## **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      |  |
| SMITH, CAROL          | 00000901807967 | FCC - Type B Home |  |
| Address               |                | County            |  |
| 18830 TAYLOR RIDGE RD |                | ATHENS            |  |
|                       |                |                   |  |
| GLOUSTER              |                |                   |  |
| OH 45732              |                |                   |  |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 01/25/2022             | 10:45 AM                       |                  |                   | 12:18 PM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| LISA RADFORD           |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 0                              | 0                | 0                 | 0            |  |

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

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|----------------------------------------------|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Carol Smith                                  | Mixed Age Group | 1 to 4 |  |



## **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: 2-13-03 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                                         |
| No Moderate Risk Non-Compliances were observed during this inspection |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
| Low Risk Non-Compliances                                              |
| No Low Risk Non-Compliances were observed during this inspection      |
|                                                                       |
|                                                                       |
|                                                                       |

## Rules In-Compliance/Not Verified

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|------------------------------------------|
| 5101:2-13-02 License Visible        | Compliant | bocumenting statement(s), ii applicable  |
| STOTIZ TO BE ENGINE VISIBLE         | Compliant |                                          |
|                                     |           |                                          |
|                                     |           |                                          |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Voluntary Temporary    | Compliant |                                          |
| Closure                             |           |                                          |
|                                     |           |                                          |
| 2.1                                 |           | 2 " () " () " () "                       |
| 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 | , , , , , , , , , , , , , , , , , , ,    |
|                                     | '         |                                          |
|                                     |           |                                          |
|                                     |           |                                          |
| 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 | Bocamenting statement(5), it applicable  |
| Requirements                        | Compliant |                                          |
| Requirements                        |           |                                          |
|                                     |           |                                          |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements  | Compliant |                                          |
| for Type B Homes                    |           |                                          |
|                                     |           |                                          |
| Dula                                | Chahua    | Decima outing Chat-weekled of socilies I |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B | Compliant |                                          |
| Homes                               |           |                                          |
|                                     | 1         | l                                        |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
|                                     |           | 0 2 3 4777 117 117                       |

| Degining:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T                   | 1                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------|
| 5101:2-13-04 Flammable and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Compliant           |                                                 |
| Combustible Materials in a Type B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                                 |
| Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                 |
| Dula                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Chahira             | Decree outing Chatemant/s) If a mulicable       |
| Rule 5101:2-13-04 Heaters in a Type B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Status<br>Compliant | Documenting Statement(s), If applicable         |
| Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Compilant           |                                                 |
| Tione                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                 |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-05 Denial, Revocation, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Compliant           |                                                 |
| Suspension                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                                                 |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-07 Staff Records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Compliant           | Documenting statement(s), if applicable         |
| 3101.2-13-07 Staff Records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Compliant           |                                                 |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-07 Type B Provider - Foster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Compliant           |                                                 |
| Parent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                 |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-08 Employee Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Compliant           | bocamenting statement(s), it applicable         |
| Ololis is a second in the se |                     |                                                 |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-08 Child Care Staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Compliant           |                                                 |
| Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                 |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-08 Whistle Blower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Compliant           |                                                 |
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| Dula                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Chahua              | Decomposition Chalence and (1) If any live live |
| Rule  F101:2 12 00 Packground Chacks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-09 Background Checks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Compliant           |                                                 |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Status              | Documenting Statement(s), If applicable         |
| 5101:2-13-10 Health Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Compliant           |                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                 |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Status              | Documenting Statement(s), If applicable         |

| 5101:2-13-10 Professional<br>Development | Compliant |                                         |
|------------------------------------------|-----------|-----------------------------------------|
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space               | Compliant | bocumenting statement(s), it applicable |
| 3101.2-13-11 Outdoor Space               | Compliant |                                         |
|                                          |           |                                         |
|                                          |           |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment           | Compliant |                                         |
|                                          |           |                                         |
|                                          |           |                                         |
| 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 |                                         |
|                                          | ·         |                                         |
|                                          |           |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment            | Compliant | bocumenting statement(s), if applicable |
| 5101.2 15 12 Said Environment            | Compilant |                                         |
|                                          |           |                                         |
|                                          | 1.        |                                         |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and       | Compliant |                                         |
| equipment                                |           |                                         |
|                                          | 1         | -                                       |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                 | Compliant |                                         |
|                                          |           |                                         |
|                                          |           |                                         |
| 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 | 0-1312                                  |
| and Routine Trips                        | '         |                                         |
| and nodeline rrips                       |           |                                         |

|                                      | Т         |                                         |
|--------------------------------------|-----------|-----------------------------------------|
|                                      |           |                                         |
|                                      |           |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant |                                         |
| for Field and Routine Trips          |           |                                         |
|                                      |           |                                         |
|                                      | 1         |                                         |
| 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 |                                         |
|                                      |           |                                         |
|                                      |           |                                         |
|                                      | 1         |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and       | Compliant |                                         |
| Enrollment Records                   |           |                                         |
|                                      |           |                                         |
|                                      |           |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |                                         |
|                                      |           |                                         |
|                                      |           |                                         |
|                                      | 1         |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |                                         |
| and Confidentiality                  |           |                                         |
|                                      |           |                                         |
|                                      | 1 -       |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |                                         |
| General Emergency Plan               |           |                                         |
|                                      |           |                                         |
|                                      |           |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |                                         |
|                                      |           |                                         |
|                                      |           |                                         |
|                                      |           |                                         |
| 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           |                                         |
|                                     |                     |                                         |
|                                     |                     |                                         |
|                                     | 1                   |                                         |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant           |                                         |
|                                     |                     |                                         |
|                                     | L                   | 1                                       |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant           | -                                       |
|                                     |                     |                                         |
|                                     |                     |                                         |
| Della                               | Chahara             | Danier Chair (1) If III                 |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant           |                                         |
|                                     |                     |                                         |
|                                     | ı                   |                                         |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant           |                                         |
|                                     |                     |                                         |
|                                     |                     |                                         |
| Rule                                | Chatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-19 School Age Supervision | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-13 School Age Supervision | Compilant           |                                         |
|                                     |                     |                                         |
|                                     |                     |                                         |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant           |                                         |
|                                     |                     |                                         |
| L                                   | l                   |                                         |
| 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                        |                     |                                         |
|                                     | ı                   |                                         |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant           |                                         |
| Care                                |                     |                                         |
|                                     |                     |                                         |
| Dula                                | Chahus              | Decrementing Chairmant/ A 16            |
| Rule                                | Status              | Documenting Statement(s), If applicable |

| 5101:2-13-21 Sanitary Environment and Hygiene      | Compliant           |                                           |
|----------------------------------------------------|---------------------|-------------------------------------------|
|                                                    | S. J.               |                                           |
| Sule 5101:2-13-22 Meals and Snacks                 | Status Compliant    | Documenting Statement(s), If applicable   |
|                                                    |                     |                                           |
| Rule                                               | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-22 Fluid Milk                            | Compliant           |                                           |
| Rule                                               | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-22 Food Handling                         | Compliant           | bocamenting statement(s), it applicable   |
|                                                    |                     |                                           |
| 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<br>Preparation | Compliant           | 5 (" 11                                   |
| Rule                                               | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Diapering                             | Compliant           |                                           |
| D. J.                                              | Chatana             |                                           |
| Rule 5101:2-13-24 Parent Permission for Swimming   | Status Compliant    | Documenting Statement(s), If applicable   |
| Rule                                               | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication<br>Requirements            | Compliant           | bocamenting statement(s), it applicable   |
| Rule                                               | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Provider Responsibilities             | Compliant           | 223. Terraing State Trends, in applicable |
| Pulo                                               | Chatric             | Decumenting Statement(a) If a militable   |
| Rule 5101:2-13-18 Group Size and Ratios            | Status<br>Compliant | Documenting Statement(s), If applicable   |
| 3101.2 13 10 Gloup Size and Natios                 | Compilant           |                                           |

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|                                |                     |                                         |
| 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        |                     |                                         |
|                                |                     |                                         |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space      | Compliant           |                                         |
|                                |                     |                                         |
|                                |                     |                                         |
| Rule                           | Ctatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-17 Programming       | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-17 Flogramming       | Compliant           |                                         |
|                                |                     |                                         |
|                                | ·                   | •                                       |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools     | Compliant           |                                         |
|                                |                     |                                         |
|                                |                     |                                         |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets              | Compliant           | G (" 11                                 |
|                                | ·                   |                                         |
|                                |                     |                                         |
|                                | 1                   |                                         |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites    | Compliant           |                                         |
|                                |                     |                                         |
|                                |                     | <u> </u>                                |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and     | Compliant           |                                         |
|                                | i                   |                                         |
| Equipment                      |                     |                                         |