

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 http://jfs.ohio.gov/CDC/childcare.stm. 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 | |
| Miss T's monkeyhut | 2210024687 | | FCC - Type A Home | |
| Address | | | County | |
| 108 king ave | | | WASHINGTON | |
| | | | | |
| Marietta | | | | |
| OH 45750 | | | | |
| Building and Fire Approvals apply to Type A Family Chil | d Care Homes only | N. | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 10/21/2021 | 5000 | | | |
| Fire Inspection Approval Date | | · | - | |
| 10/29/2021 | | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | соре | Inspection Notice | |
| Compliance | nce Full Unannounced | | | |
| Inspection Date | Begin Time | | End Time | |
| 12/12/2024 | /2024 6:05 PM 7:55 PM | | | |
| Reviewer: | | | | |
| Kaleena Kelly | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 67 | 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) | | 4 | 0 | 4 |
| Young Toddler | | 1 | 0 | 1 |
| Total Under 2 Years | 6 | 5 | 0 | 5 |
| Older Toddler | | 2 | 0 | 2 |
| Preschool | | 5 | 0 | 5 |
| School Age | | 4 | 0 | 4 |
| Total Capacity/Enrollment | 12 | 11 | 0 | 16 |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|--|--|--|--|
| Group Age Group/Range Ratio Observed Comment | | | | |



| Miss T's Monkey Hut | Mixed Age Group | 1 to 1 | One child in |
|---------------------|-----------------|--------|-------------------|
| 94 | 10300 | | attendance during |
| | | | the |
| | | | evening/overnight |
| | | | hours. |



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

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

Findings: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number 4 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/15/2025



Low Risk Non-Compliances

Domain: 03 Postings & Equipment

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

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

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 1 below:

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

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

Corrective Action Plan Due: 01/15/2025

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in numbers 7 and 9 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze; squares in assorted sizes;
- 3. Sterile adhesive bandages in assorted sizes;



- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 01/15/2025

Domain: 05 Health & Safety

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

Code: The program is required to safely store food.

Findings: During this inspection, it was determined that food was not stored in a safe manner as noted in number 1 below:

- 1. The refrigerator did not maintain a temperature of 40 degrees Fahrenheit or below;
- 2. Milk was not refrigerated for approximately () minutes after being served;
- 3. Food was observed thawing on the counter;
- 4. Spoiled food was served to children.
- 5 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: 01/15/2025

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities



Code: The provider is required to reside at the licensed location, not have additional activities or employment during the program's operating hours, be on-site at the program for at least 75 percent of the program's operating hours, and have hours of availability posted in a noticeable place.

Findings: During the inspection, it was determined that the provider was not meeting the following requirements as noted in number 4 below:

- 1. The provider no longer resides at the licensed location.
- 2. The licensed provider has additional activities/employment during operating hours, in that [].
- 3. The provider was not on-site for 75 percent of the program's operating hours as required by this rule.
- 4. The provider did not have hours of availability to meet with parents a noticeable location.

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

Corrective Action Plan Due: 01/15/2025

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

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

Findings: In review of records, it was determined the provider did not have current valid documentation for trainings listed in numbers 10 and 14 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the 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 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 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 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: 01/15/2025

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 1 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: 01/15/2025

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 1 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other []

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

Corrective Action Plan Due: 01/15/2025

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 14 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 []

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

Corrective Action Plan Due: 01/15/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-02 Type A Ownership | Compliant | |
|---|---------------------|---|
| Rule 5101:2-13-03 Inspection Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Building Inspections for Type A Homes | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Building Inspections for Type A Homes | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-05 Denial, Revocation, and Suspension | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Employee Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-08 Whistle Blower | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-10 Professional Development | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-11 Outdoor Space | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-11 Outdoor Equipment | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-11 Fall Zone | Status Compliant | Documenting Statement(s), If applicable |



| Rule | Status | Desumenting Statement(s) If applicable |
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| | | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
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| D. J. | Chatus | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
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| Rule | Chabina | Designation (testament/s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | |
| equipment | | |
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| Rule | Status | Description (testerment/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
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| | Crack | Ct-tt/-) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5180:2-13-13 Toothbrushing | Status Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing | Compliant | |
| 5180:2-13-13 Toothbrushing | | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing | Compliant | |
| S180:2-13-13 Toothbrushing Rule 5101:2-13-14 Requirements for Field | Compliant | |
| 5180:2-13-13 Toothbrushing | Compliant | |
| S180:2-13-13 Toothbrushing Rule 5101:2-13-14 Requirements for Field | Compliant | |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips | Compliant Status Compliant | Documenting Statement(s), If applicable |
| S180:2-13-13 Toothbrushing Rule 5101:2-13-14 Requirements for Field | Compliant | |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips | Status Compliant Status Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision | Compliant Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips | Status Compliant Status Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision | Status Compliant Status Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision | Status Compliant Status Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips Rule 5101:2-13-14 Driver Requirements | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips Rule 5101:2-13-14 Driver Requirements | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips Rule 5101:2-13-14 Driver Requirements | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips Rule 5101:2-13-14 Driver Requirements | Status Compliant Status Compliant Status Compliant 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 |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | Desamenting statement(s); it approach |
| 3101.2-13-13 Health Collabora | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
| Transfer and education with a resident approximation device Application and PV | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
| 2101.2-13-10 Filler Relich Dillis | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
| 3101.2-13-10 including injury | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency | Compliant | |
| Preparedness and Response Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | general de la constant de la constan |
| 2101.5-13-13 301001 Age 3ubernision | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | The state of the s | Documenting Statement(s), if applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
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| Rule | Status | Desumenting Statement(s) If applicable |
| | 70 | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| | - Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| 2101.2 13 23 Diabeting | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | SARS A TORONOMIA BANKS TORONOMIA (* | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
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| Rule | Chahira | Decimandia - Chatana and a) If a militaria |
| 58/0-26-00 | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | Documenting Statement(s), if applicable |
| ACTIVITIES AND ACTIVI | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections | Compliant | Boodinenting Statement (5), it applicable |
| 5100.2 15 14 Vehicle hispections | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| | Annual Control of the | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
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| Dollar. | C | B |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and | Compliant | |
| Procedures | | |
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| Pulo | Status | Documenting Statementic) If annicable |
| Rule 5101-2-12-12-Dote | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| INGIC | Status | bocamenting statement(s), it applicable |



| 5101:2-13-24 Swimming Sites | Compliant | |
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| STOTIC TO ENGINEERING STOOL | - Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
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