# **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      |  |
| Top Notch Enrichment Center | 2170016396     | FCC - Type B Home |  |
| Address                     | •              | County            |  |
| 25650 Columbus Road         |                | CUYAHOGA          |  |
|                             |                |                   |  |
| BEDFORD HEIGHTS             |                |                   |  |
| OH 44146                    |                |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 12/14/2023             | 10:00 AM                       |                  | 11:44 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Pamelina Rose          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 8                              | 0                | 1                 | 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   |                  | 5          | 0         | 5     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 5          | 0         | 5     |
| Total Capacity/Enrollment                                 | 6                | 10         | 0         | 11    |

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



# **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: 09 Children's Files

Rule: 5101:2-13-15 Health Conditions

Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

Findings: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 4,9,11 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- $\ \, 7.\ Training\ instructions\ for\ procedures\ for\ staff\ to\ follow\ were\ missing\ or\ incomplete.$
- (Page 2)
- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.

- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

# (Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

### (Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/13/2024



# **Low Risk Non-Compliances**

**Domain: 00 License & Approvals** 

Rule: 5101:2-13-03 Inspection Requirements

Code: The program is required to respond to all non-compliances by the date noted in the inspection report.

Findings: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 4/28/2023. The rule requires the program complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/13/2024

#### **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 program 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) 4, 7 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: 01/13/2024

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

Rule: 5101:2-13-13 Clean environment and equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number(s) 4,5 below, were in the downstairs restroom:

- 1. There was no liquid soap.
- 2. There was no toilet tissue.
- 3. There were no individually assigned towels or disposable towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet was not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/13/2024

# **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-17 Programming

Code: The program is required to provide outdoor play as required by rule.

Findings: During the inspection, it was determined that daily outdoor play was not provided as required by rule. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

# **Domain: 06 Program Information**

Rule: 5101:2-13-14 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 number(s) 1,3,4 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: 01/13/2024

## **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 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 to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/13/2024

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 7 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: 01/13/2024

Domain: 09 Children's Files

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

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

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

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 3,4 below:

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

Rule

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

Corrective Action Plan Due: 01/13/2024

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

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

Documenting Statement(s), If applicable

Status

| Parent  |                     |   |
|---|---------------------|---|
| Rule 5101:2-13-07 Type B Provider - Foster      | Status<br>Compliant | Documenting Statement(s), If applicable |
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| Juspension                                      |                     |   |
| 5101:2-13-05 Denial, Revocation, and Suspension | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
|   |                     |   |
| Home  |                     |   |
| 5101:2-13-04 Heaters in a Type B                | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| Home  |                     |   |
| Combustible Materials in a Type B Home          |                     |   |
| 5101:2-13-04 Flammable and                      | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
|   | <u> </u>            |   |
| Homes   |                     |   |
| 5101:2-13-04 Fire Safety for Type B             | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
|   | <u> </u>            |   |
| for Type B Homes                                |                     |   |
| 5101:2-13-04 Building Requirements              | Compliant           | bounding statement(s), it applicable    |
| Rule  | Status              | Documenting Statement(s), If applicable |
|   |                     |   |
|   |                     |   |
| Rule 5101:2-13-02 Provider Medical              | Status<br>Compliant | Documenting Statement(s), If applicable |
| Pulo  | Chatus              | Documenting Statements of applicable    |
|   |                     |   |
| 3101.2-15-02 IIII0/Mation III OCLQS             | Compliant           |   |
| Rule 5101:2-13-02 Information in OCLQS          | Status              | Documenting Statement(s), If applicable |
|   |                     |   |
|   |                     |   |
| 5101:2-13-02 Change of Location                 | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
|   | l                   |   |
| Closure   |                     |   |
| 5101:2-13-02 Voluntary Temporary                | Compliant           |   |

| 5101:2-13-08 Employee Requirements            | Compliant           |  |
|---|---------------------|--|
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff<br>Requirements | Compliant           |  |
| Rule  | Status              | Decumenting Statement(s) If applicable   |
| 5101:2-13-08 Whistle Blower                   | Compliant           | Documenting Statement(s), If applicable  |
| Dida  | Chahan              | Described Statement (a) If and leads   |
| S101:2-13-09 Background Checks                | Status Compliant    | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training                  | Compliant           | bocamenting statement(s), it applicable  |
|   | -                   |  |
| Rule 5101:2-13-10 Professional Development    | Status Compliant    | Documenting Statement(s), If applicable  |
| Dula  | Chahara             | Description Chatagogat/a) If applicable  |
| Sule 5101:2-13-11 Outdoor Space               | Status Compliant    | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule<br>5101:2-13-11 Outdoor Equipment        | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| S101:2-13-11 Fall Zone                        | Status Compliant    | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule 5101:2-13-12 Safe Equipment              | Status<br>Compliant | Documenting Statement(s), If applicable  |
| D. J.   | Chalina             | Down the Change of Automatical Change of Aut |
| Rule 5101:2-13-12 Safe Environment            | Status<br>Compliant | Documenting Statement(s), If applicable  |

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|--------------------------------------|-------------|---|
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|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing             | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free              | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing           | Compliant   |   |
|                                      | '           |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant   | -                                       |
| for Field and Routine Trips          | '           |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements     | Compliant   | <u> </u>                                |
| 1                                    |             |   |
|                                      |             |   |
|                                      | 1           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Compliant   | , , , , , , , , , , , , , , , , , , ,   |
|                                      |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant   |   |
| 3101.2 13 14 Venicle Requirements    | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant   |   |
| and Confidentiality                  | Compilation |   |
|                                      |             |   |
|                                      | 1           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant   | bocamenting statement(s), it applicable |
|                                      | Compliant   |   |
| General Emergency Plan               |             |   |
|                                      | 1           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
|                                      |             | Documenting statement(s), it applicable |
| 5101:2-13-16 Emergency Drills        | Compliant   |   |
|                                      |             |   |

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|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant |   |
| Precautions                         | Compilant |   |
| Frecautions                         |           |   |
|                                     |           |   |
| - •                                 | 1 -       |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant | 5 (" 11                                 |
| 3101.2 13 10 merdent/mjary          | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| Dula                                | Chatura   | Decrementing Chataman (1) 15            |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant | 3 \" 11                                 |
| 3101.2 13 13 Supervision            | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| D. I.                               | Chahara   | D                                       |
| 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 |   |
|                                     | '         |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting statement(3), 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                        | ,         |   |
| - 4                                 |           |   |
|                                     | ı         | ,                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Documenting Statement(s), it 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                            |                     |   |
|  |                     |   |
|  | T                   |   |
| 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           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Compliant           | Documenting Statement(s), if applicable |
| 3101.2-13-23 Illiant Daily Care        | Compliant           |   |
|  |                     |   |
|  |                     |   |
| 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           |   |
|  |                     |   |
|  | <u> </u>            |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant           |   |
| Swimming                               | '                   |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant           |   |
| Requirements                           |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s) If applicable  |
| 5101:2-13-07 Provider Responsibilities | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-07 Flovider Responsibilities | Compnant            |   |
|  |                     |   |
| 1                                      | l .                 |   |
|  |                     |   |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-18 Group Size and Ratios | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | 1         | 1                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and     | Compliant |   |
| Procedures                         |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide       | Compliant | bocumenting statement(s), if applicable |
| Detectors - Type B Only            | Compliant |   |
| Detectors Type B Offing            |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space          | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools         | Compliant |   |
|                                    |           |   |
|                                    | <u> </u>  |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                  | Compliant | Bocumenting statement(s), it applicable |
| 3101.2 13 12 1 003                 | 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 |   |
| Equipment                          |           |   |
|                                    | 1         |   |
|                                    |           |   |