

## **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 Det         | ails                    |                    |
|----------------------------------------------------|---------------------|-------------------------|--------------------|
| Program Name                                       | Program Number      |                         | Program Type       |
| KinderCare Education LLC                           | 2220026361          |                         | Child Care Center  |
| Address<br>3669 Appomatox Drive Amelia<br>OH 45102 | I                   |                         | County<br>CLERMONT |
| Building Approval Date                             | Use Group/Code      | Occupancy Limit         | Maximum Under 2 ½  |
| 12/12/2013                                         | Ε                   | 271                     |                    |
| Fire Inspection Approval Date                      | Food Service Risk L | Food Service Risk Level |                    |
| 02/17/2022                                         | Level III           | Level III               |                    |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Incident / Injury / Ill    | ness Partial                   |                  | Unannounced       |              |
| Inspection Date 10/14/2022 | Begin Time 1                   | .1:00 AM         | End Time 11:10 AM |              |
| Reviewer:                  |                                |                  |                   |              |
| KIM SUERMANN               |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 1                          | 1                              | 1                | 0                 | 0            |

| 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 ½ Years                                     | 173              | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 173              | 0          | 0         | 0     |

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

## **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**

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program staff are not permitted to leave children unattended.

<u>Finding</u>: During the inspection, it was determined that children were not supervised while outside the program as noted in number(s) 1 below:

- 1. Child(ren) left unattended outside the facility building. Preschool child ran outside to the fenced playground unsupervised.
- 2. Child(ren) left unattended outside the facility building more than once.
- 3. Child(ren) left unattended off the program's premises.
- 4. Child(ren) left unattended during a swimming activity.
- 5. Child(ren) left unattended in a vehicle.
- 6. Child(ren) left unattended inside the building and no adults were present in the building.
- 7. Other [ ].

Children must be supervised and within sight and hearing of a child care staff member at all times. 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: 10/19/2022

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

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

| Rule                             | Status       | Documenting Statement(s), If applicable |
|----------------------------------|--------------|-----------------------------------------|
| 5101:2-12-02 License Posted      | Not Verified |                                         |
|                                  |              |                                         |
|                                  |              |                                         |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified |                                         |
|                                  |              |                                         |
|                                  |              |                                         |
| Rule                             | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection          | Not Verified |                                         |
| Requirements                     |              |                                         |
|                                  | •            |                                         |
| Rule                             | Status       | Documenting Statement(s), If applicable |

| Beginning!                           |               |                                         |
|--------------------------------------|---------------|-----------------------------------------|
| 5101:2-12-04 Building Department     | Not Verified  |                                         |
| Inspection                           |               |                                         |
| - map addition                       |               |                                         |
| Rule                                 | Status        | Documenting Statement(s) If applicable  |
|                                      |               | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection         | Not Verified  |                                         |
|                                      |               |                                         |
|                                      |               |                                         |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service            | Not Verified  |                                         |
| Requirements                         |               |                                         |
|                                      |               | ·                                       |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and  | Not Verified  | Dooding other ment(o), it approach      |
| Suspension                           | Not vermed    |                                         |
| Suspension                           |               |                                         |
|                                      |               |                                         |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator           | Not Verified  |                                         |
| Qualifications                       |               |                                         |
|                                      |               |                                         |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator           | Not Verified  | 5 (" 11                                 |
| Responsibilities/Requirements        | Not remied    |                                         |
| Responsibilities/Requirements        |               |                                         |
|                                      |               | 5/ )                                    |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program         | Not Verified  |                                         |
| Policies and Procedures              |               |                                         |
|                                      |               |                                         |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement       | Not Verified  |                                         |
|                                      |               |                                         |
|                                      |               |                                         |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified  | Bocamenting statement(s), it applicable |
|                                      | Not verified  |                                         |
| Educational Requirements             |               |                                         |
|                                      |               |                                         |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training &  | Not Verified  |                                         |
| Whistle Blower Protection            |               |                                         |
|                                      |               |                                         |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check        | Not Verified  |                                         |
| _                                    | 1402 Verified |                                         |
| Requirements                         |               |                                         |
|                                      |               |                                         |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training         | Not Verified  |                                         |
| Requirements                         |               |                                         |
|                                      |               |                                         |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
|                                      |               | g sate ment(v), it apprount             |

| 5101:2-12-10 Professional            | Not Verified |                                             |
|--------------------------------------|--------------|---------------------------------------------|
|                                      | Not verified |                                             |
| Development Requirements             |              |                                             |
|                                      |              |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space            | Not Verified |                                             |
| Requirements                         |              |                                             |
|                                      |              |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Separation of Children  | Not Verified |                                             |
| Under 2 1/2 Years                    |              |                                             |
|                                      |              |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Outdoor Space           | Not Verified | bocumenting statement(s), if applicable     |
| I I                                  | Not verified |                                             |
| Requirements                         |              |                                             |
|                                      | 1            |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Outdoor Play Equipment  | Not Verified |                                             |
|                                      |              |                                             |
|                                      |              |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified |                                             |
|                                      |              |                                             |
|                                      |              |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-12 Safe Equipment          | Not Verified |                                             |
|                                      |              |                                             |
|                                      |              |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-12 Safe Environment        | Not Verified |                                             |
|                                      |              |                                             |
|                                      |              |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-13 Sanitary Equipment and  | Not Verified | 3 (", ", ", ", ", ", ", ", ", ", ", ", ", " |
| Environment                          |              |                                             |
|                                      | 1            | 1                                           |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
|                                      | Not Verified | Documenting statement(s), if applicable     |
| 5101:2-12-13 Handwashing             | Not verified |                                             |
| Requirements                         |              |                                             |
|                                      |              |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-13 Smoke Free              | Not Verified |                                             |
| Environment                          |              |                                             |
|                                      |              |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-13 Toothbrushing           | Not Verified |                                             |
| Requirements                         |              |                                             |
| - 12                                 | I.           |                                             |
| Rule                                 | Status       | Documenting Statement(s), If applicable     |
| Nuic                                 | Status       | Documenting Statement(s), if applicable     |

| 5101:2-12-14 Transportation and Field<br>Trip Procedures | Not Verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dula                                                     | Chahira      | Decumenting Statements of applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-14 Transportation - Driver                     | Not Verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Requirements                                             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-14 Transportation - Vehicle                    | Not Verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Requirements                                             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ·                                                        | 1            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-15 Child Medical and                           | Not Verified | - comment of the control of the cont |
| Enrollment Records                                       | Troc vermed  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Z o in terre records                                     | 1            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-15 Medical/Physical Care                       | Not Verified | Documenting Statement(s), It applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                          | Not verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Plans                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          | 1 -          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-16 Medical, Dental, and                        | Not Verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| General Emergency Plan                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-16 Emergency Drills                            | Not Verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-16 First Aid/Standard                          | Not Verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Precautions                                              |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-16 Management of                               | Not Verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Communicable Disease                                     |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          | 1            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-16 Incident/Injury                             | Not Verified | 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Reporting                                                | 1.50 Vermed  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Inchorning                                               | 1            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pulo                                                     | Status       | Decumenting Statement(s) If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Rule                                                     |              | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-16 Written Disaster Plan                       | Not Verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-12-17 Daily Schedule                              | Not Verified |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2.1                                                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                     | Status       | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| 5101:2-12-17 Materials and           | Not Verified |                                              |
|--------------------------------------|--------------|----------------------------------------------|
| Equipment                            |              |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-17 Daily Outdoor Play      | Not Verified | bocumenting statement(s), it applicable      |
| 3101.2-12-17 Daily Outdool Flay      | Not verified |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-18 License Capacity        | Not Verified |                                              |
|                                      |              |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-18 Ratio                   | Not Verified |                                              |
|                                      |              |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-18 Group Size              | Not Verified |                                              |
| Pulo                                 | Chatus       | Decumenting Statement (s) If and the last    |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-18 Attendance Records      | Not Verified |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-19 Supervision             | Not Verified | bocamenting statement(5), it applicable      |
| 3101.2 12 13 3upci vision            | Not vermed   |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-19 Child Guidance          | Not Verified |                                              |
|                                      | <u> </u>     |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-20 Cots and Napping        | Not Verified |                                              |
|                                      |              |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-20 Cribs                   | Not Verified |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-21 Evening and Overnight   | Not Verified | Social Chilling State Methods, in applicable |
| Care                                 |              |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-22 Meal and Snack          | Not Verified | 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -      |
| Requirements                         |              |                                              |
| Rule                                 | Status       | Documenting Statement(s), If applicable      |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | 2 - Samering Statement (5), it applicable    |
|                                      |              |                                              |

| Rule                                | Status       | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|-----------------------------------------|
| 5101:2-12-22 Safe Food              | Not Verified |                                         |
| Handling/Storage                    |              |                                         |
|                                     |              |                                         |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care      | Not Verified |                                         |
|                                     |              |                                         |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified |                                         |
| Preparation                         |              |                                         |
|                                     |              |                                         |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet   | Not Verified |                                         |
| Training                            |              |                                         |
|                                     |              |                                         |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water     | Not Verified |                                         |
| Safety Requirements                 |              |                                         |
|                                     |              |                                         |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication             | Not Verified |                                         |
| Administration                      |              |                                         |