

# 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      |  |
| Patty Cakes Home Daycare 2                              | 2220026604        |                 | FCC - Type A Home |  |
| Address   |                   |                 | County            |  |
| 12809 Corlett Ave                                       |                   |                 | CUYAHOGA          |  |
|   |                   |                 |                   |  |
| Cleveland   |                   |                 |                   |  |
| OH 44105  |                   |                 |                   |  |
| Building and Fire Approvals apply to Type A Family Chil | d Care Homes only |                 |                   |  |
| Building Approval Date                                  | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |  |
| 07/29/2022  |                   |                 |                   |  |
| Fire Inspection Approval Date                           |                   |                 |                   |  |
| 06/17/2022  |                   |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | соре             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 06/13/2023             | 9:03 AM                        |                  | 2:15 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Anju Abdullah          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 66                     | 11                             | 0                | 1                 | 17           |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 6                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 12         | 0         | 12    |
| Total Capacity/Enrollment                                 | 12               | 14         | 0         | 14    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Patricia Johnson                             | Mixed Age Group | 2 to 6         |         |



Department of Education Department of Job and Family Services



#### **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

## **Moderate Risk Non-Compliances**

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to protect children from any items and conditions which threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined the program did not protect children from an unsafe item or condition or equipment due to the following number(s) 17 below:

- 1. Pull cord(s) on the window blind(s).
- 2. Extension cord(s); electrical cord(s) attached to an object that could result in a severe injury if pulled.
- 3. Stacked tables.
- 4. Folding tables.
- 5. Matches and/or a lighter.
- 6. Power tool(s).
- 7. Live wires.
- 8. Stove(s) that are either on or able to be turned on by a child.
- 9. Asbestos.
- 10. Traffic.
- 11. A body of water.
- 12. A well.

13. Environmental hazard(s) confirmed by local authorities having jurisdiction over the hazard.

14. A crockpot used to heat bottles.



## 15. Immediate access to a knife.

16. Large or heavy pieces of shelving units are not securely anchored to the wall.

17. Other metal scraper/sharp object in junk drawer.

Any hazardous equipment must be removed, replaced, or repaired and any hazardous condition must be corrected and must be made inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that the item or condition has been removed and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/14/2023

## Low Risk Non-Compliances

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 125.6 degrees in the following room(s) bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/14/2023

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that surge protectors or outlets did not have childproof receptacle covers. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/14/2023



#### 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 inspections, a potentially hazardous substance, which was determined to not present a serious risk to a child, was accessible to children as noted in number(s) 1 below:

- 1. Cosmetics
- 2. Disinfecting wipes
- 3. Fish food
- 4. Hand lotion
- 5. Hand sanitizer (for children under 24 months).
- 6. Laundry detergent
- 7. Powder dish washing soap
- 8. Paint cans
- 9. White out
- 10. Potting soil
- 11. Other potentially hazardous substance [ ]

The potentially hazardous substance was determined to be accessible to children in the following area: bathroom

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

Corrective Action Plan Due: 07/14/2023

## Domain: 03 Postings & Equipment

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

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

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number(s) 1, 7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.

3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.

4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.

5. Location of children's records was not complete.

6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.

7. The current version of the prescribed form was not used.

8. The plan was not implemented when necessary in that [].



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

Corrective Action Plan Due: 07/14/2023

## Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not completed. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/14/2023

## Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined the following information was not posted for item number(s) 1, 3 below:

- 1. Fire alert plan, including a diagram indicating evacuation routes.
- 2. Weather alert plan was missing details for [].
- 3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 07/14/2023

## Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Outdoor Space

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



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

- 1. There was broken glass.
- 2. There were tall weeds.
- 3. There was poison ivy.
- 4. There were tree branches.
- 5. There was mold visible.
- 6. The sandbox was contaminated.
- 7. There were thistles with prickers.
- 8. There were bird droppings.
- 9. Other: sharp edges of grate for grill was laying exposed on bottom rack

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

Corrective Action Plan Due: 07/14/2023

#### Domain: 05 Health & Safety

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

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

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number(s) 8 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;

8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);

- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;

12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;

13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;



Department of Education Department of Job and Family Services

14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;

15. Soap or waterless sanitizer (field trip or transporting away from the program only);

16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 07/14/2023

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

Rule: 5101:2-13-14 Requirements for Field and Routine Trips Code: The program is required to obtain a completed written parental permission before conducting a field or routine trip..

Findings: In review of the program's records, it was determined that the form used to secure the written permission of the parent for a field trip or routine trip was missing the required information listed in number(s) 2, 3, 4, 7 below:

- 1. Child's name;
- 2. Date of the trip (field trips only);
- 3. Destination of the trip;
- 4. Departure and return time of the trip (field trips only);
- 5. Signature of the parent/guardian;
- 6. Date on which the permission was signed;
- 7. Statement notifying parents how their child will be transported;
- 8. Other [ ].

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

Corrective Action Plan Due: 07/14/2023

## Domain: 06 Program Information

Rule: 5101:2-13-24 Parent Permission for Swimming

Code: The program is required to have written parental permission before a swimming activity.

Findings: In the review of the program's records, it was determined that the swimming permission form did not include the required information as indicated in the number(s) 2, 3, 4 below:

1. The child's name and date of birth;

2. Statement indicating whether the child is a non-swimmer or capable of swimming;



3. Location of the water activities or swimming site by water of eighteen or more inches in depth;
4. A statement of whether or not the program is providing additional adults or child care staff members above the licensing ratio requirements for this activity;

5. A signature and date from the parent indicating permission for the activity.

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

Corrective Action Plan Due: 07/14/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-13-10 Health Training

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

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in number(s) 14 below:

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

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

Corrective Action Plan Due: 07/14/2023



#### Domain: 08 Staff Files

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program staff is required to complete the prescribed orientation within 30 days of starting employment.

Findings: In review of the staff records, it was determined that the child care staff member(s) or substitute child care staff member had not completed the online orientation training as noted in number (s) 2 below:

1. The training was not completed within thirty days of the starting employment.

2. There was no documentation of completing the training after December 31, 2016.

3. Completion of training is not documented with verification from the OPR for the Child Care Staff Member(s) and/or Substitute Child Care Staff Member(s) listed on the Employee Record Chart, as required.

Submit the program's corrective action plan, which includes copies of verification of training, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/14/2023

#### Domain: 09 Children's Files

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

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

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 2, 5, 6, 13, 14, 16 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: Start Date Missing



this rule.

| Corrective Action Plan Due: 07/14/2023   |  |  |
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| 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(s) 2 below  |  |  |
| :  |  |  |
| 1. No medical was on file for at least one child   |  |  |
| 2. Medical(s) on file was not updated every 13 months  |  |  |
| 3. Medical(s) were missing child's name and date of birth  |  |  |
| 4. Medical(s) were missing the date of the medical examination   |  |  |
| 5. The date of the exam was more than 13 months prior to the date the form was signed  |  |  |
| 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for   |  |  |
| participation in group care  |  |  |
| 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified |  |  |
| nurse practitioner (CNP) who examined the child  |  |  |
| 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year  |  |  |
| 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized   |  |  |
| or is in the process of being immunized against the diseases   |  |  |
| required by division 5104.014 of the Revised Code and found in appendix A to this rule   |  |  |
| 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have  |  |  |
| the child immunized against the disease for reasons of   |  |  |
| conscience, including religious convictions  |  |  |
| 11. Other [ ]  |  |  |
| Submit the program's corrective action plan to the Department to verify compliance with the requirements of  |  |  |
| this rule.   |  |  |
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| Corrective Action Plan Due: 07/14/2023   |  |  |
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| Domain: 09 Children's Files  |  |  |

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

Rule: 5101:2-13-25 Medication Requirements

Code: The program is required to have a current and completed JFS 01217 on file.



Findings: During the inspection, it was determined that the program did not meet the requirements for the JFS 01217 "Request for Administration of Medication for Child Care" as noted in number(s) 3 below:

1. The JFS 01217 was missing or incomplete for a medical food that was not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care".

2. The program used an old version of the JFS 01217.

3. The signature date on the JFS 01217 exceeded more than 12 months.

4. The time period to administer medication on the JFS 01217 was exceeded.

5. The JFS 01217 included more than one child's name.

6. The JFS 01217 included more than one medication or medical food.

7. The prescription label was not current.

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

Corrective Action Plan Due: 07/14/2023

## **Domain: 10 Written Policies & Procedures**

Rule: 5101:2-13 Written Policies and Procedures

Code: The program is required to provide appendix D to this rule to all parents.

Findings: During the inspection, it was determined that parent(s) of the children enrolled in the program were not provided with a copy of appendix D to this rule. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/14/2023

#### **Domain: 10 Written Policies & Procedures**

Rule: 5101:2-13 Written Policies and Procedures

Code: The provider is required to create, maintain, and implement the policies and procedures outlined in appendix C and D of this rule.

Findings: It was determined, the provider was not responsible for creating, maintaining or implementing the policies and procedures detailed in appendix C and D of this rule.

\*Missing entire basic daily schedule and current hours of availability

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

Corrective Action Plan Due: 07/14/2023



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

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-02 License Visible            | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary        | Compliant |   |
| 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 |
| 5101:2-13-02 Provider Medical           | Compliant |   |
|   |           |   |
|   |           |   |
|   | •         | <u>.</u>                                |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership           | 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 Building Inspections for   | Compliant |   |
| Type A Homes                            |           |   |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |   |
|   |           | •                                       |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
|   |           |   |



| 5101:2-13-04 Fire Inspections for Type<br>A Homes       | Compliant           |  |
|---|---------------------|--|
| Dula  | Chatrice            | Decurrenting (Asterneyt(a) If englischie |
| Rule<br>5101:2-13-07 Staff Records                      | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule<br>5101:2-13-08 Employee Requirements              | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule<br>5101:2-13-08 Whistle Blower                     | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   | -                   |  |
| Rule<br>5101:2-13-09 Background Checks                  | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule<br>5101:2-13-10 Professional<br>Development        | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment                          | Compliant           |  |
|   | I                   |  |
| Rule<br>5101:2-13-11 Fall Zone                          | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule<br>5101:2-13-12 Safe Equipment                     | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   | Status              | Decumenting Statement(a) if a subscript  |
| Rule<br>5101:2-13-13 Clean environment and<br>equipment | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Dulo  | Status              | Documenting Statement(a) If any light    |
| Rule<br>5101:2-13-13 Handwashing                        | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   | compliant           |  |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-13 Smoke Free              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant |   |
| for Field and Routine Trips          |           |   |
|                                      |           |   |
| Rule                                 | Status    | Decumenting Statement(a) If earlieship  |
| 5101:2-13-14 Driver Requirements     | Compliant | Documenting Statement(s), If applicable |
| 5101.2 15 14 briver requirements     | compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           | ·                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
| 1                                    | I         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
|                                      |           |   |
| L                                    |           | 1                                       |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Dula                                | Chabura   |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | Documenting statement(s), it applicable |
| 5101.2-15-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     | compliant |   |
|                                     |           |   |
|                                     |           |   |
| 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                                |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |
|                                     |           |   |



| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-22 Meals and Snacks          | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                | Compliant |   |
|  |           |   |
|  |           |   |
|  | <b>.</b>  |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(c) If applicable  |
|  |           | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food    |           |   |
|  | Compliant |   |
| Preparation                            |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant |   |
| 5101.2-15-25 Diapering                 | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
|  | compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | 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 |
| 5101:2-13-08 Review Policies and | Compliant |   |
| Procedures                       | compliant |   |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                | Compliant |   |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites      | Compliant |   |
| 5101.2-13-24 Swimming Sites      | compliant |   |
|                                  |           |   |
|                                  | ·         |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and       | Compliant |   |
| Equipment                        |           |   |
|                                  |           | l]                                      |
|                                  |           |   |
|                                  |           |   |