# **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      |  |
| GIBSON, DELORES        | 000000988628645 | FCC - Type B Home |  |
| Address                | •               | County            |  |
| 547 CONSIDINE AV 2NDFL |                 | HAMILTON          |  |
|                        |                 |                   |  |
| CINCINNATI             |                 |                   |  |
| OH 45205               |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 08/09/2023             | 11:20 AM                       |                  | 12:30 PM          |              |
| Reviewer:              |                                |                  |                   |              |
| Eryn Hunt              |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 9                              | 0                | 3                 | 8            |

| 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   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 1     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment |  |        |  |
| PLACEMENTS 8/9/23                            |  | 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: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

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

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined the program did not protect children from an unsafe item or condition or equipment due to the following number(s) 2 below:

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



# 17. Other [ ].

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

Corrective Action Plan Due: 09/09/2023

Domain: 09 Children's Files

Rule: 5101:2-13-25 Medication Requirements

Code: The program is required to store medication out of the reach of children.

Findings: During the inspection, it was determined medication was in the reach of children. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/09/2023

Domain: 09 Children's Files

Rule: 5101:2-13-25 Medication Requirements

Code: The program is required to obtain appropriate documentation to administer medication and store medication or products in the original container.

Findings: During the inspection, it was determined the program did not meet the requirement(s) for administering to a child a prescription topical product or a medication that is not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" as noted in number(s) 1 below:

- 1. No JFS 01217 "Request for Administration of Medication for Child Care" was on file.
- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217.
- 4. The child's weight was missing on the JFS 01217.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217. 7. The time to administer was missing on the JFS 01217.
- 7. The time period to administer was missing on the JFS 01217.
- 8. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 9. Possible side effects were missing on the JFS 01217.
- 10. Expiration date was missing on the JFS 01217.
- 11. Physician instructions were missing on the JFS 01217.
- 12. Physician's dated signature was missing on the JFS 01217.
- 13. Physician's phone number was missing on the JFS 01217.
- 14. Date medication was administered was missing on the JFS 01217.
- 15. Time medication was administered was missing on the JFS 01217.
- 16. Dosage administered was missing on the JFS 01217.

- 17. Staff member's signature was missing on the JFS 01217.
- 18. A current prescription label was not attached to the prescription medication.
- 19. The medication or product, [ ], was not brought to the program in its original container.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/09/2023

### **Low Risk Non-Compliances**

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 2,8 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The record did not include the name of at least one child.
- 4. The record did not include the birth date of at least one child.
- 5. The record did not include the assigned group.
- 6. The record did not include the child's weekly schedule.
- 7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
- 8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 09/09/2023

### **Domain: 01 Ratio & Supervision**

Rule: 5101:2-13-20 Sleep and Nap Requirements

Code: The program is required to provide a mat, pad, cot, couch, or bed for children to rest. Programs are to refrain from using air mattresses designed as flotation devices for napping/sleeping. Cots and mats must be firm, resilient, and in good condition.

Findings: During the inspection, it was determined that cots or mats did not meet the requirements as noted in number(s) 12 below:

- 1. The program did not have a cot, mat, bed, or couch for each child.
- 2. A child was sleeping [on the floor, at the table, on a bean bag chair, on a chair].
- 3. Frames were bent/broken.
- 4. Covers were torn.
- 5. Cots were missing bolts.
- 6. Cots were sagging.
- 7. Legs on the cots were broken.
- 8. Cots did not stand at least 3 inches but no more than 18 inches off the floor.
- 9. Cots were not at least 36 inches in length and as long as the child is tall.
- 10. Mats were not at least 1 inch thick and as wide and long as the child assigned.
- 11. An air mattress designed as a flotation device was used for sleeping/napping.
- 12. Other Provider was napping in bed with the child.

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

Corrective Action Plan Due: 09/09/2023

#### **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Safe Environment

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

Findings: During the inspection, cleaning and sanitzing equipment and supplies were not used or stored properly as noted in number(s) 4 below:

- 1. Cosmetics were accessible to children in the [ ] area.
- 2. Disinfecting wipes were accessible to children in the [ ] area.
- 3. Fish food was accessible to children in the [ ] area.
- 4. Hand lotion was accessible to children in the [ ] area.
- 5. Hand sanitizer (for children under 24 months) was accessible to children in the [ ] area.
- 6. Laundry detergent was accessible to children in the [ ] area.
- 7. Powder dish washing soap was accessible to children in the [ ] area.
- 8. Paint cans were accessible to children in the [ ] area.
- 9. White out was accessible to children in the [ ] area.

- 10. Potting Soil was accessible to children in the [ ] area.
- 11. Other potentially hazardous substance [ ] was accessible to children in the [ ] area.
- 12. Cleaning/sanitizing supplies had not been clearly labeled.
- 13. School-age children were using cleaning supplies, agents and/or equipment without adult supervision.
- 14. A spray aerosol was used in the [ ] group while children were in attendance.
- 15. Other: [ ].

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

Corrective Action Plan Due: 09/09/2023

# Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number(s) 1-3 below:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- 3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 09/09/2023

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Communicable Diseases

Code: The program is required to notify parents for children demonstrating symptoms.

Findings: During the inspection, it was determined that a [parent or guardian was not immediately notified of a child/ child was not isolated or discharged for] demonstrating symptoms for the following number(s) 2 below which is listed on appendix B of this rule.

- 1. Temperature of at least one hundred and one degrees Fahrenheit (one hundred degrees Fahrenheit if taken axillary), in combination with any other sign or symptom of illness;
- 2. Diarrhea as described in rule;
- 3. Severe coughing as described in rule;
- 4. Difficult or rapid breathing;
- 5. Yellowish skin or eyes;



- 6. Redness of the eye or eyelid as described in rule;
- 7. Untreated infected skin patches as described in rule;
- 8. Unusually dark urine or stool as described in rule;
- 9. Stiff neck with elevated temperature;
- 10. Evidence of lice, etc. as described in rule;
- 11. Sore throat or difficulty in swallowing;
- 12. Vomiting as described in rule.

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

Corrective Action Plan Due: 09/09/2023

#### Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

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

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 3 below.

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

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

Corrective Action Plan Due: 09/09/2023

#### 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: 09/09/2023

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

Rule: 5101:2-13 Written Policies and Procedures

Code: The provider is required to create, maintain, and implement the policies and procedures outlined in

appendix C and D of this rule.

Findings: It was determined, the provider was not responsible for creating, maintaining or implementing the policies and procedures detailed in appendix C and D of this rule. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/09/2023

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

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

|                                     |           | T                                       |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     | -         |   |
| 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                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS   | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection             | Compliant |   |
| 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 |   |
| Combustible Materials in a Type B   |           |   |
| Home                                |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B    | Compliant | booking statement(s), it applicable     |
| Home                                |           |   |
| Home                                |           |   |
|                                     | _1        |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Documenting statement(s), if applicable |
| 5101:2-13-07 Staff Records          | Compliant |   |
|                                     |           | l I                                     |
|                                     |           |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
|                                       |           |   |
| 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 | Bocumenting statement(s), if applicable |
| Requirements                          | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Desumenting Statement/s) If applicable  |
|                                       |           | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training          | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional             | Compliant |   |
| Development                           |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment        | Compliant | bocumenting statement(s), if applicable |
| 5101.2-13-11 Outdoor Equipment        | Compilant |   |
|                                       |           |   |
| 1                                     |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                | Compliant |   |
|                                       | '         |   |
|                                       |           |   |
|                                       |           |   |



| Rule                                | Status      | Documenting Statement(s), If applicable   |
|-------------------------------------|-------------|---|
| 5101:2-13-12 Safe Equipment         | Compliant   |   |
| 3101.2 13 12 3dre Equipment         | Compilation |   |
|                                     |             |   |
|                                     | 1           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Clean environment and  | Compliant   | (-),                                      |
| equipment                           |             |   |
| equipment                           |             |   |
|                                     | 1           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Handwashing            | Compliant   |   |
| 310112 13 13 114114 114111119       |             |   |
|                                     |             |   |
|                                     | 1           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Smoke Free             | Compliant   | g tracement(s), it approaches             |
| 32312 13 13 31113RC 11CC            |             |   |
|                                     |             |   |
|                                     | 1           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Toothbrushing          | Compliant   | Boedmenting statement(3), it applicable   |
| J101.2-13-13 TOOTHBI d3Hillig       | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Requirements for Field | Compliant   | Bocumenting statement(3), it applicable   |
| and Routine Trips                   | Compilant   |   |
| and Routine Trips                   |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Ratio and Supervision  | Compliant   | Boedmenting statement(3), it applicable   |
| for Field and Routine Trips         | Compliant   |   |
| Tor Field and Routine Trips         |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Driver Requirements    | Compliant   | bookinenting octatement(3), it applicable |
| 3101.2 13 14 Driver Nequirements    |             |   |
|                                     |             |   |
|                                     |             | 1   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Inspections    | Compliant   | bootheriting statement(3), if applicable  |
| 3101.2-13-14 Vehicle Hispections    | Compliant   |   |
|                                     |             |   |
| <u> </u>                            |             | <u>.</u>                                  |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Requirements   | Compliant   | bocamenting statement(3), if applicable   |
| 5101.2-15-14 vehicle kequirements   | Compliant   |   |
|                                     |             |   |
|                                     | 1           | 1   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| Nuie                                | Status      | Documenting statement(s), if applicable   |

| 5101:2-13-15 Health Conditions                              | Compliant           |  |
|---|---------------------|--|
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention and Confidentiality    | Compliant           | Documentally of the control of the c |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and<br>General Emergency Plan | Compliant           | Documentary, a apparease   |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard<br>Precautions          | Compliant           |  |
|   | 1                   |  |
| Rule 5101:2-13-16 Incident/Injury                           | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101.2 15 16 meldent/mjury                                  | Compilant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan                                  | Compliant           | Documenting otatement(a), it applicable  |
|   |                     |  |
| Rule<br>5101:2-13-19 Supervision                            | Status   Compliant  | Documenting Statement(s), If applicable  |
|   |                     |  |
| 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           | Bocumenting statement(s), ii applicable  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen<br>Requirements               | Compliant           | Documenting statement(3), if applicable  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |

| 5101:2-13-21 Evening and Overnight          | Compliant   |   |
|---|-------------|---|
| Care  |             |   |
|   |             |   |
|   |             |   |
| 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 Fluid Milk                     | Compliant   | bocumenting statement(s), if applicable     |
| J101.2-13-22 Hald Wilk                      | Compilant   |   |
|   |             |   |
|   |             |   |
| 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   |   |
|   |             |   |
|   |             |   |
| Dolla                                       | Chabina     | Decomposition Chatana anti-) If a milestell |
| Rule  | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-23 Infant Bottle and Food         | Compliant   |   |
| Preparation                                 |             |   |
|   | I           |   |
| Rule  | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-23 Diapering                      | Compliant   | 0 (" 11                                     |
|   |             |   |
|   |             |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-24 Parent Permission for          | Compliant   |   |
| Swimming                                    |             |   |
|   |             |   |
| Pulo  | Chahus      | Decumenting Statement/s\ If and incline     |
| Rule 5101:2 12 07 Provider Pespansibilities | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-07 Provider Responsibilities      | Compliant   |   |
|   |             |   |
|   | 1           |   |
| Rule  | Status      | Documenting Statement(s), If applicable     |
| 5101:2-13-18 Group Size and Ratios          | Compliant   | 6   |
|   | <b>1</b>    |   |
|   |             |   |
|   | <del></del> |   |
| Rule  | Status      | Documenting Statement(s), If applicable     |

| 5101:2-13-12 Carbon Monoxide | Compliant |   |
|------------------------------|-----------|---|
| Detectors - Type B Only      |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space    | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming     | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools   | Compliant |   |
|                              |           |   |
|                              | <b>-</b>  | ,                                       |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets            | Compliant |   |
|                              |           |   |
|                              | <b>1</b>  |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites  | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and   | Compliant |   |
| Equipment                    |           |   |
|                              |           |   |