

# **Center 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             |                   |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name                  | Program Number          |                 | Program Type      |
| Primrose School at Polaris    | 2220026237              |                 | Child Care Center |
|                               |                         |                 |                   |
| Address                       |                         |                 | County            |
| 561 Westar Blvd Westerville   |                         |                 | FRANKLIN          |
| OH 43082                      |                         |                 |                   |
|                               |                         |                 |                   |
|                               |                         |                 |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 06/28/2011                    | E                       | 180             |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 06/29/2022                    | Level III               |                 |                   |

|                            | Insp                           | ection Information |                   |              |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type            | Inspection S                   | cope               | Inspection Notice |              |
| Provisional                | Full                           |                    | Unannounced       |              |
| Inspection Date 04/24/2023 | Begin Time 9                   | 9:00 AM            | End Time 2:56 PM  |              |
| Reviewer:                  |                                |                    |                   |              |
| ANNE BLANKESTY             | N                              |                    |                   |              |
|                            | Summary of Findings            |                    |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                         | 14                             | 0                  | 5                 | 13           |

| License Capacity and Enrollment at the Time of Inspection |                  |                |           |       |
|---|------------------|----------------|-----------|-------|
| Age Group   | License Capacity | ity Enrollment |           |       |
|   | Totals           | Full Time      | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 25             | 0         | 25    |
| Young Toddler   |                  | 25             | 0         | 25    |
| Total Under 2 ½ Years                                     | 60               | 50             | 0         | 50    |
| Older Toddler   |                  | 16             | 0         | 16    |
| Preschool   |                  | 75             | 0         | 75    |
| School Age  |                  | 10             | 0         | 10    |
| Total Capacity/Enrollment                                 | 180              | 101            | 0         | 151   |

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

| Young Toddler     | 12 months to < 18 months | 1 to 6  |
|-------------------|--------------------------|---------|
| Young Toddler     | 0 to < 12 months         | 2 to 12 |
| INFANT            | 0 to < 12 months         | 2 to 11 |
| INFANT            | 0 to < 12 months         | 2 to 7  |
| TODDLER 1         | 18 months to < 30 months | 2 to 11 |
| TODDLER 1         | 18 months to < 30 months | 2 to 14 |
| EARLY PRESCHOOL 1 | 18 months to < 30 months | 2 to 12 |
| EARLY PRESCHOOL 1 | 18 months to < 30 months | 2 to 14 |
| EARLY PRESCHOOL 2 | 30 months to < 36 months | 2 to 12 |
| EARLY PRESCHOOL 2 | 30 months to < 36 months | 1 to 8  |
| PRESCHOOL 1       | 3 years to < 4 years     | 2 to 18 |
| PRESCHOOL 1       | 3 years to < 4 years     | 2 to 19 |
| PRESCHOOL 2       | 3 years to < 4 years     | 1 to 9  |
| PRESCHOOL 2       | 3 years to < 4 years     | 1 to 9  |
| PRE K 1           | 4 years to < 5 years     | 1 to 14 |
| PRE K 1           | 4 years to < 5 years     | 1 to 15 |
| PRE K 2           | 4 years to < 5 years     | 2 to 27 |
| PRE K 2           | 4 years to < 5 years     | 2 to 28 |

## **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: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

<u>Code</u>: The program is required to maintain the appropriate staff to child ratio for each group served.

<u>Finding</u>: During the inspection, a ratio of 1 child care staff member(s) for 15 children was determined to have occurred for the Pre K 1group when the situation in number(s) 6 below occurred:

- 1. A child care staff member stepped out of the room.
- 2. A child care staff member had not arrived at work on time.
- 3. Children were present who were not scheduled to be there.
- 4. A child care staff member was unable to work.
- 5. A child was injured in that group.
- 6. A child arrived in the group before a second staff member was scheduled to arrive with the group.
- 7. Two groups were combined, and the program did not follow the ratio for the youngest child in the group.
- 8. A child was transitioning to the next older age group, and the program did not follow the ratio for the youngest child in the group.
- 9. Ratio was doubled for more than two hours while children were napping.
- 10. Ratio was doubled while children were napping for a group that included at least one infant.
- 11. Ratio was doubled while children were napping and there were not enough staff members in the building to meet staff/child ratio.
- 12. Ratio was doubled in the school age group to allow access to the program, however, the program does not serve only school age children.
- 13. Both child care staff members did not have a working communication device when one staff member left the group to allow access to the school age only program.
- 14. The child care staff member did not return to the group after allowing access to the school age only program.
- 15. Other [ ].

Additional child care staff members must be hired or current child care staff members must be rescheduled to maintain compliance. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number(s) 3 below:

- 1. Owner
- 2. Administrator
- 3. Child care staff member, employee

Submit the program's corrective action plan, which includes a copy of the JFS 01176, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to store medication out of the reach of children.

<u>Finding</u>: During the inspection, it was determined that a medication, epinephrine, was within the reach of children in the Preschool 1 room. All medications must be stored out of the reach of children. Create procedures that assure medications will always be inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: 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. The program staff that are trained to perform the procedures listed on the JFS 01236 are to be the only staff permitted to perform the procedures.

<u>Finding</u>: During the inspection, it was determined a child with a condition that required a JFS 01236 "Child Medical/Physical Care Plan" had been present and the program did not meet the requirement(s) noted in number(s) 4 below:

- 1. 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.
- 2. 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.
- 3. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 4. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 5. Other: [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: 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. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number(s) 16 and 19 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. 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.
- 26. The plan was not implemented.



- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

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: 05/24/2023

## **Low Risk Non-Compliances**

## **Domain: 00 License & Approvals**

Rule: 5101:2-12-02 Current Information

<u>Code</u>: The rule requires the program to request an administrator amendment, and submit qualifications for a new administrator, within thirty days of the change.

<u>Finding</u>: During the inspection, it was determined that a change of administrator had been made and the owner or administrator had failed to provide notification of this change to the Department and/or submit qualifications for the new administrator within 30 days. A license is only valid for the licensee, administrator, address and license capacity designated on the license. Technical assistance was provided, and as discussed, submit the request to amend the license and any required documentation, if applicable, through the licensing system, OCLQS.

Corrective Action Plan Due: 05/24/2023

## Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to conduct and document quarterly inspections of their outdoor play space.

<u>Finding</u>: During the inspection, it was determined that quarterly inspections of one or more outdoor play area(s) and equipment had not been completed and documented as required, using the JFS 01281 "Child Care Playground Inspection Report" form for the 4th quarter of 2022 and the 1st quarter of 2023. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

#### Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: The program is required to provide food that does not pose as a choking hazard and is appropriate for the age of the children.

<u>Finding</u>: During the inspection, it was determined that the Toddler and Early Preschool groups were served large chucks of pineapple and half a chicken breast patty, which posed a choking hazard. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 05/24/2023

#### Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 1 below:

- 1. Monthly fire drills. (no drill recorded for February 2023)
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 05/24/2023

**Domain: 06 Program Information** 

Rule: 5101:2-12-14 Transportation and Field Trip Procedures

<u>Code</u>: The program is required to have staff trained in CPR, First Aid, and Communicable Diseases on all trips.

<u>Finding</u>: During the inspection, it was determined that a person trained in management of communicable disease, had not been present for number(s) 1 below as required by the rule:

- 1. In the vehicle for routine trips;
- 2. In the vehicle for field trips;
- 3. At the destination on all field trips.

Secure current training for the area needed or restructure the staff who are currently trained on the vehicle during routine trips and field trips. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

#### **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

Code: The program staff is required to label bottles containing formula or breast milk.

<u>Finding</u>: During the inspection, it was determined that bottles containing formula for a particular infant were not labeled with the date of preparation. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 05/24/2023

#### **Domain: 08 Staff Files**

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 4, 5, and 6 below:

1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.

- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

### **Domain: 08 Staff Files**

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to be onsite at the program for the required amount of time.

<u>Finding</u>: During the inspection, it was determined that the program did not have at least one administrator onsite for 50 percent of the program's operating hours or 40 hours a week, as required by this rule. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

#### **Domain: 08 Staff Files**

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

<u>Code</u>: The program staff is required to have education documentation translated and shown as equivalent to a high school education.

<u>Finding</u>: In review of the staff records, it was determined that the child care staff member listed on the Employee Record Chart had educational information on file that could not be verified as recognized by the state board of education or the appropriate agency of another state or country as equivalent to the completion of a high school education. The rule requires a child care staff member to provide evidence of the completion of a high school education. Submit the program's corrective action plan, which includes a copy of the educational information and/or equivalency report, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023



#### Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is responsible for the daily operation of the program and maintaining

compliance.

<u>Finding</u>: During the inspection, it was determined that the person designated as the administrator was not responsible for the daily operation of the program and for maintaining compliance. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

#### **Domain: 08 Staff Files**

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

Code: The program staff is required to have educational verification on file at the program or in the Ohio

Professional Registry.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file nor verified in the Ohio Professional Registry for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2023

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child

Care".

<u>Finding</u>: In review of 25% 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) 2, 10, and 13 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 [ ]

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 05/24/2023

## Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

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

<u>Finding</u>: In review of 25% 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) 2 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: 05/24/2023

# Rules In-Compliance/Not Verified

| Status<br>Compliant | Documenting Statement(s), If applicable  |
|---------------------|--|
| Compliant           |  |
| Compilant           |  |
|                     |  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           |  |
|                     |  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           |  |
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| Status              | Documenting Statement(s), If applicable  |
| Compliant           |  |
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| Compliant           |  |
|                     |  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           |  |
| 29                  |  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
|                     | Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant |

| Designation.                         |  |   |
|--------------------------------------|--|---|
| 5101:2-12-07 Written Program         | Compliant  |   |
| Policies and Procedures              | ,  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
|                                      | 0.00   | Documenting statement(s), if applicable |
| 5101:2-12-08 Medical Statement       | Compliant  |   |
|                                      |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training &  | Compliant  |   |
| Whistle Blower Protection            | 3000 € 1000000 <b>3</b> 000000 00000000000000000000000   |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 555-500-50                           |  | Documenting statement(s), if applicable |
| 5101:2-12-10 Professional            | Compliant  |   |
| Development Requirements             |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Compliant  |   |
| Requirements                         | The state of the s |   |
| requirements                         |  |   |
| D. I.                                | S  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children  | Compliant  |   |
| Under 2 1/2 Years                    |  |   |
|                                      | *  | **************************************  |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant  |   |
| 3101.2 12 11 Outdoor Flay Equipment  | Compilant  |   |
|                                      |  |   |
| Rule                                 | Status   | Decumenting Statement(s) If applicable  |
|                                      | Telephone Ed   | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant  |   |
|                                      |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment          | Compliant  |   |
|                                      |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment        | Compliant  |   |
|                                      |  |   |
|                                      |  | 1                                       |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
|                                      |  | Documenting statement(s), it applicable |
| 5101:2-12-13 Sanitary Equipment and  | Compliant  |   |
| Environment                          |  |   |
|                                      |  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing             | Compliant  |   |
| Requirements                         | All of the second  |   |
| - Nogan ements                       | L  | <u> </u>                                |
| D.I.                                 | C  |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable |

|                                       | I                   |   |
|---------------------------------------|---------------------|---|
| 5101:2-12-13 Smoke Free               | Compliant           |   |
| Environment                           |                     |   |
|                                       |                     | *                                       |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver  | Compliant           | (-),                                    |
| Requirements                          | Compilant           |   |
| Requirements                          |                     |   |
| 8                                     | T                   |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Compliant           |   |
| Requirements                          |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and     | Compliant           |   |
| General Emergency Plan                | Compilation         |   |
| General Emergency Flan                |                     |   |
|                                       | C: 1                | D 11 20 11 11 11                        |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard       | Compliant           |   |
| Precautions                           |                     |   |
|                                       | 7                   | *                                       |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of            | Compliant           |   |
| Communicable Disease                  | Compilation         |   |
| Communicable Disease                  |                     |   |
| - 1                                   |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury          | Compliant           |   |
| Reporting                             |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan    | Compliant           |   |
|                                       | 1                   |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule           | Compliant           | Bocamenting Statement(3), it applicable |
| 3101.2-12-17 Daily Schedule           | Compliant           |   |
|                                       | 1                   |   |
| P. J.                                 | Chatan              | Danish Chaham 1/115 P. 11               |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and            | Compliant           |   |
| Equipment                             |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play       | Compliant           |   |
|                                       |                     |   |
| -                                     | ļ.                  |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
|                                       |                     | bocumenting statement(s), if applicable |
| 5101:2-12-18 License Capacity         | Compliant           |   |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  |                     |   |
| 5101:2-12-18 Group Size               | Status<br>Compliant | Documenting Statement(s), If applicable |

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| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records               | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision                      | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance                   | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping                 | Compliant | Decamenting statement (s); it approaches |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs                            | Compliant | (-7)                                     |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements          | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food<br>Handling/Storage    | Compliant | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Daily Care                | Compliant | boothering statement(s), it applicable   |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Diapering and Toilet<br>Training | Compliant | 5 ("                                     |