## **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      |
| DENT, SANDRA    | 00000982561807 | FCC - Type B Home |
| Address         |                | County            |
| 53 TOLEDO ST.   |                | DELAWARE          |
|                 |                |                   |
| DELAWARE        |                |                   |
| OH 43015        |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 04/12/2022             | 12/2022 9:55 AM                |                  | 11:05 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Tammy Mannasmith       |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 1                              | 0                | 0                 | 1            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 6          | 0         | 8     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Sandra Dent                                  | Mixed Age Group | 1 to 6         |         |



## **Summary of Non-Compliances**

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

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

## **Low Risk Non-Compliances**

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for

Child Care" on file on the premises for each child.

Findings: 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:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 05/13/2022

## **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 |
| 5101:2-13-02 Voluntary Temporary | Compliant |   |
| Closure                          |           |   |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location  | Compliant |   |
|                                  |           |   |
|                                  |           |   |

| Rule   |                                       |           |   |
|--|---------------------------------------|-----------|---|
| Rule   | Rule                                  | Status    | Documenting Statement(s) If applicable  |
| Rule   Status   Documenting Statement(s), If applicable  |                                       |           | Documenting Statement(3), if applicable |
| Rule   | 3101.2-13-02 illioilliation ill Octos | Compilant |   |
| Rule   |                                       |           |   |
| Rule   |                                       | 1         |   |
| Rule   | Dolla                                 | Chahara   | D                                       |
| Rule  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Status  Documenting Statement(s), If applicable  | 7.5.7.5                               |           | Documenting Statement(s), if applicable |
| Status   Documenting Statement(s), If applicable   | 5101:2-13-02 Provider Medical         | Compliant |   |
| Status   Documenting Statement(s), If applicable   |                                       |           |   |
| Status   Documenting Statement(s), If applicable   |                                       |           |   |
| Status   Documenting Statement(s), If applicable   | 2.1                                   | 1 6       |   |
| Rule   Status   Documenting Statement(s), If applicable  |                                       |           | Documenting Statement(s), if applicable |
| Rule 5101:2-13-04 Flammable and Compliant  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status:  Documenting Statement(s), If applicable  Status:  Status:  Status:  Documenting Statement(s), If applicable  Status:  Status:  Status:  Documenting Statement(s), If applicable  Status:  Status:  Status:  Status:  Documenting Statement(s), If applicable  Status:  Status:  Status:  Documenting Statement(s), If applicable   | -                                     | Compliant |   |
| Status   Documenting Statement(s), If applicable   | Requirements                          |           |   |
| Status   Documenting Statement(s), If applicable   |                                       |           |   |
| Status   Documenting Statement(s), If applicable   |                                       | 1         |   |
| Rule Status Documenting Statement(s), If applicable Status Status Documenting Statement(s), If applicable Status Documenting Statement(s), If applicable Status Status Documenting Statement Status Documenting Statement Status Documenting Statement Status Documenting Statement Status Documentin | 110.00                                |           | Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Fire Safety for Type B Homes  Status  Documenting Statement(s), If applicable  Rule Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Status  Documenting Statement(s), If applicable  Status- Status- Status- Statement(s), If applicable  Status- Status- Statement(s), If applicable  Status- Status- Status- Status- Statement(s), If applicable  Status- Status- Statement(s), If applicable  Status- Status- Statement(s), If applicable  Status- Status- Status- Statement(s), If applicable  Status- Status- Statement(s), If applicable  Status- Status- Status- Statement(s), If applicable  Status- Status- Status- Statement(s), If applicable  Status- Status- Statement(s), If applicable  Status- Status | = -                                   | Compliant |   |
| Rule   | for Type B Homes                      |           |   |
| Rule   |                                       |           |   |
| Rule   |                                       |           |   |
| Rule Status Documenting Statement(s), If applicable  The Status Documenting Statement(s), If applicable  Status-Status Documenting Statement(s), If applicable  |                                       |           | Documenting Statement(s), If applicable |
| Rule       Status       Documenting Statement(s), if applicable         5101:2-13-04 Flammable and Compliant       Compliant         Rule       Status       Documenting Statement(s), if applicable         5101:2-13-04 Heaters in a Type B       Compliant         Rule       Status       Documenting Statement(s), if applicable         5101:2-13-05 Denial, Revocation, and Suspension       Compliant         Rule       Status       Documenting Statement(s), if applicable         5101:2-13-07 Staff Records       Compliant         Rule       Status       Documenting Statement(s), if applicable         5101:2-13-07 Type B Provider - Foster Parent       Compliant  | 5101:2-13-04 Fire Safety for Type B   | Compliant |   |
| Status   Documenting Statement(s), If applicable   | Homes                                 |           |   |
| Status   Documenting Statement(s), If applicable   |                                       |           |   |
| Status   Documenting Statement(s), If applicable   |                                       |           |   |
| Rule Status Documenting Statement(s), If applicable  Final Status Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Final Status Status Documenting Statement(s), If applicable  Status Suspension  Rule Status Documenting Statement(s), If applicable  Status Status Documenting Statement(s), If applicable  | Rule                                  | Status    | Documenting Statement(s), If applicable |
| Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  5101:2-13-05 Denial, Revocation, and Suspension Compliant  Rule Status Documenting Statement(s), If applicable  5101:2-13-07 Staff Records Compliant  Rule Status Documenting Statement(s), If applicable  5101:2-13-07 Type B Provider - Foster Parent  Status Documenting Statement(s), If applicable   | 5101:2-13-04 Flammable and            | Compliant |   |
| Rule Status Documenting Statement(s), If applicable  Figure Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Figure Status Documenting Statement(s), If applicable  Suspension  Fule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Figure Status Documenting Statement(s), If applicable  | Combustible Materials in a Type B     |           |   |
| Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Suspension  Rule Status Documenting Statement(s), If applicable  Suspension  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Status Documenting Statement(s), If applicable  |                                       |           |   |
| Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Suspension  Rule Status Documenting Statement(s), If applicable  Suspension  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Status Documenting Statement(s), If applicable  |                                       | 1         |   |
| Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Suspension  Rule Status Documenting Statement(s), If applicable  Suspension  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Status Documenting Statement(s), If applicable  | Rule                                  | Status    | Documenting Statement(s) If applicable  |
| Rule Status Documenting Statement(s), If applicable  Suspension Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  5101:2-13-07 Staff Records Compliant  Rule Status Documenting Statement(s), If applicable   |                                       |           | bocumenting statement(3), it applicable |
| Rule  Status  Documenting Statement(s), If applicable  Suspension  Rule  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Tompliant  Rule  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Tompliant  Rule  Status  Documenting Statement(s), If applicable  Status  Compliant   |                                       | Compilant |   |
| Suspension  Rule Status Documenting Statement(s), If applicable  5101:2-13-07 Staff Records  Rule Status Documenting Statement(s), If applicable  Compliant  Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Compliant  Parent   | nome                                  |           |   |
| Suspension  Rule Status Documenting Statement(s), If applicable  5101:2-13-07 Staff Records  Rule Status Documenting Statement(s), If applicable  Compliant  Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Compliant  Parent   |                                       | 1         |   |
| Suspension  Rule Status Documenting Statement(s), If applicable  5101:2-13-07 Staff Records  Rule Status Documenting Statement(s), If applicable  Compliant  Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Compliant  Parent   | Rule                                  | Status    | Documenting Statement(s) If applicable  |
| Rule Status Documenting Statement(s), If applicable 5101:2-13-07 Staff Records Compliant  Rule Status Documenting Statement(s), If applicable 5101:2-13-07 Type B Provider - Foster Parent Compliant   |                                       |           | bocumenting statement(s), if applicable |
| Rule Status Documenting Statement(s), If applicable 5101:2-13-07 Staff Records Compliant  Rule Status Documenting Statement(s), If applicable 5101:2-13-07 Type B Provider - Foster Parent Compliant   |                                       | Compliant |   |
| Status Documenting Statement(s), If applicable  Status Compliant  Parent  Compliant  Documenting Statement(s), If applicable  Compliant  | Suspension                            |           |   |
| Status Documenting Statement(s), If applicable  Status Compliant  Parent  Compliant  Documenting Statement(s), If applicable  Compliant  |                                       | 1         |   |
| Status Documenting Statement(s), If applicable  Status Compliant  Parent  Compliant  Documenting Statement(s), If applicable  Compliant  | Pule                                  | Ctatus    | Decumenting Statement/s) If a militable |
| Rule Status Documenting Statement(s), If applicable 5101:2-13-07 Type B Provider - Foster Parent Compliant   |                                       |           | Documenting Statement(s), if applicable |
| 5101:2-13-07 Type B Provider - Foster Parent Compliant   | 5101:2-13-07 Staff Records            | Compliant |   |
| 5101:2-13-07 Type B Provider - Foster Parent Compliant   |                                       |           |   |
| 5101:2-13-07 Type B Provider - Foster Parent Compliant   |                                       | 1         |   |
| 5101:2-13-07 Type B Provider - Foster Parent Compliant   |                                       | 1         |   |
| Parent   |                                       |           | Documenting Statement(s), If applicable |
|  | • •                                   | Compliant |   |
| Rule Status Documenting Statement(s), If applicable  | Parent                                |           |   |
| Rule Status Documenting Statement(s), If applicable  |                                       |           |   |
| Rule Status Documenting Statement(s), If applicable  |                                       |           |   |
|  | 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<br>Requirements | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                   | Compliant           | Bocamenting statement(s), it applicable |
| Dula  | Chahara             | Described Statement (a) If a militable  |
| Sule 5101:2-13-09 Background Checks           | Status   Compliant  | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-10 Health Training             | Status Compliant    | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-10 Professional Development    | Status Compliant    | Documenting Statement(s), If applicable |
| Rule  | Chatus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-11 Outdoor Space                    | Status   Compliant  | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-11 Outdoor Equipment           | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-11 Fall Zone                   | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-12 Safe Equipment              | Status Compliant    | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment                 | Compliant           | bocumenting statement(s), if applicable |

| oedining.                                       |           |   |
|---|-----------|---|
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and              | Compliant |   |
| equipment                                       |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                        | Compliant |   |
|   | '         |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free                         | Compliant | bootimenting statement(s), in approasie |
| 3101.2 13 13 3110KC 11CC                        | Compilant |   |
|   |           |   |
|   |           |   |
| Pulo  | Ctatus    | Documenting Statement(s) If a relicable |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                      | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field             | Compliant |   |
| and Routine Trips                               |           |   |
| •   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision              | Compliant |   |
| for Field and Routine Trips                     |           |   |
| '   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                | Compliant | <u> </u>                                |
| 5-5-1-2 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |           |   |
|   |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
|   |           | Documenting Statement(3), if applicable |
| 5101:2-13-14 Vehicle Inspections                | Compliant |   |
|   |           |   |
|   |           |   |
| D 1   | C         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements               | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                  | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
|   |           |   |

|                                      | 1.        |  |
|--------------------------------------|-----------|--|
| 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 Medical, Dental, and    | Compliant |  |
| General Emergency Plan               |           |  |
| - ,                                  |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills        | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |  |
| Precautions                          | '         |  |
|                                      |           |  |
|                                      | -         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases   | Compliant | 3 (7                                     |
|                                      |           |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury         | Compliant | Doddinenting Statement(S), it approaches |
| Jioi.2 13 to melacity injury         | Compilant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan           | Compliant | Doddinenting Statement(S), it approaches |
| 3101.2 13 10 Disaster Flam           | Compilant |  |
|                                      |           |  |
|                                      | I.        |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance              | Compliant | bocumenting statement(s), if applicable  |
| J101.2-15-10 Attelludite             | Compilant |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|                                      |           | bocumenting statement(s), if applicable  |
| 5101:2-13-19 Supervision             | Compliant |  |
|                                      |           |  |
|                                      | 1         |  |
| Dula                                 | Chahua    | Decumenting (test                        |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision  | Compliant |  |
|                                      |           |  |
|                                      | 1         |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance          | Compliant |  |
|                                      | 1 1       |  |

| Rule                                | Status        | Documenting Statement(s), If applicable  |
|-------------------------------------|---------------|--|
| 5101:2-13-20 Sleep and Nap          | Compliant     |  |
| Requirements                        |               |  |
|                                     |               |  |
|                                     | -             |  |
| Rule                                | Status        | Documenting Statement(s), If applicable  |
|                                     |               | bocumenting statement(3), if applicable  |
| 5101:2-13-20 Crib and Playpen       | Compliant     |  |
| Requirements                        |               |  |
|                                     |               |  |
|                                     |               |  |
| Rule                                | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Evening and Overnight  | Compliant     |  |
| Care                                | ·             |  |
|                                     |               |  |
| <b>L</b>                            | 1             | 1  |
| Rule                                | Status        | Documenting Statement(s), If applicable  |
|                                     |               | 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     | , , , , , , , , , , , , , , , , , , ,    |
|                                     | John Britaine |  |
|                                     |               |  |
|                                     | <u> </u>      |  |
| 0.1                                 | C             | D 1: 6: 1 1/ \ 15 1: 11                  |
| 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     | <u> </u>                                 |
| 3101.2 13 22 1 000 Harlaning        | Compilant     |  |
|                                     |               |  |
|                                     | 1             |  |
| - 1                                 |               |  |
| Rule                                | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Daily Care      | Compliant     |  |
|                                     |               |  |
|                                     |               |  |
|                                     |               |  |
| Rule                                | Status        | Documenting Statement(s), If applicable  |
|                                     |               | bootinenting statement(s), it applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant     |  |
| Preparation                         |               |  |
|                                     |               |  |
|                                     |               |  |
| Rule                                | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering              | Compliant     |  |
|                                     |               |  |
|                                     |               |  |
|                                     |               |  |

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-24 Parent Permission for      | Compliant |   |
| Swimming                                | · ·       |   |
|   |           |   |
| L                                       |           |   |
| Pula                                    | Status    | Decumenting Statement/s) If and isolate |
| 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 |   |
|   |           |   |
|   |           |   |
|   | 1         |   |
| Pulo                                    | Ctatus    | Decumenting Statement/s) If applicable  |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios      | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and          | Compliant |   |
| Procedures                              |           |   |
| Procedures                              |           |   |
|   |           |   |
| 0.1                                     |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide            | Compliant |   |
| Detectors - Type B Only                 |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space               | Compliant | , , , , , , , ,                         |
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| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming                | Compliant |   |
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| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools              | Compliant | James (-), it approach                  |
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| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                       | Compliant |   |
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| Rule                                    | Status    | Documenting Statement(s) If applicable  |
| nuie                                    | Status    | Documenting Statement(s), If applicable |



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