# **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      |
| BARAKA, BEVERLY A  | 000000901282320 | FCC - Type B Home |
| Address            |                 | County            |
| 182 W. WARREN AVE. |                 | MAHONING          |
|                    |                 |                   |
| YOUNGSTOWN         |                 |                   |
| OH 44507           |                 |                   |

| Inspection Information |                                     |                  |                   |              |
|------------------------|-------------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                       | cope             | Inspection Notice |              |
| Compliance             | Full                                |                  | Unannounced       |              |
| Inspection Date        | Inspection Date Begin Time End Time |                  |                   |              |
| 05/23/2024             | 1:40 PM                             |                  | 2:30 PM           |              |
| Reviewer:              |                                     |                  |                   |              |
| Leshawnda Blackwell    |                                     |                  |                   |              |
| Summary of Findings    |                                     |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances      | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 3                                   | 0                | 0                 | 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)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 2         | 2     |
| Total Under 2 Years                                       | 3                | 0          | 2         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 1         | 1     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 2          | 1         | 5     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| mixed ages                                   |                 | 1 to 2         |         |

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

**Domain: 02 Safe & Sanitary Environment** 

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well being as noted in the following number(s) [22] below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Telephone cords.
- 7. Employee(s) purse(s).
- 8. Diaper bags.
- 9. Television not securely anchored.
- 10. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 11. Staff member stepped over a barrier/gate while holding a child.
- 12. Chipping or peeling paint.
- 13. An area rug did not have a nonskid backing.
- 14. An area rug presented a tripping hazard.
- 15. A floor surface was unsafe in that [].
- 16. No platform was provided for the sink or toilet.
- 17. The platform provided for the sink or toilet was not sturdy.
- 18. The platform provided for the sink or toilet posed a safety hazard in that [ ].
- 19. Emergency exits were blocked by the following furniture in that [ ].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- Other [ expired fire extinguisher].

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

Corrective Action Plan Due: 06/23/2024

#### **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-13-23 Infant Daily Care

Code: The program is required to provide a daily written record for each infant in care to the parents when picking up the infant each day.

Findings: During the inspection, it was determined that the written record used to document infant routines and activities did not meet the requirements as noted in number(s) [ ] below:

- 1. A daily written record was not provided to the parent or person picking up the infant on a daily basis.
- 2. Food intake was missing.
- 3. Sleeping patterns was missing.

4. Times and results of diaper changes was missing.

5. Information about daily activities was missing.

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

Corrective Action Plan Due: 06/23/2024

**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) [ 1,3 ] 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: 06/23/2024

**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 provider did not have current valid documentation for training(s) listed in number(s) [ 14 ] below:

14

- 1. First Aid expired training
- 2. First Aid did not have verification of the 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 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 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 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: 06/23/2024

### **Rules In-Compliance/Not Verified**

| menting Statement(s), If applicable |
|-------------------------------------|
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| Rule Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |
|---|------|--------|---|
|---|------|--------|---|

|  | T   |   |
|--|---|---|
| 5101:2-13-02 Voluntary Temporary   | Compliant   |   |
| Closure  |   |   |
|  |   |   |
|  | 1   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-02 Change of Location  | Compliant   |   |
|  |   |   |
|  |   |   |
| 0.1  |   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-02 Information in OCLQS  | Compliant   |   |
|  |   |   |
|  |   |   |
| D. J.  | Chatana   | Danish and the control of the control of  |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-02 Provider Medical  | Compliant   |   |
|  |   |   |
|  | 1   |   |
| Rule   | Status  | Documenting Statement/s) If annieship   |
|  |   | Documenting Statement(s), If applicable   |
| 5101:2-13-03 Inspection  | Compliant   |   |
| Requirements   |   |   |
|  |   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
|  | Status  | Documenting statement(s), if applicable   |
| E101.2 12 04 Building Boquiromonts   | Compliant   |   |
| 5101:2-13-04 Building Requirements   | Compliant   |   |
| 5101:2-13-04 Building Requirements for Type B Homes  | Compliant   |   |
|  | Compliant   |   |
| for Type B Homes   |   |   |
| for Type B Homes   | Status  | Documenting Statement(s), If applicable   |
| Rule 5101:2-13-04 Fire Safety for Type B   |   |   |
| for Type B Homes   | Status  |   |
| Rule 5101:2-13-04 Fire Safety for Type B   | Status  |   |
| Rule 5101:2-13-04 Fire Safety for Type B Homes   | Status<br>Compliant   | Documenting Statement(s), If applicable   |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule   | Status Compliant Status   |   |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and  | Status<br>Compliant   | Documenting Statement(s), If applicable   |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B  | Status Compliant Status   | Documenting Statement(s), If applicable   |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and  | Status Compliant Status   | Documenting Statement(s), If applicable   |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home   | Status Compliant  Status Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home   | Status Compliant  Status Compliant  Status Compliant                          | Documenting Statement(s), If applicable   |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B      | Status Compliant  Status Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home   | Status Compliant  Status Compliant  Status Compliant                          | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B      | Status Compliant  Status Compliant  Status Compliant                          | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B Home | Status Compliant  Status Compliant  Status Compliant  Status Compliant        | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B Home | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B Home | Status Compliant  Status Compliant  Status Compliant  Status Compliant        | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B Home | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B Home | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Rule 5101:2-13-04 Flammable and Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B Home | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |

| 5101:2-13-07 Type B Provider - Foster<br>Parent   | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements                | Compliant           | bocumenting statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                       | Compliant           | bocumenting statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks                    | Compliant           | Bocumenting statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional<br>Development          | Compliant           |   |
| Dula  | Chahus              | Designation Chatagonat/a\ If and inchia |
| Sule 5101:2-13-11 Outdoor Space                   | Compliant           | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment                    | Compliant           | bocumenting statement(s), if applicable |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                            | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment                       | Compliant           | Documenting statement(s), if applicable |
|   | Chaban              |   |
| Rule 5101:2-13-13 Clean environment and equipment | Status Compliant    | Documenting Statement(s), If applicable |
| Pulo  | Chahua              | Documenting Ctatement/-\ If!: -         |
| Rule 5101:2-13-13 Handwashing                     | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |

| Rule         Status         Documenting Statement(s), If applicable           St01:2-13-13 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 and Routine Trips         Compliant           Rule         Status         Documenting Statement(s), If applicable           5101:2-13-14 Ratio and Supervision for Field and Routine Trips         Compliant           Rule         Status         Documenting Statement(s), If applicable           5101:2-13-14 Driver Requirements         Compliant           Rule         Status         Documenting Statement(s), If applicable           5101:2-13-14 Vehicle Inspections         Compliant           Rule         Status         Documenting Statement(s), If applicable           5101:2-13-14 Vehicle Requirements         Compliant           Rule         Status         Documenting Statement(s), If applicable           Fully         Status         Documenting Statement(s), If applicable |                                     |           |   |
|--|-------------------------------------|-----------|---|
| Rule   Status   Documenting Statement(s), If applicable  |                                     |           |   |
| 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-Statement(s), If applicable  Status-Statement(s), If applicable  Statement(s), If applicable  | Rule                                | Status    | 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  |                                     |           |   |
| Rule   Status   Documenting Statement(s), If applicable  |                                     |           |   |
| Rule   Status   Documenting Statement(s), If applicable  | Rule                                | Status    | Documenting Statement(s), If applicable |
| Status   Documenting Statement(s), If applicable   | 5101:2-13-13 Toothbrushing          | Compliant |   |
| Status   Documenting Statement(s), If applicable   |                                     |           |   |
| Status   Documenting Statement(s), If applicable   |                                     |           |   |
| Status   Documenting Statement(s), If applicable   | Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule  Status  Compliant  Rule  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  | 5101:2-13-14 Requirements for Field | Compliant |   |
| Status   Documenting Statement(s), If applicable   | and Routine Trips                   |           |   |
| Status   Documenting Statement(s), If applicable   |                                     |           |   |
| Status   Documenting Statement(s), If applicable   | Rule                                | Status    | Documenting Statement(s), If applicable |
| 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 Child Medical and       Compliant   | 5101:2-13-14 Ratio and Supervision  | Compliant | J , , , , , , ,                         |
| Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Compliant  | for Field and Routine Trips         |           |   |
| Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Compliant  |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Compliant  | Rule                                | Status    | Documenting Statement(s). If applicable |
| 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 Child Medical and Compliant  |                                     |           | 3                                       |
| 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 Child Medical and Compliant  |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable 5101:2-13-14 Vehicle Requirements Compliant  Rule Status Documenting Statement(s), If applicable Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable 5101:2-13-15 Child Medical and Compliant   |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable 5101:2-13-14 Vehicle Requirements Compliant  Rule Status Documenting Statement(s), If applicable Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable 5101:2-13-15 Child Medical and Compliant   | Rule                                | Status    | Documenting Statement(s), If applicable |
| Status Documenting Statement(s), If applicable 5101:2-13-15 Child Medical and Compliant  | 5101:2-13-14 Vehicle Inspections    |           | 3 (" 11                                 |
| Status Documenting Statement(s), If applicable 5101:2-13-15 Child Medical and Compliant  |                                     |           |   |
| Status Documenting Statement(s), If applicable 5101:2-13-15 Child Medical and Compliant  |                                     |           |   |
| Status Documenting Statement(s), If applicable 5101:2-13-15 Child Medical and Compliant  | Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and Compliant   | 5101:2-13-14 Vehicle Requirements   | Compliant | J , , , , , , ,                         |
| 5101:2-13-15 Child Medical and Compliant   |                                     |           |   |
| 5101:2-13-15 Child Medical and Compliant   |                                     |           |   |
| 5101:2-13-15 Child Medical and Compliant   | Rule                                | Status    | Documenting Statement(s), If applicable |
| Enrollment Records   | 5101:2-13-15 Child Medical and      |           |   |
|  | Enrollment Records                  |           |   |
|  |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable  | Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions Compliant   |                                     |           | 0 1477 - 147F - 144 - 1                 |
|  |                                     |           |   |
|  |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable  | Rule                                | Status    | Documenting Statement(s). If applicable |
| 5101:2-13-15 Child Records Retention Compliant   |                                     |           |   |
| and Confidentiality  | and Confidentiality                 |           |   |

| DESILIZARIA PER |           |  |
|---|-----------|--|
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
|   |           | bocumenting statement(s), it applicable    |
| 5101:2-13-16 Medical, Dental, and                   | Compliant |  |
| General Emergency Plan                              |           |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
|   |           | bocumenting statement(3), it applicable    |
| 5101:2-13-16 Emergency Drills                       | Compliant |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
|   |           | Boodinenting statement(5)) 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 |  |
| 5101:2-13-16 Communicable Diseases                  | Compliant |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
|   |           | Boodinenting statement(s), it applicable   |
| 5101:2-13-16 Incident/Injury                        | Compliant |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-16 Emergency                              | Compliant |  |
|   | Compliant |  |
| Preparedness and Response Plan                      |           |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-18 Attendance                             | Compliant |  |
| 3101.2-13-10 Attendance                             | Compliant |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-19 Supervision                            | Compliant | J - 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, |
| 3101.2 13 13 Supervision                            |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-19 School Age Supervision                 | Compliant |  |
| 3101.2 13 13 3011001 Age Supervision                |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-19 Child Guidance                         | Compliant | O TELEVISION OF PRINCES                    |
| J101.2-13-19 Cillia Galadiice                       | Compilant |  |
|   |           |  |
|   | Ī         |  |

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| - 1                                 | 1         |   |
| 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 | 3 (" 11                                 |
| Care                                |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant | Documenting Statement(s), it applicable |
| 5101.2-15-22 IVIEdIS dila Silacks   | Compliant |   |
|                                     |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| DI-                                 | Chahar    | Decree which Chahamant/a) If and italia |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | - 17                                    |
| Preparation                         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering              | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for  | Compliant | 2553                                    |
| Swimming                            |           |   |
| 8                                   |           |   |
|                                     |           |   |



| Rule                                    | Status           | Documenting Statement(s), If applicable   |
|---|------------------|---|
| 5101:2-13-25 Medication                 | Compliant        | - C - (-) - |
| Requirements                            | ·                |   |
|   |                  |   |
| Rule                                    | Chahira          | Decree entire Chatere ent/s) If a realizable  |
| 5101:2-13-07 Provider Responsibilities  | Status Compliant | Documenting Statement(s), If applicable   |
| 3101.2-13-07 Flovider Responsibilities  | Compliant        |   |
|   |                  |   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-18 Group Size and Ratios      | Compliant        |   |
|   |                  |   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13 Written Policies and          | Compliant        |   |
| Procedures                              |                  |   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Carbon Monoxide            | Compliant        | bocumenting statement(s), if applicable   |
| Detectors - Type B Only                 |                  |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  |   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Child Care Staff           | Compliant        |   |
| Requirements                            |                  |   |
|   |                  |   |
| 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                                    | Ctatus           | Decumenting Statement(s) If a reliable  |
| Rule 5101:2-13-24 On-site Pools         | Status Compliant | Documenting Statement(s), If applicable   |
| 3101.2-13-24 OH-SILE FOOIS              | Compilant        |   |
|   |                  |   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Pets                       | Compliant        |   |
|   |                  |   |
|   | I                | 1   |
| Rule                                    | Status           | Documenting Statement(s), If applicable   |
|   |                  | 1   |



| 5101:2-13-24 Swimming Sites                     | Compliant           |   |
|---|---------------------|---|
| Rule<br>5101:2-13-17 Materials and<br>Equipment | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |