

# **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      |
| KWARTENG, BONITA       | 000000998605533 | FCC - Type B Home |
| Address                |                 | County            |
| 9512 LAMONTIER AVE. DN |                 | CUYAHOGA          |
|                        |                 |                   |
| CLEVELAND              |                 |                   |
| OH 44104               |                 |                   |

| Inspection Information |                                |                   |                   |              |
|------------------------|--------------------------------|-------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope              | Inspection Notice | 77           |
| Compliance             | Full                           | (0)40             | Unannounced       |              |
| Inspection Date        | Begin Time                     |                   | End Time          |              |
| 10/07/2025             | 3:45 PM                        |                   | 4:30 PM           |              |
| Inspection Date        | Begin Time                     |                   | End Time          |              |
| 10/07/2025             | 3:45 PM                        |                   | 4:21 PM           |              |
| Inspection Date        | Begin Time                     |                   | End Time          |              |
| 10/09/2025             | 1:00 PM                        |                   | 2:37 PM           |              |
| Reviewer:              | **                             |                   | ***               |              |
| Pamelina Rose          |                                |                   |                   |              |
| Reviewer:              |                                |                   |                   |              |
| Pamelina Rose          |                                |                   |                   |              |
| Reviewer:              |                                |                   |                   |              |
| Pamelina Rose          |                                |                   |                   |              |
|                        | Sur                            | mmary of Findings |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk  | No. Moderate Risk | No. Low Risk |
| 68                     | 5                              | 0                 | 1                 | 5            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 3     |



| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Mixed Groups                                 | Mixed Age Group | 1 to 2         |         |



#### **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

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

**Domain: 06 Program Information** 

Rule: 5180:2-13-14 Vehicle Requirements

Code: The program is required to follow regulations and/or safety precautions when transporting children.

Findings: During the inspection, it was determined the program did not follow regulations and/or safety precautions when children were transported as noted in numbers 2,5 below:

- 1. Seat belts were not used by children.
- 2. Child restraint systems were not used.
- 3. Children were riding in seats that were not securely anchored.
- 4. More than one child was strapped in a seat belt.
- 5. A child under the age of twelve years old rode in the front seat of the vehicle.
- 6. At least one child or adult was standing or sitting on the floor in a moving vehicle, in that [].
- 7. Adult(s) in the vehicle failed to wear seat belt(s).

Provide staff training. Submit the program's corrective action plan, which includes assurance that these safety guidelines will be met when children are transported, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/08/2025



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

**Domain: 00 License & Approvals** 

Rule: 5180:2-13-04 Fire Safety for Type B Homes

Code: The program is required to meet all requirements for fire extinguishers.

Findings: During the inspection, it was determined the fire extinguisher was not meeting the requirements in the following numbers 3 listed below:

1. There was no fire extinguisher.

- 2. The fire extinguisher was not working.
- 3. The fire extinguisher was not rated at the minimum rating.
- 4. The fire extinguisher had expired.
- 5. The fire extinguisher was not located in the kitchen where food is provided for child care or cooking area.

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

Corrective Action Plan Due: 11/08/2025

#### Domain: 05 Health & Safety

Rule: 5180:2-13-16 Emergency Preparedness and Response Plan

Code: The program is required to have a completed emergency preparedness and response plan.

Findings: During the inspection, it was determined the program's written emergency preparedness and response plan did not meet the requirement or was missing the information in numbers 4,9,10,11,14,18 below: Procedures:

- 1. The written emergency and preparedness and response 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 including a designated safe site where staff and children can safely remain when evacuated
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats including a designated safe site where staff and children can safely remain when evacuated
- 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, toddlers 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
- 20. The plan was unable to be implemented in that, [].

Submit the program's corrective action plan, which includes the missing information, if applicable, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/08/2025

#### **Domain: 06 Program Information**

Rule: 5180:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.

Findings: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in numbers 9 below:

- 1. Written parental permission was not secured for field trips and/or routine trips off the premises.
- 2. The written permission was missing the child's name.
- 3. The written permission was missing the date(s) of the trip(s) (field trips only).
- 4. The written permission was missing the destination(s) of the trip(s).
- 5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).
- 6. The written permission was missing the signature of the parent.
- 7. The written permission was missing the date on which the permission was signed.
- 8. The written permission was missing a statement notifying parents how their child will be transported.
- 9. Permission forms for routine trips were not being updated annually.
- 10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.
- 11. Other: [ ].

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

Corrective Action Plan Due: 11/08/2025



### **Domain: 06 Program Information**

Rule: 5180:2-13-14 Vehicle Inspections

Code: The program is required to complete and document weekly vehicle inspections.

Findings: During the inspection, it was determined that the program had not documented weekly inspections of vehicles used for transporting children. The weekly inspection needs to include the following:

- 1. A visual inspection of the tires for wear and tire pressure;
- 2. A visual inspection of headlights, taillights, signals, mirrors, wiper blades, and dash gauges;
- 3. An inspection for properly functioning child and driver restraints;
- 4. An inspection for properly functioning doors and windows;
- 5. An inspection for, and cleaning of, debris from the inside of the vehicle;
- 6. Other [ ].

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

Corrective Action Plan Due: 11/08/2025

## **Domain: 06 Program Information**

Rule: 5180:2-13-14 Vehicle Inspections

Code: The program is required to utilize vehicles that are mechanically safe.

Findings: During the inspection it was determined that needed repairs noted on the program's weekly inspection of a vehicle had not been completed as repairs were not made. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/08/2025

## Rules In-Compliance/Not Verified

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-02 Voluntary Temporary<br>Closure | Compliant |   |



| Rule   | Pode                                   | Chahara          | D                                       |
|--|--|------------------|---|
| Rule   Status   Documenting Statement(s), If applicable  |  | SECOND PROPERTY. | Documenting Statement(s), if applicable |
| Rule   | 5180:2-13-02 License Visible           | Compliant        |   |
| Rule   |  |                  |   |
| Rule   |  |                  |   |
| Rule   |  |                  |   |
| Rule   | Rule                                   | Status           | Documenting Statement(s). If applicable |
| Rule 5180:2-13-02 Information in OCLQS  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: Documenting Statement(s), If applicable  Status: Status: Status: Status: Documenting Statement(s), If applicable  Status: St |  |                  | z comment g content (c), it approach    |
| Rule   Status   Documenting Statement(s), If applicable  | 1 5100.2-15-02 Change of Location      | Compilant        |   |
| Rule   Status   Documenting Statement(s), If applicable  |  |                  |   |
| Rule   Status   Documenting Statement(s), If applicable  |  |                  |   |
| Rule   Status   Documenting Statement(s), If applicable  |  |                  |   |
| Rule 5180:2-13-02 Provider Medical  Compliant  Rule 5180:2-13-03 Inspection Requirements  Rule 5180:2-13-04 Building Requirements  Compliant  Rule 5180:2-13-04 Building Requirements  Compliant  Rule 5180:2-13-04 Flammable and Combustible Materials in a Type B Home  Rule 5180:2-13-04 Heaters in a Type B Compliant  Rule 5180:2-13-05 Status  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  |  | Status           | Documenting Statement(s), If applicable |
| Rule   Status   Documenting Statement(s), If applicable  | 5180:2-13-02 Information in OCLQS      | Compliant        |   |
| Rule   Status   Documenting Statement(s), If applicable  |  |                  |   |
| Rule   Status   Documenting Statement(s), If applicable  |  |                  |   |
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| Rule Status Documenting Statement(s), If applicable  First Type B Homes  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 Documenting Statement(s), If applicable  Status Status Compliant  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  First Type B Homes  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 Documenting Statement(s), If applicable  Status Status Compliant  Rule Status Documenting Statement(s), If applicable  Status Status Documenting Statement(s), If applicable   | 5180:2-13-03 Inspection                | Compliant        |   |
| Rule  Status  Compliant  for Type B Homes  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Compliant  Combustible Materials in a Type B  Home  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  Rule  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  Compliant  | 0.20                                   | '                |   |
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| Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Compliant  Rule Status Documenting Statement(s), If applicable  5180:2-13-04 Heaters in a Type B Compliant  Home Status Documenting Statement(s), If applicable  Compliant  Compliant Documenting Statement(s), If applicable   | 2000000000                             |                  | Documenting Statement(s), if applicable |
| Rule Status Documenting Statement(s), If applicable  5180:2-13-04 Flammable and Compliant  Rule Status Documenting Statement(s), If applicable  5180:2-13-04 Heaters in a Type B Compliant  Home Status Documenting Statement(s), If applicable  5180:2-13-07 Staff Records Compliant  Rule Status Documenting Statement(s), If applicable  5180:2-13-07 Staff Records Compliant  Rule Status Documenting Statement(s), If applicable  5180:2-13-07 Provider Responsibilities Compliant  |  | Compliant        |   |
| Status   Documenting Statement(s), If applicable   | for Type B Homes                       |                  |   |
| Status   Documenting Statement(s), If applicable   |  |                  |   |
| Status   Documenting Statement(s), If applicable   | 2                                      |                  |   |
| Status   Documenting Statement(s), If applicable   | Rule                                   | Status           | Documenting Statement(s), If applicable |
| Rule Status Documenting Statement(s), If applicable  5180:2-13-07 Staff Records Compliant  Rule Status Documenting Statement(s), If applicable  | 5180:2-13-04 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  |  | Compilant        |   |
| Rule 5180:2-13-04 Heaters in a Type B Home  Status  Compliant  Rule 5180:2-13-07 Staff Records  Compliant  Documenting Statement(s), If applicable  Compliant  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Compliant   |  |                  |   |
| Status   Documenting Statement(s), If applicable   | Home                                   |                  |   |
| Status   Documenting Statement(s), If applicable   |  |                  |   |
| Status   Documenting Statement(s), If applicable   | Rule                                   | Status           | Documenting Statement(s), If applicable |
| Rule Status Documenting Statement(s), If applicable 5180:2-13-07 Staff Records Compliant  Rule Status Documenting Statement(s), If applicable 5180:2-13-07 Provider Responsibilities Compliant   | 5180:2-13-04 Heaters in a Type B       | Compliant        |   |
| Rule Status Documenting Statement(s), If applicable 5180:2-13-07 Staff Records Compliant  Rule Status Documenting Statement(s), If applicable 5180:2-13-07 Provider Responsibilities Compliant   | 1,000                                  | 1                |   |
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| Rule Status Documenting Statement(s), If applicable 5180:2-13-07 Provider Responsibilities Compliant   |  |                  | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities Compliant   | 5180:2-13-07 Staff Records             | Compliant        |   |
| 5180:2-13-07 Provider Responsibilities Compliant   |  |                  |   |
| 5180:2-13-07 Provider Responsibilities Compliant   |  |                  |   |
| 5180:2-13-07 Provider Responsibilities Compliant   |  |                  |   |
| 5180:2-13-07 Provider Responsibilities Compliant   | Rule                                   | Status           | Documenting Statement(s). If applicable |
|  | *0.00044.c0                            |                  |   |
| Rule Status Documenting Statement(s). If applicable  | 3100.2-13-07 Frovider Responsibilities | Compliant        |   |
| Rule Status Documenting Statement(s). If applicable  |  |                  |   |
| Rule Status Documenting Statement(s). If applicable  | <u> </u>                               |                  |   |
| Rule   Status   Documenting Statement(s). If applicable  |  |                  |   |
|  | Rule                                   | Status           | Documenting Statement(s), If applicable |



| 5400 0 40 W W 5 H 5                   | I o II    | 1                                       |
|---------------------------------------|-----------|---|
| 5180:2-13 Written Policies and        | Compliant |   |
| Procedures                            |           |   |
| ļ                                     |           |   |
| no. Les                               | Ct. 1     | D                                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
| D. I-                                 | Chahara   | D                                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements    | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff         | Compliant | Documenting Statement(s), it applicable |
| Requirements                          | Compliant |   |
| Nequilements                          |           |   |
|                                       | ļ.        |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower           | Compliant | 2 - Common Description (9), in approach |
| 3100.2 13 00 Whistic Blower           | Compilant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks        | Compliant | (1)                                     |
| S10012 10 05 Buckground officers      | Compilant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training          | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional             | Compliant |   |
| Development                           |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space             | Compliant |   |
|                                       |           |   |
|                                       | ļ.        |   |
|                                       | -         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Space            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       | design to |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment        | Compliant |   |
|                                       |           |   |



| Rule  | Status   | Documenting Statement(s), If applicable  |
|---|--|--|
| 5180:2-13-11 Fall Zone  | Compliant  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| D. I  | C  | D :: 6: 1 1/ 15 1: 11  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-12 Safe Equipment   | Compliant  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-12 Safe Environment   | Compliant  |  |
| STOCK TO TE OUT ENVIRONMENT   | Compilation  |  |
|   |  |  |
|   |  |  |
| D. I.   | Chatan   | D  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-12 Carbon Monoxide  | Compliant  |  |
| Detectors - Type B Only   |  |  |
| 2337 0904   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-12 Pets   | Compliant  |  |
| 5100.2 15 12 1 013  | Compilant  |  |
|   |  |  |
|   |  |  |
| D. I.   |  | D 11 60 11 11 11 11 11   |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-13 Clean environment and  | Compliant  |  |
| equipment   |  |  |
|   |  |  |
|   |  |  |
|   | <u>I</u>   |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-13-13 Smoke Free   | Status<br>Compliant                                  | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), If applicable  |
|   |  | Documenting Statement(s), If applicable  |
| 5180:2-13-13 Smoke Free   | Compliant  |  |
| 5180:2-13-13 Smoke Free Rule  | Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free   | Compliant  |  |
| 5180:2-13-13 Smoke Free Rule  | Compliant  |  |
| 5180:2-13-13 Smoke Free  Rule 5180:2-13-15 Child Medical and  | Compliant  |  |
| 5180:2-13-13 Smoke Free  Rule  5180:2-13-15 Child Medical and   | Compliant  |  |
| Rule 5180:2-13-13 Smoke Free  Rule 5180:2-13-15 Child Medical and Enrollment Records                                | Status Compliant                                     | Documenting Statement(s), If applicable  |
| S180:2-13-13 Smoke Free  Rule  5180:2-13-15 Child Medical and Enrollment Records  Rule                              | Status Compliant Status Status                       |  |
| Rule 5180:2-13-13 Smoke Free  Rule 5180:2-13-15 Child Medical and Enrollment Records                                | Status Compliant                                     | Documenting Statement(s), If applicable  |
| S180:2-13-13 Smoke Free  Rule  5180:2-13-15 Child Medical and Enrollment Records  Rule                              | Status Compliant Status Status                       | Documenting Statement(s), If applicable  |
| S180:2-13-13 Smoke Free  Rule  5180:2-13-15 Child Medical and Enrollment Records  Rule                              | Status Compliant Status Status                       | Documenting Statement(s), If applicable  |
| Rule 5180:2-13-13 Smoke Free  Rule 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Handwashing | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| S180:2-13-13 Smoke Free  Rule  5180:2-13-15 Child Medical and Enrollment Records  Rule                              | Status Compliant Status Status                       | Documenting Statement(s), If applicable  |
| Rule 5180:2-13-13 Smoke Free  Rule 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Handwashing | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5180:2-13-13 Smoke Free  Rule 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Handwashing | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5180:2-13-13 Smoke Free  Rule 5180:2-13-15 Child Medical and Enrollment Records  Rule 5180:2-13-13 Handwashing | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| <u>~</u>                             |           |  |
|--------------------------------------|-----------|--|
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-14 Ratio and Supervision   | Compliant |  |
| for Field and Routine Trips          |           |  |
| Tor Field and Routine Trips          |           |  |
|                                      | J.        |  |
| D. I.                                |           | 2  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-14 Driver Requirements     | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Health Conditions       | Compliant |  |
|                                      | SSp       |  |
|                                      |           |  |
|                                      | l.        |  |
| Rule                                 | Status    | Documenting Statement/s) If annihilately |
|                                      | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Records Retention | Compliant |  |
| and Confidentiality                  |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Medical, Dental, and    | Compliant |  |
| General Emergency Plan               |           |  |
| Control Lines Berief   Lan           |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|                                      |           | Bocamenting statement(s), it applicable  |
| 5180:2-13-16 Emergency Drills        | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | -         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-16 First Aid Kit/Standard  | Compliant |  |
| Precautions                          |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Communicable Diseases   | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Decumenting Statement/s) If applicable   |
|                                      |           | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Incident/Injury         | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-17 Programming             | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| naic                                 | Status    | Desamenting statement(s), ir applicable  |



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|---------------------------------------|-----------------------------|--|
| 5180:2-13-17 Materials and            | Compliant                   |  |
| Equipment                             |                             |  |
| 1,007 - 87                            |                             |  |
|                                       |                             |  |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
| 5180:2-13-18 Group Size and Ratios    | Compliant                   |  |
|                                       |                             |  |
|                                       |                             |  |
|                                       |                             |  |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
| 5180:2-13-18 Attendance               | Compliant                   |  |
| 313012 13 13 / Recinadine             | Compilant                   |  |
|                                       |                             |  |
|                                       |                             |  |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
|                                       |                             | Documenting Statement(s), if applicable  |
| 5180:2-13-19 Supervision              | Compliant                   |  |
|                                       |                             |  |
|                                       |                             |  |
|                                       |                             |  |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
| 5180:2-13-19 School Age Supervision   | Compliant                   |  |
|                                       |                             |  |
|                                       |                             |  |
|                                       |                             |  |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
| 5180:2-13-21 Evening and Overnight    | Compliant                   |  |
| Care                                  | 100                         |  |
|                                       |                             |  |
|                                       |                             |  |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
| 5180:2-13-20 Sleep and Nap            | Compliant                   |  |
| Requirements                          | •                           |  |
|                                       |                             |  |
|                                       |                             |  |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
| 5180:2-13-19 Child Guidance           | Compliant                   | ,  |
| 3100.2 13 13 crima Galdarice          | Compilant                   |  |
|                                       |                             |  |
|                                       | 1                           |  |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
| 5180:2-13-20 Crib and Playpen         | Control May Control Control | bootimenting statement(s), if applicable |
|                                       | Compliant                   |  |
| Requirements                          |                             |  |
|                                       | L                           |  |
| D.I.                                  | Si .                        | B 6                                      |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
| 5180:2-13-21 Sanitary Environment     | Compliant                   |  |
| and Hygiene                           |                             |  |
|                                       |                             |  |
|                                       |                             |  |
|                                       |                             |  |
| Rule                                  | Status                      | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-13-22 Meals and Snacks | Status<br>Compliant         | Documenting Statement(s), If applicable  |



|  |           | I                                       |
|--|-----------|---|
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling                     | Compliant |   |
| 7100.2 13 22 1 000 Hallalling                  | Compilant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk                        | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Daily Care                 | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food reparation | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering                         | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools                     | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites                    | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for             | Compliant | Documenting Statement(S), it applicable |
| wimming  | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication                        | Compliant | , , , , , , , , , , , , , , , , , , ,   |
| equirements                                    | ,         |   |