# **Family Child Care Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details    |                |                   |  |
|--------------------|----------------|-------------------|--|
| Program Name       | Program Number | Program Type      |  |
| Our Turn To Serve  | 2220026563     | FCC - Type B Home |  |
| Address            |                | County            |  |
| 11885 County Rd 12 |                | HANCOCK           |  |
|                    |                |                   |  |
| Rawson             |                |                   |  |
| OH 45881           |                |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 04/23/2024             | 1:20 PM                        |                  | 4:23 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Jill Gentile           |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 8                              | 0                | 1                 | 8            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 4          | 0         | 5     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Christine Warner Compliance                  | Mixed Age Group | 1 to 5         |         |
| Inspection                                   |                 |                |         |



# **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

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

**Domain: 00 License & Approvals** 

Rule: 5101:2-13-04 Building Requirements for Type B Homes

Code: The program is required to only provide child care for children in spaces that are approved by the county agency prior to use.

Findings: During the inspection, it was determined the program was using space for child care in a manner that was not inspected and approved by the the county agency as noted in number 1 below:

- 1. The provider's bedroom was not approved prior to use. (Provider stated at the time of inspection that she was not using her bedroom for child care. However, she stated that she changes children's diapers in her bedroom.)
- 2. The program did not notify the county agency in OCLQS prior to utilizing or structurally modifying any space not previously inspected.

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

Corrective Action Plan Due: 05/24/2024



#### **Low Risk Non-Compliances**

**Domain: 02 Safe & Sanitary Environment** 

Rule: 5101:2-13-13 Smoke Free

Code: The program is required to provide a smoke free environment during operating hours, ensure smoking is not seen by children, post a "No Smoking Sign" by the main entrance, provide notification to parents if smoking occurs on the premises outside of operating hours, and refrain from exposing children to smoking paraphernalia.

Findings: During the inspection, it was determined that the program was not maintaining a smoke free environment, as noted in the number 3 below:

- 1. The program did not provide a smoke free environment for children during the hours of child care in that [].
- 2. An individual left the home to smoke, however, this smoking occurred in an area within view of the children.
- 3. A "No Smoking" sign was not displayed in a conspicuous place at the main entrance.
- 4. Smoking had occurred in the program or vehicle during hours the program was not in operation; however, parents had not been given written notice of this.
- 5. Children had access and/or were exposed to smoking paraphernalia in that [cigarettes/cigars/pipe butts/ashes/chewing or smokeless tobacco/electronic cigarettes/vaporizers/bong] was/were observed in view of children.
- 6. Other [].

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

Corrective Action Plan Due: 05/24/2024

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to refrain from using and storing outdoor machinery around children.

Findings: During the inspection, a potentially hazardous item was stored in a space used for child care during the program's hours of operation, but no children were present, as noted in number 5 below:

- 1. A lawn mower.
- 2. A weed trimmer.
- 3. Hedge trimmers.
- 4. A snow blower.
- 5. Other potentially hazardous equipment: [Sitting on the back deck within reach of children was a metal tiller. As it was raining the day of the inspection, there was no outside play and thus, no children were present outside. During the time of inspection, the provider moved it out of the reach of children after the children left for the day.]

Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2024

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Pets

Code: The program is required to properly care for pets and prevent any threat to the safety or health of the

children by the pet.

Findings: During the inspection, it was determined pets at the program were not properly housed or cared for or posed a threat to the safety or health of the children as noted in number 6 below:

- 1. The animal's cage was dirty with feces.
- 2. The aquarium was unclean.
- 3. The litter box was dirty with feces.
- 4. A pet posed a threat to the safety of a child in that [].
- 5. A pet requiring a license did not have a current license.
- 6. Proper inoculation records were not on file at the program for a pet requiring inoculations. (Has 4 cats without a rabies vaccination.)
- 7. Children were exposed to the pet's urine and/or feces.
- 8. Other [ ].

A pet that poses a threat to the children shall not be at the program. All pets at the program must receive proper care and housing. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/24/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item numbers 1, 2, & 3 below:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- 3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 05/24/2024

#### **Domain: 06 Program Information**

Rule: 5101:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.

Findings: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number 9 below:

- 1. Written parental permission was not secured for field trips and/or routine trips off the premises.
- 2. The written permission was missing the child's name.
- 3. The written permission was missing the date(s) of the trip(s) (field trips only).
- 4. The written permission was missing the destination(s) of the trip(s).
- 5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).
- 6. The written permission was missing the signature of the parent.
- 7. The written permission was missing the date on which the permission was signed.
- 8. The written permission was missing a statement notifying parents how their child will be transported.
- 9. Permission forms for routine trips were not being updated annually.
- 10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.

11. Other: [ ].

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

Corrective Action Plan Due: 05/24/2024

# **Domain: 06 Program Information**

Rule: 5101:2-13-14 Vehicle Inspections

Code: The program is required to complete and document weekly vehicle inspections.

Findings: During the inspection, it was determined that the program had not performed weekly inspections of vehicles used for transporting children. The weekly inspection needs to include the following:

- 1. A visual inspection of the tires for wear and tire pressure;
- 2. A visual inspection of headlights, taillights, signals, mirrors, wiper blades, and dash gauges;
- 3. An inspection for properly functioning child and driver restraints;
- 4. An inspection for properly functioning doors and windows;
- 5. An inspection for, and cleaning of, debris from the inside of the vehicle;
- 6. Other [ ].

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

Corrective Action Plan Due: 05/24/2024



Domain: 09 Children's Files

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

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in numbers 4, 7, 10, 12, 13, & 15 below:

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

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

Corrective Action Plan Due: 05/24/2024

#### Domain: 09 Children's Files

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

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

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 2 below:

- 1. No medical was on file for at least one child
- 2. Medicals on file were not updated every 13 months. (Two children's medicals were expired.)
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination

- 5. The date of the exam was more than 13 months prior to the date the form was signed
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

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

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

11. Other [ ]

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

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Corrective Action Plan Due: 05/24/2024

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

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-02 License Visible      | Compliant |   |
|                                   |           | [1                                      |
|                                   |           |   |
|                                   |           | 41.4                                    |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary  | Compliant | [1                                      |
| Closure                           |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant |   |
|                                   |           |   |
|                                   |           |   |

| Rule                                  | Status    | Documenting Statement/s) If applicable  |
|---------------------------------------|-----------|---|
|                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection               | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B   | Compliant | bocamenting statement(s), it applicable |
|                                       | Compilant |   |
| Homes                                 |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and            | Compliant |   |
| Combustible Materials in a Type B     |           |   |
| Home                                  |           |   |
| 1                                     | <u>I</u>  |   |
| Rule                                  | Ctatus    | Decumenting Statement(s) If applicable  |
|                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant |   |
| Home                                  |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and  | Compliant |   |
| Suspension                            | 1         |   |
| <b>'</b>                              |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant | boothering statement(s), it applicable  |
| 3101.2-13-07 Stall Necolus            | Compilant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| <u> </u>                              | <u> </u>  | _1                                      |
| Pula                                  | Chahua    | Described Statement (-) If a well-all-  |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |

| Rule                               | Status    | Documenting Statement(s), If applicable  |
|------------------------------------|-----------|--|
| 5101:2-13-09 Background Checks     | Compliant | - Comment of the Comm |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training       | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    | -         |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional          | Compliant |  |
| Development                        |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space         | Compliant | bocamenting statement(3), it applicable  |
| 3101.2 13 11 Odtaoor Space         | Compilant |  |
|                                    |           |  |
|                                    | •         |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment     | Compliant |  |
|                                    | -         |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Fall Zone             | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| P. J.                              | Chahara   | Decree with a Chatana and a life and include   |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment        | Compliant |  |
|                                    |           |  |
| <u> </u>                           | ı         |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and | Compliant | = 13   |
| equipment                          |           |  |
| - 1.                               |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing           | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    | 1         |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing         | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s) If applicable   |
| nuie                               | Status    | Documenting Statement(s), If applicable  |

| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant           |  |
|--|---------------------|--|
| Dula   | Chahua              | Decree entire Ctate as entire) If emplicable |
| Sale 5101:2-13-14 Driver Requirements                          | Status   Compliant  | Documenting Statement(s), If applicable      |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-14 Vehicle Requirements                              | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-15 Health Conditions                                 | Compliant           | 2 Samerang Statement(s), it applicable       |
| Pulo   | Status              | Dogumenting States and A. If and I all a     |
| Rule 5101:2-13-15 Child Records Retention                      | Status<br>Compliant | Documenting Statement(s), If applicable      |
| and Confidentiality  | Compilant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Medical, Dental, and                              | Compliant           | Documenting Statement(s), if applicable      |
| General Emergency Plan   | Сотрант             |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-16 First Aid Kit/Standard Precautions                | Compliant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Communicable Diseases                             | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Incident/Injury                                   | Compliant           | bocumenting statement(s), if applicable      |
| 3101.2 15 16 including injury                                  | Сотрианс            |  |
| Rule   | Status              | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Emergency   | Compliant           | 2 commenting statement (s), it applicable    |
| Preparedness and Response Plan                                 |                     |  |
|  |                     |  |
| Rule 5101:2-13-18 Attendance                                   | Status              | Documenting Statement(s), If applicable      |
| 2101.2-12-10 Attelludite                                       | Compliant           |  |

| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|---------------------------------------|-----------|--|
| 5101:2-13-19 Supervision              | Compliant | Documenting Statement(s), it applicable  |
| 3101.2-13-13 Supervision              | Compliant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision   | Compliant | bootimenting statement(s), it applicable |
| 3101.2 13 13 36110017 (gc 3apervision | Compliant |  |
|                                       |           |  |
|                                       | -         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance           | Compliant | 0 (7 11                                  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap            | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen         | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Evening and Overnight    | Compliant |  |
| Care                                  |           |  |
|                                       |           |  |
| Dula                                  | Chahua    | Decumenting Statement(s) If a militable  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment     | Compliant |  |
| and Hygiene                           |           |  |
|                                       |           | 1  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks         | Compliant | boddinenting statement(s), it applicable |
| STOTIZ TO ZZ IVICAIS AND SHACKS       | Compilant |  |
|                                       |           |  |
| 1                                     | <u> </u>  | 1  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk               | Compliant |  |
|                                       | -3        |  |
|                                       |           |  |
|                                       | •         | ,  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Food Handling            | Compliant | , , , , , , , , , , , , , , , , , , ,    |
|                                       |           |  |

| Designating:                           |   |  |
|--|---|--|
|  |   |  |
|  |   |  |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Daily Care         | Compliant                               | 2 countering statement (o), in approach  |
| 3101.2-13-23 Illialit Dally Care       | Compilant                               |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Bottle and Food    | Compliant                               |  |
| Preparation                            |   |  |
| Freparation                            |   |  |
|  |   |  |
|  |   |  |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering                 | Compliant                               |  |
|  |   |  |
|  |   |  |
|  | <u> </u>                                |  |
| Dula                                   | Chatus                                  | Decumenting Statement (a) If a well-all  |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant                               |  |
| Swimming                               |   |  |
|  |   |  |
|  |   |  |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
|  |   | bocumenting statement(s), if applicable  |
| 5101:2-13-25 Medication                | Compliant                               |  |
| Requirements                           |   |  |
|  |   |  |
|  |   |  |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities | Compliant                               | - comment of the second of the |
| 3101.2-13-07 Provider Responsibilities | Compilant                               |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant                               |  |
| 3101.2 13 10 010up 312c una natios     | Compilant                               |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and         | Compliant                               |  |
| Procedures                             |   |  |
|  |   |  |
| L                                      | <u> </u>                                | <u>.</u>   |
| Dula                                   | Chahira                                 | Decumenting States and the limit   |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Carbon Monoxide           | Compliant                               |  |
| Detectors - Type B Only                |   |  |
| " "                                    |   |  |
|  |   |  |
| Rule                                   | Status                                  | Documenting Statement(s), If applicable  |
|  |   | bocumenting statement(s), if applicable  |
| 5101:2-13-08 Child Care Staff          | Compliant                               |  |
| Requirements                           |   |  |
|  |   |  |
| <u>L</u>                               | i e e e e e e e e e e e e e e e e e e e |  |

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-11 Indoor Space   | Compliant |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Decumenting Statement(s) If applicable  |
| 110.10                      |           | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming    | Compliant |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools  | Compliant |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |