

# 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      |
| CEASOR, LATOYA    | 00000958458973 | FCC - Type B Home |
| Address           |                | County            |
| 10728 AMOR AVENUE |                | CUYAHOGA          |
|                   |                |                   |
| CLEVELAND         |                |                   |
| OH 44108          |                |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | соре             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 11/18/2022          | 12:34 PM                       |                  | 3:30 PM           |              |  |
| Reviewer:           |                                |                  |                   |              |  |
| Melissa Vega        |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                  | 12                             | 0                | 3                 | 9            |  |

| Lic                       | 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       | 3   | 0          | 0         | 0     |
| Older Toddler             |   | 1          | 0         | 1     |
| Preschool                 |   | 0          | 0         | 0     |
| School Age                |   | 0          | 0         | 0     |
| Total Capacity/Enrollment | 6   | 1          | 0         | 1     |

| Staff-Child Ratios at the Time of Inspection |                          |                |         |
|--|--------------------------|----------------|---------|
| Group  | Age Group/Range          | Ratio Observed | Comment |
| Latoya Ceasor                                | 18 months to < 30 months | 1 to 1         |         |



#### **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: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Outdoor Space

Code: The program is required to have an outdoor play space free from immediate risk.

Findings: During the inspection, it was determined that an area was used which was not protected from traffic and other hazards by a fence in good condition, or other barrier, that assured children were not able to leave the playground area. The fence or natural barrier was determined to present an immediate risk for a child to be able to leave the playground as noted in number #3 below:

- 1. The fence, natural barrier, or combination of fence and natural barrier was not continuous.
- 2. The fencing had missing slat boards through which children could leave the playground.
- 3. The gate was broken and did not close.
- 4. The latch on the gate was broken.
- 5. The gate had no latch.
- 6. The fencing was broken.
- 7. The latch was easily opened by children on the playground.
- 8. The portable fencing approved for use by the Department was not being used.
- 9. The fencing was rotting.
- 10. The fencing was loose.
- 11. Other [ ].

Discontinue use of the playground and provide a space for outdoor play which is well defined by a fence or other barrier and protected from other hazards. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.



#### Corrective Action Plan Due: 12/21/2022

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The program is required to have background checks for all staff and residents over 18 years of age.

Findings: In review of staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number(s) below: #1-2

1. Submitting the request for a background check for child care in the OPR;

2. Submitting fingerprints electronically according to the process established by the BCI.

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

Corrective Action Plan Due: 12/21/2022

# Domain: 09 Children's Files

Rule: 5101:2-13-15 Health Conditions

Code: The program is required to have a completed JFS 01236 "Medical/Physical Care Plan" on file for each health condition for each child.

Findings: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) #1 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Symptoms to watch for were missing.
- 6. Action to be taken if symptoms to occur were missing.
- 7. Activities/foods/environmental conditions to avoid, if applicable, were missing.
- 8. Medical procedures to be followed were missing.
- 9. Expected benefit was missing.
- 10. Name of any applicable medication was missing.
- 11. Instructions regarding emergency evacuation, if applicable, were missing.
- 12. Training instructions were missing.
- 13. Dated signature of parent or certified professional who trained the program staff was missing.
- 14. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 15. Directions regarding additional services, if applicable, were missing.



16. Dated signature of parent giving permission to perform the procedure was missing.

17. Dated signature of program administrator was missing.

18. The plan was not implemented.

19. The plan was not followed.

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

Corrective Action Plan Due: 12/21/2022

# Low Risk Non-Compliances

# Domain: 00 License & Approvals

Rule: 5101:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.

Findings: During the inspection, it was determined the information in number(s) #4 and #5 below was not up to date in the Ohio Child Care Licensing and Quality System:

- 1. Mailing Address;
- 2. Telephone Number;
- 3. Email Address;
- 4. Days and Hours of Operation;
- 5. Services Offered;
- 6. Name of Program, If applicable.
- 7. Private pay rates.

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

Corrective Action Plan Due: 12/21/2022

#### Domain: 00 License & Approvals

Rule: 5101:2-13-02 Provider Medical

Code: The provider is required to submit a complete and valid medical statement.



Findings: In review of the staff records, it was determined that the medical statement for the provider did not include the required information listed below in number(s) #1-3a-c:

1. Date of examination;

2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;

- 3. A statement that verifies that the employee is:
- a. Physically fit for employment as a provider caring for children;
- b. Immunized against Measles, Mumps, and Rubella (MMR).
- c. Immunized against tetanus, diphtheria and pertussis (Tdap).

Submit the program's corrective action plan, which includes a copy of the completed medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/21/2022

# Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Clean environment and equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number(s) #4 and #5 below, were in the [] restroom:

- 1. There was no liquid soap.
- 2. There was no toilet tissue.
- 3. There were no individually assigned towels or disposable towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet was not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [ ].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 12/21/2022

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

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



Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number(s) #1 and #7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.

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

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

- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 12/21/2022

# Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number(s) #2 and #4 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;
- squares in assorted sizes;
- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;

8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);

- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;



12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;

13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;

14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;

15. Soap or waterless sanitizer (field trip or transporting away from the program only);

16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 12/21/2022

# Domain: 08 Staff Files

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number(s) #1.

1. The child care staff member(s) had not completed at least six hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

3. Training topic did not meet the requirements listed in appendix A of this rule.

4. Documentation of training did not meet the requirements of this rule.

5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.

6. Other [ ].

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

Corrective Action Plan Due: 12/21/2022

# Domain: 08 Staff Files

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) #2 below:

1. The provider had not created or updated their individual profile in the OPR.



2. The provider had not created or updated the program's organizational dashboard in the OPR.

3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.

4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.

6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.

7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.

8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.

9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.

10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

11.Other: []

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

Corrective Action Plan Due: 12/21/2022

# Domain: 09 Children's Files

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

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

- :
- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed

6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care

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

nurse practitioner (CNP) who examined the child

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



9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other [ ]

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

Corrective Action Plan Due: 12/21/2022

# Domain: 10 Written Policies & Procedures

Rule: 5101:2-13 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) #14 and #15 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: 12/21/2022

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

| Rule                         | Status    | Documenting Statement(s), If applicable |
|------------------------------|-----------|---|
| 5101:2-13-02 License Visible | Compliant |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

| 5101:2-13-02 Voluntary Temporary<br>Closure | Compliant |   |
|---|-----------|---|
| Closure                                     |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location             | Compliant |   |
|   |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                     | Compliant |   |
| Requirements                                |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements          | Compliant |   |
| for Type B Homes                            |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B         | Compliant |   |
| Homes                                       |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and                  | Compliant | Documenting statement(s), if applicable |
| Combustible Materials in a Type B           | compliant |   |
| Home  |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B            | Compliant |   |
| Home  |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster       | Compliant |   |
| Parent                                      |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements          | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff               | Compliant |   |
| Requirements                                |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| naic  | Status    | boomenting statement(s), if applicable  |



| 5101:2-13-08 Whistle Blower                              | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-10 Health Training                             | 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           |   |
| Dula   | Chatura             | Decurrenting (Asternerst/a) If englishing |
| Rule<br>5101:2-13-12 Safe Equipment                      | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Safe Environment                            | Compliant           |   |
|  |                     |   |
| Rule<br>5101:2-13-13 Handwashing                         | Status<br>Compliant | Documenting Statement(s), If applicable   |
|  |                     |   |
| Rule<br>5101:2-13-13 Smoke Free                          | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status              | Decumenting (tatement/c) If empliciable   |
| 5101:2-13-13 Toothbrushing                               | Compliant           | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Requirements for Field<br>and Routine Trips | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |



| 5101:2-13-14 Ratio and Supervision   | Compliant |   |
|--------------------------------------|-----------|---|
| for Field and Routine Trips          | compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Decumenting Statement(c) If applicable  |
| 5101:2-13-14 Vehicle Requirements    | Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-14 Venicle Requirements    | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant | Documenting statement(s), if applicable |
|                                      | compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury         | Compliant |   |
|                                      |           |   |
|                                      | J         | 1                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision             | Compliant |   |



|                                     | T         |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     | -         |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        | compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
|                                     |           |   |
| Dula                                | Chatura   | Desumenting Statement(s) If englischie  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     | -         | · · · · · · · · · · · · · · · · · · ·   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant |   |
|                                     |           |   |



| Rule                                   | Status              | Decumenting Statement/s) If applicable  |
|--|---------------------|---|
| 5101:2-13-23 Infant Bottle and Food    | Compliant           | Documenting Statement(s), If applicable |
| Preparation                            | compliant           |   |
|  |                     |   |
|  |                     | ··· • ···                               |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant           |   |
|  |                     |   |
|  | l                   |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant           |   |
| Swimming                               |                     |   |
| L                                      |                     | 1                                       |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant           |   |
| Requirements                           |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant           |   |
|  | compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide           | Compliant           |   |
| Detectors - Type B Only                |                     |   |
| L                                      |                     | 1                                       |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming               | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Dula                                   | Chabus              |   |
| Rule<br>5101:2-13-24 On-site Pools     | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-24 OII-SILE FOOIS            | Compliant           |   |
|  |                     |   |
| <u></u>                                | L                   | <u> </u>                                |



| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-12 Pets           | Compliant |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(c) If applicable  |
|                             |           | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |