

## 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 <http://ifs.ohio.gov/CDC/childcare.stm>. 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<br>PAYNE, YOLANDA                            | Program Number<br>000000962054043 | Program Type<br>FCC - Type B Home |
| Address<br>919 S. ISABELLA<br><br>SPRINGFIELD<br>OH 45506 | County<br>CLARK                   |                                   |

| Inspection Information            |                                     |                          |                       |                                  |
|-----------------------------------|-------------------------------------|--------------------------|-----------------------|----------------------------------|
| Inspection Type<br>Compliance     |                                     | Inspection Scope<br>Full |                       | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/22/2025     |                                     | Begin Time<br>10:07 AM   |                       | End Time<br>11:43 AM             |
| Reviewer:<br>Susan Hagans Chavous |                                     |                          |                       |                                  |
| Summary of Findings               |                                     |                          |                       |                                  |
| No. Rules Verified<br>68          | No. Rules with Non-compliances<br>5 |                          | No. Serious Risk<br>0 | No. Moderate Risk<br>0           |
|                                   |                                     |                          | No. Low Risk<br>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     |
| <b>Total Under 2 Years</b>                                | 3                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 1          | 1         | 2     |
| School Age                                                |                  | 0          | 3         | 3     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 1          | 4         | 5     |

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|----------------------------------------------|----------------------|----------------|---------|
| Group                                        | Age Group/Range      | Ratio Observed | Comment |
| Yolanda Payne                                | 3 years to < 4 years | 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**

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#### Moderate Risk Non-Compliances

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

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#### Low Risk Non-Compliances

**Domain: 05 Health & Safety**

Rule: 5180:2-13-16 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 8 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: 11/21/2025

#### **Domain: 08 Staff Files**

Rule: 5180:2-13-08 Employee Requirements

Code: The program is required to obtain completed medical statements for all program staff.

Findings: In review of the staff records, it was determined that the medical statements for those individuals listed on the Employee Record Chart did not include the required information listed below in number 1.

1. A medical statement was not on file;
2. The medical statement(s) on file were not dated within 12 months of the individual's first day of employment;
3. Date of examination was missing;
4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
5. A statement was missing that verifies the individual is:
  - a. Physically fit for employment in a program caring for children;

- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);

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

Corrective Action Plan Due: 11/21/2025

**Domain: 08 Staff Files**

Rule: 5180:2-13-08 Child Care Staff Requirements

Code: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

Findings: In review of the staff records, it was determined that child care staff member(s) or substitute child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number 2 below:

1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
2. No documentation of completing the training after December 31, 2016.
3. Completion of the training was not verified in the OPR.
4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 11/21/2025

**Domain: 08 Staff Files**

Rule: 5180:2-13-08 Child Care Staff Requirements

Code: The program staff is required to obtain the required trainings to meet the requirements.

Findings: In review of the staff records, it was determined the training requirements were not met for the Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes copies of verification of training, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/21/2025

**Domain: 08 Staff Files**

Rule: 5180:2-13-10 Health Training

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

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in numbers 1 and 4 below:

1. First Aid - expired training
2. First Aid - did not have verification of the completion of First Aid training
3. First Aid - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
4. CPR - expired training
5. CPR - had not taken CPR training
6. CPR - did not have verification of the completion of CPR training
7. CPR - training taken did not include all age groups and developmental levels of all children in care
8. CPR - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
10. Communicable Disease - expired training
11. Communicable Disease - had not taken CD training
12. Communicable Disease - did not have verification of the completion of CD training
13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
14. Child Abuse - expired training
15. Child Abuse - had not taken Child Abuse training
16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 11/21/2025

#### **Domain: 08 Staff Files**

Rule: 5180:2-13-10 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 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: 11/21/2025

### Rules In-Compliance/Not Verified

| Rule                                                | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-02 Voluntary Temporary Closure            | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible                        | Compliant |                                         |
| 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 |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical                       | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection Requirements                | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements for Type B Homes | Compliant |                                         |
| Rule                                                | Status    | Documenting Statement(s), If applicable |

|                                                                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5180:2-13-04 Fire Safety for Type B Homes                         | Compliant     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5180:2-13-04 Heaters in a Type B Home                             | Compliant     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5180:2-13-07 Staff Records                                        | Compliant     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule: 5180:2-13-07 Provider Responsibilities                      | Compliant     | Documenting Statement: 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.                                                                                  |
| Rule: 5180:2-13-07 Provider Responsibilities                      | Compliant     | <p>Documenting Statement: During the inspection, it was determined that the provider was not meeting the following requirements as noted in number 4 below :</p> <ol style="list-style-type: none"> <li>1. The provider no longer resides at the licensed location.</li> <li>2. The licensed provider has additional activities/employment during operating hours, in that [ ].</li> <li>3. The provider was not on-site for 75 percent of the program's operating hours as required by this rule.</li> </ol> |

|                                              |               |                                                                                                                                                                                                                                           |
|----------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                              |               | <p>4. The provider did not have hours of availability to meet with parents a noticeable location.</p> <p>Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.</p> |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                            |
| 5180:2-13 Written Policies and Procedures    | Compliant     |                                                                                                                                                                                                                                           |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                            |
| 5180:2-13-07 Type B Provider - Foster Parent | Compliant     |                                                                                                                                                                                                                                           |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                            |
| 5180:2-13-08 Whistle Blower                  | Compliant     |                                                                                                                                                                                                                                           |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                            |
| 5180:2-13-09 Background Checks               | Compliant     |                                                                                                                                                                                                                                           |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                            |
| 5180:2-13-11 Indoor Space                    | Compliant     |                                                                                                                                                                                                                                           |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                            |
| 5180:2-13-11 Outdoor Space                   | Compliant     |                                                                                                                                                                                                                                           |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                            |
| 5180:2-13-11 Outdoor Equipment               | Compliant     |                                                                                                                                                                                                                                           |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>                                                                                                                                                                                            |
| 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 Safe Environment                           | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Rule                                                    | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only    | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 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 equipment            | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Rule                                                    | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5180:2-13-13 Smoke Free                                 | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Rule                                                    | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Rule: 5180:2-13-15 Child Medical and Enrollment Records | Compliant | <p>Documenting Statement: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number 14 below:</p> <ol style="list-style-type: none"> <li>1. No enrollment form was completed for at least one child</li> <li>2. The current JFS 01234 was not completed for at least one child</li> <li>3. Complete child information</li> <li>4. Complete parent information</li> <li>5. Complete emergency contact information</li> <li>6. Complete physician information</li> <li>7. Information regarding the parent list</li> <li>8. Health information</li> </ol> |

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|  |  | <p>9. Additional information for all boxes checked "yes"</p> <p>10. Emergency transportation information</p> <p>11. Parent/guardian's signature</p> <p>12. Diapering Statement</p> <p>13. Acknowledgement of Policies and Procedures</p> <p>14. Enrollment form for at least one child was not updated by either the parent or the administrator</p> <p>15. Enrollment form for at least one child was not signed by the administrator</p> <p>16. Other [ ]</p> <p>Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.</p> |
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| Rule                     | Status    | Documenting Statement(s), If applicable |
|--------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Handwashing | Compliant |                                         |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Toothbrushing | Compliant |                                         |

| Rule                                                  | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Requirements for Field and Routine Trips | Compliant |                                         |

| Rule                                                           | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |                                         |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Driver Requirements | Compliant |                                         |

| 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 |                                         |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Health Conditions | Compliant |                                         |

| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant |                                         |

| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant |                                         |

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Emergency Drills | Compliant |                                         |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Communicable Diseases | Compliant |                                         |

| Rule                         | Status    | Documenting Statement(s), If applicable |
|------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Incident/Injury | Compliant |                                         |

| Rule                                                  | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Emergency Preparedness and Response Plan | Compliant |                                         |

| Rule                     | Status    | Documenting Statement(s), If applicable |
|--------------------------|-----------|-----------------------------------------|
| 5180:2-13-17 Programming | Compliant |                                         |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-17 Materials and Equipment | Compliant |                                         |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|-----------------------------------------|
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| 5180:2-13-18 Group Size and Ratios | Compliant |  |
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| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|-----------------------------------------|
| 5180:2-13-18 Attendance | Compliant |                                         |

  

| Rule                     | Status    | Documenting Statement(s), If applicable |
|--------------------------|-----------|-----------------------------------------|
| 5180:2-13-19 Supervision | Compliant |                                         |

  

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-19 School Age Supervision | Compliant |                                         |

  

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-21 Evening and Overnight Care | Compliant |                                         |

  

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-20 Sleep and Nap Requirements | Compliant |                                         |

  

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|-----------------------------------------|
| 5180:2-13-19 Child Guidance | Compliant |                                         |

  

| Rule                                       | Status    | Documenting Statement(s), If applicable |
|--------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-20 Crib and Playpen Requirements | Compliant |                                         |

  

| Rule                                          | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant |                                         |

  

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|-----------------------------------------|
| 5180:2-13-22 Meals and Snacks | Compliant |                                         |

  

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5180:2-13-22 Food Handling | Compliant |                                         |

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| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Fluid Milk                         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Daily Care                  | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Diapering                          | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 On-site Pools                      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 Swimming Sites                     | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 Parent Permission for Swimming     | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-25 Medication Requirements            | Compliant     |                                                |