

# **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      |  |
| LOPEZ, NEYDA        | 00000908788061 | FCC - Type B Home |  |
| Address             | ·              | County            |  |
| 1433 WEST 58 STREET |                | CUYAHOGA          |  |
|                     |                |                   |  |
| CLEVELAND           |                |                   |  |
| OH 44102            |                |                   |  |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |  |
| Compliance             | Full                           | (0)40            | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 02/13/2025             | 2:10 PM                        | 2:10 PM          |                   | 4:30 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Melissa Vega           |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 69                     | 6                              | 0                | 2                 | 6            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 2                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 3     |

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



## **Summary of Non-Compliances**

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

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

## **Moderate Risk Non-Compliances**

## Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to protect children from any items and conditions which threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined the program did not protect children from an unsafe item or condition or equipment due to the following number(s) #15 below:

- 1. Pull cord(s) on the window blind(s).
- 2. Extension cord(s); electrical cord(s) attached to an object that could result in a severe injury if pulled.
- 3. Stacked tables.
- 4. Folding tables.
- 5. Matches and/or a lighter.
- 6. Power tool(s).
- 7. Live wires.
- 8. Stove(s) that are either on or able to be turned on by a child.
- 9. Asbestos.
- 10. Traffic.
- 11. A body of water.
- 12 A well
- 13. Environmental hazard(s) confirmed by local authorities having jurisdiction over the hazard.
- 14. A crockpot used to heat bottles.
- 15. Immediate access to a knife.
- 16. Large or heavy pieces of shelving units are not securely anchored to the wall.



17. Marijuana was accessible to children.

18. Other [ ].

Any hazardous equipment must be removed, replaced, or repaired and any hazardous condition must be corrected and must be made inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that the item or condition has been removed and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/20/2025

Domain: 08 Staff Files

Rule: 5180:2-13-09 Background Checks

Code: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

Findings: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) #1 and #4 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/20/2025

## **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment



Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 140 degrees in the following room(s) both restrooms. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 03/20/2025

## Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to store cleaning and sanitizing supplies in a place that is inaccessible to children. Cleaning agents, aerosol cans and chemical substances must be stored in their original container or clearly labeled. School-age children may use cleaning supplies and equipment with adult supervision.

Findings: During the inspection, cleaning and sanitizing equipment and supplies were not used or stored properly as noted in number(s) #15 below:

- 1. Cosmetics were accessible to children in the [ ] area.
- 2. Disinfecting wipes were accessible to children in the [ ] area.
- 3. Fish food was accessible to children in the [ ] area.
- 4. Hand lotion was accessible to children in the [ ] area.
- 5. Hand sanitizer (for children under 24 months) was accessible to children in the [ ] area.
- 6. Laundry detergent was accessible to children in the [ ] area.
- 7. Powder dish washing soap was accessible to children in the [ ] area.
- 8. Paint cans were accessible to children in the [ ] area.
- 9. White out was accessible to children in the [ ] area.
- 10. Potting Soil was accessible to children in the [ ] area.
- 11. Other potentially hazardous substance [ ] was accessible to children in the [ ] area.
- 12. Cleaning/sanitizing supplies had not been clearly labeled.
- 13. School-age children were using cleaning supplies, agents and/or equipment without adult supervision.
- 14. A spray aerosol was used in the [ ] group while children were in attendance.
- 15. Other: (cleaning substances-awesome, fabuloso and windex were accessible to children in restroom cabinet area where children are currently using)

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance is no longer accessible to children and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/20/2025

## Domain: 05 Health & Safety

Rule: 5180:2-13-16 Emergency Preparedness and Response Plan



Code: The program is required to have a completed emergency preparedness and response plan.

Findings: During the inspection, it was determined the program's written emergency preparedness and response plan did not meet the requirement or was missing the information in number(s) #3 below:

#### Procedures:

- 1. The written emergency and preparedness and response plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism including a designated safe site where staff and children can safely remain when evacuated
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats including a designated safe site where staff and children can safely remain when evacuated
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants, toddlers and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials
- 20. The plan was unable to be implemented in that, [].

Submit the program's corrective action plan, which includes the missing information, if applicable, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/20/2025

## Domain: 05 Health & Safety

Rule: 5180:2-13-22 Meals and Snacks

Code: The program is required to post the current menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) #1 and #5 below.



- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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

Corrective Action Plan Due: 03/20/2025

## **Domain: 08 Staff Files**

Rule: 5180:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933

"Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

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

Corrective Action Plan Due: 03/20/2025

#### **Domain: 10 Written Policies & Procedures**

Rule: 5180:2-13 Written Policies and Procedures

Code: The program is required to have policies and procedures for all items listed in this rule.

Findings: On the day of the inspection, the program's written policies and procedures provided to the parents/guardians and employees was missing item number(s) #3, #8, #15 and #20 below:

### General Information

- 1. Name, address, email address and telephone number.
- 2. Description of the provider's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in activities.
- 6. Opportunities for parents to meet with the provider regarding their child.
- 7. Payment schedule, overtime charges and registration fees if applicable.
- 8. Programs shall have a policy in place describing supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

**Provider Policies and Procedures** 



- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Ensure compliance with the Americans and Disabilities (ADA) including administering medication to children with disabilities and administering care procedures for children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice).
- 17. Food and dietary policy, including information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals, and snacks and policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return, notification of parent of ill child and whether or not the provider will care for sick children.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products policy, medical foods, modified diets, and whether school age children are permitted to carry their own medical and ointments.
- 21. Transportation policy for field trips, routine walks, if applicable, and emergencies including if the provider will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks, and information about daily activities.
- 24. Sleeping, napping and resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation, closing due to weather, school delays or closings and any other factors.
- 27. Use of a substitute child care staff member or child care staff member pursuant to 5101:2-13-08 of the Administrative Code for sick days, vacations or other time off.
- 28. Situations that may require disenrollment of a child, if applicable.
- 29. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the family child care home.
- 30. Formal screenings and assessments conducted on enrolled children and if the program reports child level data to ODJFS pursuant to Chapter 5101:2-17 of the Administrative Code.

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

Corrective Action Plan Due: 03/20/2025



## Rules In-Compliance/Not Verified

| Rule                                | Status  | Documenting Statement(s), If applicable       |
|-------------------------------------|---|---|
| 5180:2-13-02 Voluntary Temporary    | Compliant   |   |
| Closure                             | The second state of the s |   |
|                                     |   |   |
|                                     |   |   |
| Rule                                | Status  | Documenting Statement(s), If applicable       |
| 5180:2-13-02 License Visible        | Compliant   |   |
|                                     |   |   |
|                                     |   |   |
| D.L.                                | [ 6: /  | B (1) If II II                                |
| Rule                                | Status  | Documenting Statement(s), If applicable       |
| 5180:2-13-02 Change of Location     | Compliant   |   |
|                                     |   |   |
|                                     |   |   |
| Rule                                | Status  | Documenting Statement(s), If applicable       |
| 5180:2-13-02 Information in OCLQS   | Compliant   | bodamenting statement(s), it approase         |
| S155.2 15 62 IIII GIIII GCEQ5       | Sompliant   |   |
|                                     |   |   |
|                                     |   |   |
| Rule                                | Status  | Documenting Statement(s), If applicable       |
| 5180:2-13-02 Provider Medical       | Compliant   |   |
|                                     |   |   |
|                                     |   |   |
|                                     | 7   |   |
| Rule                                | Status  | Documenting Statement(s), If applicable       |
| 5180:2-13-03 Inspection             | Compliant   |   |
| Requirements                        |   |   |
|                                     |   |   |
| Dista                               | Chatus  | Decrine anti- a Chatana ant/a\ If a malianti- |
| Rule                                | Status  | Documenting Statement(s), If applicable       |
| 5180:2-13-04 Building Requirements  | Compliant   |   |
| for Type B Homes                    |   |   |
|                                     | <u> </u>  |   |
| Rule                                | Status  | Documenting Statement(s), If applicable       |
| 5180:2-13-04 Fire Safety for Type B | Compliant   | ,(-),   |
| Homes                               |   |   |
|                                     |   |   |
|                                     |   |   |
| Rule                                | Status  | Documenting Statement(s), If applicable       |
| 5180:2-13-04 Flammable and          | Compliant   |   |
| Combustible Materials in a Type B   | *   |   |
| Home                                |   |   |
|                                     |   |   |
| Rule                                | Status  | Documenting Statement(s), If applicable       |
|                                     |   |   |



| 5180:2-13-04 Heaters in a Type B      | Compliant                           |  |
|---------------------------------------|-------------------------------------|--|
| Home                                  |                                     |  |
|                                       |                                     |  |
| Dula                                  | Chahus                              | Decrement of the control of the control of   |
| Rule 5180:2-13-07 Staff Records       | Status<br>Compliant                 | Documenting Statement(s), If applicable  |
| 5160.2-13-07 Staff Records            | Compilant                           |  |
|                                       |                                     |  |
|                                       |                                     |  |
| Rule                                  | Status                              | Documenting Statement(s), If applicable  |
| 5180:2-13-07 Type B Provider - Foster | Compliant                           |  |
| Parent                                |                                     |  |
|                                       |                                     |  |
| Rule                                  | Status                              | Documenting Statement(s), If applicable  |
| 5180:2-13-08 Employee Requirements    | Compliant                           |  |
|                                       |                                     |  |
|                                       |                                     |  |
| Rule                                  | Status                              | Documenting Statement(s), If applicable  |
| 5180:2-13-08 Child Care Staff         | Compliant                           | O STATE OF THE PROPERTY OF THE |
| Requirements                          | and the second of the second second |  |
|                                       |                                     |  |
| D.I.                                  | C                                   | D (1) (1) (1) (1)  |
| Rule 5180:2-13-08 Whistle Blower      | Status                              | Documenting Statement(s), If applicable  |
| 5160.2-15-06 Whistie Blower           | Compliant                           |  |
|                                       |                                     |  |
|                                       |                                     |  |
| Rule                                  | Status                              | Documenting Statement(s), If applicable  |
| 5180:2-13-10 Health Training          | Compliant                           |  |
|                                       |                                     |  |
|                                       |                                     |  |
| Rule                                  | Status                              | Documenting Statement(s), If applicable  |
| 5180:2-13-10 Professional             | Compliant                           |  |
| Development                           |                                     |  |
| 1                                     |                                     |  |
| Rule                                  | Status                              | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Indoor Space             | Compliant                           | 5 (7)  |
|                                       |                                     |  |
|                                       |                                     |  |
| Rule                                  | Status                              | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Outdoor Space            | Compliant                           | Documenting Statement(s), it applicable  |
| 3133.2 13 11 Odda001 3pacc            | Compliant                           |  |
|                                       |                                     |  |
|                                       |                                     |  |
| Rule                                  | Status                              | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Outdoor Equipment        | Compliant                           |  |
|                                       |                                     |  |



| ~  |  |   |
|--|--|---|
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone   | Compliant                              |   |
|  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment  | Compliant                              |   |
|  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide   | Compliant                              |   |
| Detectors - Type B Only  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets  | Compliant                              |   |
|  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and   | Compliant                              |   |
| equipment  | Section (with the American American Co |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free  | Compliant                              |   |
|  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Medical and   | Compliant                              |   |
| Enrollment Records   | 8                                      |   |
| Coccumination (Colorination and Colorination) - And Colorination - |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-13 Handwashing   | Compliant                              |   |
|  | *                                      |   |
|  | 1                                      |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing   | Compliant                              |   |
|  |  |   |
| _  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status                                 | Documenting Statement(s), If applicable |
| Rule   |  | Documenting Statement(s), If applicable |
| Rule<br>5180:2-13-14 Requirements for Field  | Status<br>Compliant                    | Documenting Statement(s), If applicable |
| Rule   |  | Documenting Statement(s), If applicable |



| Rule                                 | Status           | Documenting Statement(s), If applicable |
|--------------------------------------|------------------|---|
| 5180:2-13-14 Ratio and Supervision   | Compliant        | bocamenting statement(s), it applicable |
| for Field and Routine Trips          | Compilant        |   |
| Tol Fleid and Routine Trips          |                  |   |
|                                      | '                |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements     | Compliant        | 3 ("/                                   |
|                                      |                  |   |
|                                      |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections     | Compliant        |   |
|                                      | ,                |   |
|                                      |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements    | Compliant        |   |
|                                      |                  |   |
|                                      |                  |   |
|                                      | T-               |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable |
| 5180:2-13-15 Health Conditions       | Compliant        |   |
|                                      |                  |   |
|                                      | 1                |   |
|                                      | -                |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention | Compliant        |   |
| and Confidentiality                  |                  |   |
|                                      | Į.               | Į.                                      |
| Rule                                 | Status           | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and    | Compliant        | Documenting statement(s), if applicable |
|                                      | Compliant        |   |
| General Emergency Plan               |                  |   |
|                                      |                  | ŗ.                                      |
| Rule                                 | Status           | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills        | Compliant        |   |
|                                      | section products |   |
|                                      |                  |   |
|                                      |                  | ·                                       |
| Rule                                 | Status           | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard  | Compliant        |   |
| Precautions                          |                  |   |
|                                      |                  |   |
|                                      |                  |   |
| Rule                                 | Status           | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases   | Compliant        |   |
|                                      |                  |   |
|                                      |                  |   |
|                                      |                  |   |
| Rule 5180:2-13-16 Incident/Injury    | Status           | Documenting Statement(s), If applicable |
|                                      | Compliant        |   |



|  | T  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  | Y  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-17 Programming   | Compliant  |  |
| 59007  | 100  |  |
|  |  |  |
| -  |  | <u>'</u>                                 |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-17 Materials and   | Compliant  | bocumenting statement(s), it applicable  |
| 1  | Compliant  |  |
| Equipment  |  |  |
|  |  |  |
| -  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-18 Group Size and Ratios   | Compliant  |  |
|  |  |  |
|  |  |  |
|  |  | <u>.</u>                                 |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-18 Attendance  | man live   | bootimenting statement(3), if applicable |
| 5180:2-13-18 Attendance  | Compliant  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-19 Supervision   | Compliant  |  |
| and appropriate the consistent and the constant and the c | and the state of t |  |
|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| Special States   | 20   | bocumenting statement(s), it applicable  |
| 5180:2-13-19 School Age Supervision  | Compliant  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-21 Evening and Overnight   | Compliant  |  |
| Care   | ,  |  |
| 3  |  |  |
|  | I:   |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 3033054  |  | bocumenting statement(s), if applicable  |
| 5180:2-13-20 Sleep and Nap   | Compliant  |  |
| Requirements   |  |  |
|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-19 Child Guidance  | Compliant  |  |
|  | '  |  |
|  |  |  |
|  | 1  | <u> </u>                                 |
| Dula   | Chatus   | Decumenting Statement/s\ If any limble   |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-20 Crib and Playpen  | Compliant  |  |
| Requirements   |  |  |
|  |  |  |



| n. 1-   | Charles                                       | D                                       |
|---|---|---|
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment                             | Compliant                                     |   |
| and Hygiene   |   |   |
|   |   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling                                    | Compliant                                     |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk                                       | Compliant                                     |   |
|   |   |   |
|   |   |   |
|   | Į.  |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| A SPECIAL AND STATE OF THE TRANSPORT OF THE SPECIAL PROPERTY. |   | Socumenting statement(s), it applicable |
| 5180:2-13-23 Infant Daily Care                                | Compliant                                     |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food                           | Compliant                                     |   |
| Preparation   |   |   |
|   |   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering  | Compliant                                     |   |
|   | '   |   |
|   |   |   |
|   | -   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools                                    | Compliant                                     | Documental Section (c), in approach     |
| 3100.2 13 24 OH SILC 1 0013                                   | Compilant                                     |   |
|   |   |   |
|   |   |   |
| Dula  | Ctatus  | Decumenting States and Alfandial        |
| Rule 5100 2 12 24 5 1 1 5 1                                   | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites                                   | Compliant                                     |   |
|   |   |   |
|   |   |   |
|   | 1   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for                            | Compliant                                     |   |
| Swimming  |   |   |
|   |   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication                                       | Compliant                                     |   |
| Requirements  | Compilant                                     |   |
| Requirements  |   |   |
|   | <u>,                                     </u> |   |
| Rule  | Chabus  | Documenting Statement(s), If applicable |
| I RIIIO   | Status  | Documenting Statement(s), if applicable |



| 5180:2-14-06 Health Conditions | Compliant |  |
|--------------------------------|-----------|--|
|                                |           |  |