Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined the following information was not posted for item number(s) 1 below:

1. Fire alert plan, including a diagram indicating evacuation routes, not posted on the 2nd floor.

2. Weather alert plan was missing details for [].

3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 05/21/2023



# Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in number(s) 10 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer
- qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups the program serves and developmental levels of all children in care

8. CPR - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

9. CPR - audiovisual or electronic media training taken by staff did not include an in-person component of the training

- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of the CD training

13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training

16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 05/21/2023

#### Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

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



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

Corrective Action Plan Due: 05/21/2023

# Domain: 09 Children's Files

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

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

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care

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

nurse practitioner (CNP) who examined the child

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

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

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

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

conscience, including religious convictions

11. Other [ ]

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

Corrective Action Plan Due: 05/21/2023

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records



Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 2, 13 and 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: 05/21/2023

# Rules In-Compliance/Not Verified

| Rule  | Status              | Documenting Statement(s), If applicable |
|---|---------------------|---|
| 5101:2-13-02 License Visible                        | Compliant           |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
|   | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-02 Voluntary Temporary<br>Closure |                     | Documenting Statement(s), If applicable |



| Rule                                  | 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     | Compliant | Documenting statement(s), it applicable |
|                                       | Compliant |   |
|                                       |           |   |
|                                       | -         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection               | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements    | Compliant |   |
| for Type B Homes                      |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B   | Compliant |   |
| Homes                                 | compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and            | Compliant |   |
| Combustible Materials in a Type B     |           |   |
| Home                                  |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant | bocumenting statement(s), if applicable |
| Home                                  |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | bocumenting statement(s), if applicable |
| Parent                                |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
|                                       |           |   |



| Rule   Status   Documenting Statement(s), If applicable     S101:2-13-08 Child Care Staff   Compliant   Documenting Statement(s), If applicable     Rule   Status   Documenting Statement(s), If applicable     S101:2-13-08 Whistle Blower   Compliant   Documenting Statement(s), If applicable     Rule   Status   Documenting Statement(s), If applicable     S101:2-13-10 Professional   Compliant   Documenting Statement(s), If applicable     S101:2-13-10 Professional   Compliant   Documenting Statement(s), If applicable     S101:2-13-10 Professional   Compliant   Documenting Statement(s), If applicable     S101:2-13-11 Outdoor Space   Compliant   Documenting Statement(s), If applicable     S101:2-13-11 Outdoor Equipment   Compliant   Documenting Statement(s), If applicable     S101:2-13-11 Fall Zone   Compliant   Documenting Statement(s), If applicable     S101:2-13-12 Safe Equipment   Compliant   Documenting Statement(s), If applicable     S101:2-13-12 Safe Equipment   Compliant   Documenting Statement(s), If applicable     S101:2-13-12 Safe Environment   Compliant   Documenting Statement(s), If applicable     S101:2-13-13 Clean environment and | 5101:2-13-08 Employee Requirements | Compliant |   |
|---|------------------------------------|-----------|---|
| 5101:2-13-08 Child Care Staff Compliant   Rule Status Documenting Statement(s), If applicable   5101:2-13-08 Whistle Blower Compliant Documenting Statement(s), If applicable   Status Documenting Statement(s), If applicable Status   Rule Status Documenting Statement(s), If applicable   Status: Documenting Statement(s), If applicable Status   Rule Status Documenting Statement(s), If applicable   Status: Documenting Statement(s), If applicable Status   Status: Documenting Statement(s), If applicable Status:   Status: Documenting Statement(s), If applicable Status:   Status: Documenting Statement(s), If applicable Status:   Rule </td <td>Pulo</td> <td>Statuc</td> <td>Documenting Statement(c) If applicable</td>   | Pulo                               | Statuc    | Documenting Statement(c) If applicable  |
| S101:2:13-08 Whistle Blower Compliant   Rule Status Documenting Statement(s), If applicable   S101:2:13-10 Professional Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable   S101:2:13-11 Outdoor Space Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable   S101:2:13-11 Outdoor Equipment Compliant Documenting Statement(s), If applicable   S101:2:13-11 Fall Zone Compliant Documenting Statement(s), If applicable   S101:2:13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2:13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2:13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2:13-12 Safe Environment Compliant Documenting Statement(s), If applicable   S101:2:13-13 Clean environment and equipment Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable Status  | 5101:2-13-08 Child Care Staff      |           |   |
| S101:2:13-08 Whistle Blower Compliant   Rule Status Documenting Statement(s), If applicable   S101:2:13-10 Professional Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable   S101:2:13-11 Outdoor Space Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable   S101:2:13-11 Outdoor Equipment Compliant Documenting Statement(s), If applicable   S101:2:13-11 Fall Zone Compliant Documenting Statement(s), If applicable   S101:2:13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2:13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2:13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2:13-12 Safe Environment Compliant Documenting Statement(s), If applicable   S101:2:13-13 Clean environment and equipment Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable Status  | Rule                               | Status    | Documenting Statement(c) If applicable  |
| S101:2-13-10 Professional<br>Development Compliant   Rule Status Documenting Statement(s), If applicable   S101:2-13-11 Outdoor Space Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable   S101:2-13-11 Outdoor Equipment Compliant Documenting Statement(s), If applicable   S101:2-13-11 Outdoor Equipment Compliant Documenting Statement(s), If applicable   S101:2-13-11 Fall Zone Compliant Documenting Statement(s), If applicable   S101:2-13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2-13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2-13-12 Safe Environment Compliant Documenting Statement(s), If applicable   S101:2-13-13 Clean environment and equipment Status Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable  |                                    |           |   |
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| S101:2-13-11 Outdoor Space Compliant   Rule Status Documenting Statement(s), If applicable   S101:2-13-11 Outdoor Equipment Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable   S101:2-13-11 Fall Zone Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable   S101:2-13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2-13-12 Safe Equipment Compliant Documenting Statement(s), If applicable   S101:2-13-12 Safe Environment Compliant Documenting Statement(s), If applicable   S101:2-13-12 Safe Environment Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable   S101:2-13-13 Clean environment and equipment Compliant Documenting Statement(s), If applicable   Rule Status Documenting Statement(s), If applicable Status  | Dulo                               | Status    | Decumenting Statement(s) If emplicable  |
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| 5101:2-13-13 Clean environment and equipment Compliant   Rule Status   Documenting Statement(s), If applicable  | Dula                               | Ctatus    |   |
|   | 5101:2-13-13 Clean environment and |           |   |
|   | Pulo                               | Status    | Documenting Statement(c) If applicable  |
| 1 STATIS-T2-T2-T2-T2 Handwashing 1 Compliant  | 5101:2-13-13 Handwashing           | Compliant | Documenting statement(s), if applicable |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-13 Smoke Free              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field  | Compliant |   |
| and Routine Trips                    |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If 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 Driver Requirements     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
| 5 / -                                |           |   |



| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-16 First Aid Kit/Standard | Compliant |   |
| Precautions                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant | Documenting statement(s), it applicable |
|                                     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     | compilant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |



| Rule                                | Status              | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-13-21 Evening and Overnight  | Compliant           |   |
| Care                                |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant           |   |
| and Hygiene                         | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Dula                                | Status              | Desumporting Statement(s) If any list h |
| Rule<br>5101:2-13-22 Food Handling  | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-22 F000 Hallulling        | Compliant           |   |
|                                     |                     |   |
|                                     |                     | i                                       |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant           |   |
| Preparation                         |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering              | Compliant           |   |
|                                     |                     |   |
|                                     |                     | J                                       |
| 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                        |                     |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |



| 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                                      |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide                    | Compliant |   |
| Detectors - Type B Only                         | compliant |   |
| Detectors Type Donly                            |           |   |
|   | •         |   |
| 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 |
| 5101:2-13-24 On-site Pools                      | Compliant |   |
|   | compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                               | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites                     | Compliant |   |
|   |           |   |
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| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and                      | Compliant |   |
| Equipment                                       |           |   |
|   |           |   |
|   | •         | · · · · · · · · · · · · · · · · · · ·   |
|   |           |   |
|   |           |   |