# **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      |
| LEWIS, EARNESTINA | 00000996088147 | FCC - Type B Home |
| Address           |                | County            |
| 638 LAWSON AVE.   |                | JEFFERSON         |
|                   |                |                   |
| STEUBENVILLE      |                |                   |
| OH 43952          |                |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection Sc                  | cope               | Inspection Notice |              |
| Compliance         | Full                           |                    | Announced         |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 10/04/2023         | 9:45 AM                        |                    | 12:30 PM          |              |
| Reviewer:          |                                |                    |                   |              |
| Kristal Singleton  |                                |                    |                   |              |
|                    | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 68                 | 6                              | 0                  | 0                 | 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)                                  |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 4     |

| Staff-Child Ratios at the Time of Inspection |                 |                |                              |
|--|-----------------|----------------|------------------------------|
| Group  | Age Group/Range | Ratio Observed | Comment                      |
| Tinas Tiny Tots                              | Mixed Age Group | 1 to 1         | Ratio observed during visit. |

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

## **Low Risk Non-Compliances**

# **Domain: 03 Postings & Equipment**

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

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by

rule.



Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not the update form. Correct the violation and submit the program's corrective action plan within 30 days to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/04/2023

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

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

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

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

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.
- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

Submit the program's corrective action plan within 30 days to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/04/2023

### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to have a completed written disaster plan.

Findings: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number 1 below:

Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees

- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials

Add the missing information to the disaster plan. Submit the program's corrective action plan within 30 days, which includes the missing information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/04/2023

## Domain: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to train child care staff members and employees on the written disaster plan annually and keep written documentation of the training on-site.

Findings: During the inspection, it was determined the program's written disaster plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in number 1 below:

- 1. Child care staff members and employees were not trained annually.
- 2. Written documentation of the training was not kept on file.

Submit the program's corrective action plan within 30 days to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/04/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-13-07 Provider Responsibilities

Code: The program is required to notify the county agency of any change in the household composition.

Findings: During the inspection, it was determined the provider did not update OCLQS as noted in the following number 1 below:

- 1. A change in household composition including someone joining the household or leaving the household within five calendar days.
- 2. An individual staying in the home for more than ten consecutive calendar days.

Submit the program's corrective action plan within 30 days to verify compliance with this rule.

Corrective Action Plan Due: 11/04/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-13-08 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 within 30 days, 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: 11/04/2023



**Domain: 08 Staff Files** 

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in

the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number 2, 4 below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not created or updated the program's organizational dashboard in the OPR.
- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.
- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.
- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

11.Other: []

Submit the program's corrective action plan within 30 days to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/04/2023

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

Rule: 5101:2-13 Written Policies and Procedures

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

Findings: On the day of the inspection, the program's written policies and procedures provided to the parents/guardians and employees was missing item numbers below: 4, 5, 6, 8, 10, 14, 19, 20, 22, 25, 26, 27, 28, 29, 30.

#### **General Information**

- 1. Name, address, email address and telephone number.
- 2. Description of the provider's program philosophy.

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

#### **Provider Policies and Procedures**

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

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

Corrective Action Plan Due: 11/04/2023

# Rules In-Compliance/Not Verified

| Rule  | Status              | Documenting Statement(s), If applicable  |
|---|---------------------|--|
| 5101:2-13-02 License Visible                | Compliant           | - Comment of the control of the cont |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Voluntary Temporary<br>Closure | Compliant           |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Change of Location             | Compliant           | z z z z z z z z z z z z z z z z z z z  |
| STOTIZE TO OZ 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           |  |
|   |                     |  |
| P. J.                                       | Chahara             | Decree of the Chateron and A. If an all add to   |
| Rule<br>5101:2-13-03 Inspection             | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Requirements                                | Compliant           |  |
| Requirements                                |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements          | Compliant           | 2 3 3 and 11 and 3 and 11 applicable   |
| for Type B Homes                            | Compilation         |  |
|   | 1                   |  |



| 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    | Decumenting Statement/s) If applicable  |
| 5101:2-13-04 Heaters in a Type B                | Compliant | Documenting Statement(s), If applicable |
| Home  | Compilant |   |
| Home  |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and            | Compliant |   |
| Suspension                                      |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
|   |           | Documenting Statement(s), if applicable |
| 5101:2-13-07 Type B Provider - Foster<br>Parent | Compliant |   |
| Farent  |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff                   | Compliant |   |
| Requirements                                    |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                     | Compliant | Documenting Statement(s), if applicable |
| 3101.2-13-06 Whistie blower                     | Compilant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks                  | Compliant |   |
|   |           |   |
| <u> </u>  | <u> </u>  |   |
| Rule  | Status    | 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                                     |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
|   |           | (a)) abba                               |

| 5101:2-13-11 Outdoor Space          | Compliant           |   |
|-------------------------------------|---------------------|---|
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment      | Compliant           | bocumenting statement(s), it appreciate |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone              | Compliant           | Documenting Statement(3), if applicable |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment         | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment       | Compliant           |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant           | (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) |
| equipment                           | ·                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Compliant           | Documenting Statement(s), if applicable |
| 5101.2 13 13 Haridwashing           | Compliant           |   |
| D. J.                               | Chabin              | Daniel Chahaman Mahalifan dia dia dia   |
| Rule 5101:2-13-13 Smoke Free        | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-13 SHIOKE FIEE            | Compilant           |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing          | Compliant           | bocamenting statement(s), it applicable |
| 3101.2 13 13 100thbrushing          | Compium             |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant           | bocamenting statement(s), it applicable |
| and Routine Trips                   |                     |   |
| Rule                                | Status              | Documenting Statement/s). If applicable |
| Nuic                                | 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 |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and                  | Compliant |   |
| Enrollment Records                              |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                  | Compliant |   |
|   | <u> </u>  |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention            | Compliant |   |
| and Confidentiality                             |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills                   | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant |   |
| Treadilons                                      |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases              | Compliant | Documenting statement(s), if applicable |
| 3101.2 13 10 communicable biseases              | Compilant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury                    | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                         | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision                        | Compliant |   |

| Deglirrang:                         |           |  |
|-------------------------------------|-----------|--|
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| 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 | boddinenting statement(s), it applicable |
| 3101.2-13-19 Child Guidance         | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| 0.1                                 | C         | D :: C1 : 1/ ) If I: 11                  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap          | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), 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 | <u> </u>                                 |
| Care                                |           |  |
| Care                                |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment   | Compliant | bocamenting statement(s), it applicable  |
|                                     | Compliant |  |
| and Hygiene                         |           |  |
|                                     |           |  |
| 2.1                                 | l co      | 2 (                                      |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk             | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Food Handling          | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| <u> </u>                            | <u> </u>  | 1  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
|                                     |           | bocumenting statement(s), it applicable  |
| 5101:2-13-23 Infant Daily Care      | Compliant |  |
|                                     |           |  |

| Designatus:                         |           |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Infant Bottle and Food | Compliant | Decamending etatement(2)) in approach     |
|                                     | Compliant |   |
| Preparation                         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Diapering              | Compliant | , , , , , ,                               |
| 3101.2 13 23 Bidpering              | Compilant |   |
|                                     |           |   |
|                                     | 1         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-24 Parent Permission for  | Compliant |   |
| Swimming                            | ·         |   |
|                                     |           |   |
| L                                   | _1        |   |
| Dula                                | Chahua    | Decomposition Chatavarantich III          |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication             | Compliant |   |
| Requirements                        |           |   |
| ·                                   |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
|                                     |           | bocumenting statement(s), if applicable   |
| 5101:2-13-18 Group Size and Ratios  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Carbon Monoxide        | Compliant | <b>5</b> ( <i>n</i> 11                    |
|                                     | Compilant |   |
| Detectors - Type B Only             |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Indoor Space           | Compliant |   |
| ·                                   | · '       |   |
|                                     |           |   |
| L                                   | _1        |   |
| D. J.                               | Chahara   | Decree of the Chatery of the Italian      |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Programming            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
|                                     |           | Documenting statement(s), if applicable   |
| 5101:2-13-24 On-site Pools          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Pets                   |           | 2 comments of a content of the applicable |
| 3101.2-13-12 PEIS                   | Compliant |   |
|                                     |           |   |
|                                     |           |   |



| 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 |   |
| 3101.2 13 17 Waterials and  |           |   |
| Equipment                   |           |   |