

# **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 Deta      | ils             | Δ.                |
|--|-------------------|-----------------|-------------------|
| Program Name   | Program Number    |                 | Program Type      |
| STEPHANIE WICKER   | 2200022315        |                 | FCC - Type A Home |
| Address  |                   |                 | County            |
| 2147 COAL DOCK RD  |                   |                 | PIKE              |
|  |                   |                 |                   |
| WAVERLY  |                   |                 |                   |
| OH 45690   |                   |                 |                   |
| Building and Fire Approvals apply to Type A Family Child | d Care Homes only |                 |                   |
| Building Approval Date                                   | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |
| 1997 40 40   | 5995              | 91 19           |                   |
| Fire Inspection Approval Date                            |                   |                 |                   |
| 06/23/2025   |                   |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | Inspection Scope |                   |              |
| Compliance             | Full                           | 2594             | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 09/25/2025             | 9:00 AM                        | 1-0              |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Stacy Kinnison         |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 66                     | 4                              | 0                | 0                 | 4            |

| 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                                       | 6                | 0          | 0         | 0     |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 9          | 0         | 9     |
| School Age  |                  | 1          | 0         | 1     |
| Total Capacity/Enrollment                                 | 12               | 12         | 0         | 12    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Mixed group                                  | 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 5180:2-12-03 and 5180:2-13-03 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  |
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| No Serious Risk Non-Compliances were observed during this inspection  |
| No Serious Risk Nort-Compilances were observed during this inspection |
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| Moderate Risk Non-Compliances   |
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| No Moderate Risk Non-Compliances were observed during this inspection |
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### **Low Risk Non-Compliances**

Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-13-11 Outdoor Equipment

Code: The program is required to provide equipment that does not pose a safety risk and must follow the manufacturer's guidelines for assembling, installing and using the equipment.



Findings: During the inspection, it was determined that outdoor play equipment was unsafe as noted in the number(s) 6, 9 below:

- 1. There was rust exposed.
- 2. There was protruding bolts.
- 3. There were cracks.
- 4. There were holes.
- 5. There was splintering wood.
- 6. There were sharp edges or points. Plastic on the swing chains are coming off and sharp.
- 7. There were lead hazards.
- 8. There were toxic substances.
- 9. There were tripping hazards. A pipe by the metal swing set sticking out of the ground.
- 10. The sandbox was not covered when the program was closed or during non-daylight hours.
- 11. Outdoor equipment, [ ], was not developmentally appropriate.
- 12. Outdoor equipment, [ ], was placed in the main traffic pattern.
- 13. Outdoor play equipment, [ ], was positioned too closely together, posing a risk of injury if a child were to fall from one piece of equipment into another.
- 14. Outdoor equipment, [ ], was not securely anchored but did not present a risk of imminent danger of the structure collapsing when children are using the equipment
- 15. Outdoor equipment, [ ], was 30 inches or more from the ground and did not have a protective barrier that would prevent a child from falling off this piece of equipment.
- 16. The manufacturer's guidelines for assembly and installation were not followed for the [ ].
- 17. Other [ ].

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

Corrective Action Plan Due: 10/26/2025

### Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-13-11 Outdoor Space

Code: The program staff is required to protect the children from hazardous conditions in the outdoor play area.

Findings: During the inspection, it was determined that the following hazardous conditions existed in the outdoor play area, as noted in number(s) 9 below:

- 1. There was broken glass.
- 2. There were tall weeds.
- 3. There was poison ivy.
- 4. There were tree branches.
- 5. There was mold visible.
- 6. The sandbox was contaminated.
- 7. There were thistles with prickers.
- 8. There were bird droppings.
- 9. The outdoor area was littered with trash.
- 10. The trash can was missing a lid.



- 11. The trash was not emptied from the day(s) before.
- 12. The trash can was overflowing with trash.
- 13. The trash can was infested with insects.
- 14. The trash can was visibly dirty.
- 15. Other [].

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

Corrective Action Plan Due: 10/26/2025

**Domain: 08 Staff Files** 

Rule: 5180:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in number(s) 1, 4 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups the program serves and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of the CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 10/26/2025



Domain: 09 Children's Files

Rule: 5180:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 5, 8, 11 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 Section B box needs checked by the provider.

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

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Corrective Action Plan Due: 10/26/2025

### Rules In-Compliance/Not Verified

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



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| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-13-02 License Visible   | Compliant  | bocumenting statement(s), it applicable   |
| 5180:2-15-02 Licerise visible  | Compliant  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-13-02 Change of Location  | Compliant  |   |
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| D. J.  | C+ ¬+···-  | Description Statement(s) If applicable  |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-13-02 Information in OCLQS  | Compliant  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-13-02 Provider Medical  | Compliant  |   |
| J100.2 13 02 1 10 vide: ivicaled   | Compilant  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-13-02 Type A Ownership  | Compliant  |   |
| 1000 Application of the Control of t | ■ Since Tributation    |   |
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| Prolo  | Chatus   | Decumenting Statement(c) If applicable  |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5180:2-13-03 Inspection  | Status<br>Compliant  | Documenting Statement(s), If applicable   |
| MATERIAL PROPERTY.   | The second contract of | Documenting Statement(s), If applicable   |
| 5180:2-13-03 Inspection  | The second contract of | Documenting Statement(s), If applicable   |
| 5180:2-13-03 Inspection  | The second contract of | Documenting Statement(s), If applicable   |
| 5180:2-13-03 Inspection  | The second contract of |   |
| 5180:2-13-03 Inspection Requirements   | Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| 5180:2-13-03 Inspection Requirements  Rule 5180:2-13-04 Building Inspections for   | Compliant  |   |
| 5180:2-13-03 Inspection Requirements   | Compliant  |   |
| 5180:2-13-03 Inspection Requirements  Rule 5180:2-13-04 Building Inspections for   | Compliant  |   |
| S180:2-13-03 Inspection Requirements  Rule 5180:2-13-04 Building Inspections for Type A Homes  | Status Compliant   | Documenting Statement(s), If applicable   |
| S180:2-13-03 Inspection Requirements  Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule  | Status Compliant Status Status   |   |
| S180:2-13-03 Inspection Requirements  Rule 5180:2-13-04 Building Inspections for Type A Homes  | Status Compliant   | Documenting Statement(s), If applicable   |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type   | Status Compliant Status Status   | Documenting Statement(s), If applicable   |
| S180:2-13-03 Inspection Requirements  Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule  | Status Compliant Status Status   | Documenting Statement(s), If applicable   |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type   | Status Compliant Status Status   | Documenting Statement(s), If applicable   |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes   | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable   |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes   | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  | Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  | Status Compliant  Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-07 Provider Responsibilities   | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  | Status Compliant  Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-07 Provider Responsibilities   | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5180:2-13-04 Building Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-04 Fire Inspections for Type A Homes  Rule 5180:2-13-07 Provider Responsibilities   | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



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|--|-----------------------|---|
| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13-05 Denial, Revocation, and   | Compliant             |   |
| Suspension   |                       |   |
|  |                       |   |
|  |                       |   |
| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13 Written Policies and   | Compliant             |   |
| Procedures   |                       |   |
|  |                       |   |
|  |                       |   |
| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13-08 Employee Requirements   | Compliant             | 0 (7 11                                     |
|  | Sampliant             |   |
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| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13-08 Child Care Staff  | Compliant             | booking statement(s), it applicable         |
| PETER STATE OF THE | Compilant             |   |
| Requirements   |                       |   |
|  | I .                   |   |
| P. Ja  | Chahira               | Description Statement (-) If a will all the |
| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13-08 Whistle Blower  | Compliant             |   |
|  |                       |   |
|  |                       |   |
|  |                       |   |
| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13-09 Background Checks   | Compliant             |   |
|  |                       |   |
|  |                       |   |
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| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13-10 Professional  | Compliant             |   |
| Development  |                       |   |
| ,  |                       |   |
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| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13-11 Fall Zone   | Compliant             |   |
|  | esectable processors. |   |
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| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13-12 Safe Equipment  | Compliant             | boodinenting statement(s), it applicable    |
| 3160.2-13-12 Sale Equipment  | Compilant             |   |
|  |                       |   |
|  | I.                    |   |
| D. J.  | Chahara               | D   |
| Rule   | Status                | Documenting Statement(s), If applicable     |
| 5180:2-13-12 Safe Environment  | Compliant             |   |
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| Rule   | Status                | Documenting Statement(s), If applicable     |
| T40004040  |                       |   |
| 5180:2-13-12 Pets  | Compliant             |   |



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| Rule                                | Status     | Documenting Statement(s), If applicable   |
| 5180:2-13-13 Handwashing            | Compliant  |   |
|                                     |            |   |
|                                     |            |   |
| 8                                   |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable   |
| 5180:2-13-13 Clean environment and  | Compliant  |   |
| equipment                           |            |   |
|                                     |            |   |
|                                     | - DOMESTIC |   |
| Rule                                | Status     | Documenting Statement(s), If applicable   |
| 5180:2-13-13 Toothbrushing          | Compliant  |   |
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| Dula                                | Chatria    | Decimenting Statement (-) If you live [1] |
| Rule                                | Status     | Documenting Statement(s), If applicable   |
| 5180:2-13-14 Driver Requirements    | Compliant  |   |
|                                     |            |   |
|                                     | 1          |   |
| Rule                                | Status     | Decumenting Statement(s) If applicable    |
|                                     |            | Documenting Statement(s), If applicable   |
| 5180:2-13-14 Requirements for Field | Compliant  |   |
| and Routine Trips                   |            |   |
|                                     | 1          |   |
| Rule                                | Status     | Documenting Statement(s), If applicable   |
| 5180:2-13-14 Ratio and Supervision  | Compliant  | becamening statement(s), it approases     |
| for Field and Routine Trips         | Compilant  |   |
| Tor ricid drid Roddine Trips        |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable   |
| 5180:2-13-13 Smoke Free             | Compliant  |   |
|                                     |            |   |
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|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable   |
| 5180:2-13-14 Vehicle Inspections    | Compliant  |   |
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|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable   |
| 5180:2-13-14 Vehicle Requirements   | Compliant  |   |
|                                     |            |   |
|                                     |            |   |
|                                     |            |   |
| Rule                                | Status     | Documenting Statement(s), If applicable   |
| 5180:2-13-15 Health Conditions      | Compliant  |   |
|                                     |            |   |
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| Dula   | Chatter  | D                                       |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention   | Compliant  |   |
| and Confidentiality  |  |   |
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|  | To the state of th |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and  | Compliant  |   |
| General Emergency Plan   |  |   |
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| -  | *  | ·                                       |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills  | Compliant  | Becamenting Statement(5), it approaches |
| 5180.2-13-10 Efficigency Drills  | Compliant  |   |
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| <u></u>  | <u>l</u>   |   |
|  | Mayor Inc.   |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard  | Compliant  |   |
| Precautions  | 35   |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases   |  | Bocamenting statement(s), it applicable |
| 5160:2-15-16 Communicable Diseases   | Compliant  |   |
|  |  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury   | Compliant  |   |
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|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
|  |  | Bocumenting Statement(3), if applicable |
| 5180:2-13-16 Emergency   | Compliant  |   |
| Preparedness and Response Plan   |  |   |
|  |  |   |
|  | 200  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming   | Compliant  |   |
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| Rule   | Status   | Documenting Statement(s) If applicable  |
| The state of the s | T was an   | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and   | Compliant  |   |
| Equipment  |  |   |
|  |  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios   | Compliant  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |



| 5180:2-13-18 Attendance                            | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5180:2-13-19 Supervision                           | Compliant           |   |
| Dula   | Chabita             | Described the Chatana and (a) If a multiple |
| Rule 5180:2-13-19 School Age Supervision           | Status   Compliant  | Documenting Statement(s), If applicable     |
|  | 1                   |   |
| Rule 5180:2-13-19 Child Guidance                   | Status   Compliant  | Documenting Statement(s), If applicable     |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5180:2-13-20 Sleep and Nap<br>Requirements         | Compliant           |   |
| Doda   | Chahua              |   |
| Rule 5180:2-13-20 Crib and Playpen Requirements    | Status   Compliant  | Documenting Statement(s), If applicable     |
| Rule   | Status              | Documenting Statement(s), If applicable     |
| 5180:2-13-21 Evening and Overnight Care            | Compliant           | bocumenting statement(s), if applicable     |
|  |                     |   |
| Rule 5180:2-13-21 Sanitary Environment and Hygiene | Status Compliant    | Documenting Statement(s), If applicable     |
|  |                     |   |
| Rule 5180:2-13-22 Meals and Snacks                 | Status Compliant    | Documenting Statement(s), If applicable     |
|  |                     |   |
| Rule 5180:2-13-23 Infant Daily Care                | Status<br>Compliant | Documenting Statement(s), If applicable     |
|  |                     |   |
| Rule<br>5180:2-13-22 Fluid Milk                    | Status<br>Compliant | Documenting Statement(s), If applicable     |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-22 Food Handling                        | Compliant | (-),p                                   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food<br>reparation | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering                            | Compliant |   |
|   |           |   |
| D.J.  | Chicken   |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication                           | Compliant |   |
| Requirements                                      |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space                         | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools                        | Compliant | Documenting Statement(s), if applicable |
| 5100.2-13-24 OII-SILE 1 00IS                      | 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 |   |
| Swimming  |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and                  | Compliant | Documenting Statement(s), if applicable |
| Procedures  | Compilant |   |
| Tocedures   |           |   |