# **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      |
| Auntie Bebe's childcare | 2230028910     | FCC - Type B Home |
| Address                 |                | County            |
| 2225 dorr street        |                | LUCAS             |
|                         |                |                   |
| toledo                  |                |                   |
| OH 43607                |                |                   |

|                     | In                             | spection Information |                   |              |  |
|---------------------|--------------------------------|----------------------|-------------------|--------------|--|
| Inspection Type     | Inspection                     | Scope                | Inspection Notice |              |  |
| Provisional         | Full                           |                      | Unannounced       |              |  |
| Inspection Date     | Begin Time                     | Begin Time           |                   | End Time     |  |
| 09/04/2024          | 9:48 AM                        |                      | 11:14 AM          | 11:14 AM     |  |
| Reviewer:           |                                |                      |                   |              |  |
| Julie Tursic        |                                |                      |                   |              |  |
| Summary of Findings |                                |                      |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk     | No. Moderate Risk | No. Low Risk |  |
| 68                  | 8                              | 0                    | 0                 | 11           |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 4          | 0         | 4     |
| Young Toddler   | *                | 2          | 0         | 2     |
| Total Under 2 Years                                       | 3                | 6          | 0         | 6     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 1          | 0         | 1     |
| Total Capacity/Enrollment                                 | 6                | 1          | 0         | 7     |

| Staff-Child Ratios at the Time of Inspection |                          |        |  |
|--|--------------------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                          |        |  |
| ONE  | 12 months to < 18 months | 1 to 1 |  |



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

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

# Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to store cleaning and sanitizing supplies in a place that is inaccessible to children. Cleaning agents, aerosol cans and chemical substances must be stored in their original container or clearly labeled. School-age children may use cleaning supplies and equipment with adult supervision.

Findings: During the inspection, cleaning and sanitizing equipment and supplies were not used or stored properly as noted in number(s) 12 below:

- 1. Cosmetics were accessible to children in the [ ] area.
- 2. Disinfecting wipes were accessible to children in the [ ] area.
- 3. Fish food was accessible to children in the [ ] area.
- 4. Hand lotion was accessible to children in the [ ] area.
- 5. Hand sanitizer (for children under 24 months) was accessible to children in the [ ] area.
- 6. Laundry detergent was accessible to children in the [ ] area.
- 7. Powder dish washing soap was accessible to children in the [ ] area.
- 8. Paint cans were accessible to children in the [ ] area.
- 9. White out was accessible to children in the [ ] area.
- 10. Potting Soil was accessible to children in the [ ] area.
- 11. Other potentially hazardous substance [ ] was accessible to children in the [ ] area.
- 12. Cleaning/sanitizing supplies had not been clearly labeled.
- 13. School-age children were using cleaning supplies, agents and/or equipment without adult supervision.
- 14. A spray aerosol was used in the [ ] group while children were in attendance.
- 15. Other: [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance is no longer accessible to children and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/04/2024

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may 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 that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well being as noted in the following number(s) 1 below:

- 1. outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Telephone cords.
- 7. Employee(s) purse(s).
- 8. Diaper bags.

- 9. Television not securely anchored.
- 10. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 11. Staff member stepped over a barrier/gate while holding a child.
- 12. Chipping or peeling paint.
- 13. An area rug did not have a nonskid backing.
- 14. An area rug presented a tripping hazard.
- 15. A floor surface was unsafe in that [].
- 16. No platform was provided for the sink or toilet.
- 17. The platform provided for the sink or toilet was not sturdy.
- 18. The platform provided for the sink or toilet posed a safety hazard in that [ ].
- 19. Emergency exits were blocked by the following furniture in that [ ].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [ ].

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

Corrective Action Plan Due: 10/04/2024

# 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 below:

- 1. The plan was not posted on each level of the home used for child care. Page 2 was missing
- 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 it he 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: 10/04/2024

### 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) 15 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. The outdoor area was littered with trash.
- 10. The trash can was missing a lid.
- 11. The trash was not emptied from the day(s) before.
- 12. The trash can was overflowing with trash.
- 13. The trash can was infested with insects.
- 14. The trash can was visibly dirty.
- 15. Other There was a loose board on the outdoor deck area.

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

Corrective Action Plan Due: 10/04/2024

#### Domain: 05 Health & Safety

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

Code: The program is required to post the current menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 3 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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

Corrective Action Plan Due: 10/04/2024

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

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

Corrective Action Plan Due: 10/04/2024

Domain: 07 Diapering & Infant Care

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program is required to retain and update infant feeding instructions.

Findings: During the inspection, it was determined that written instructions for feeding the infants noted on the Children Record Review form were not on file/updated as required by 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: 10/04/2024

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

Rule: 5101:2-13-07 Provider Responsibilities

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

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

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

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

Corrective Action Plan Due: 10/04/2024

### Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933

"Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 10/04/2024

#### 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(s) 1 and 9 below:

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

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

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

conscience, including religious convictions

11. Other [ ]

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

Corrective Action Plan Due: 10/04/2024

#### 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 number(s) 4 and 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: 10/04/2024

# Rules In-Compliance/Not Verified

| Status    | Documenting Statement(s), If applicable              |
|-----------|--|
| Compliant |  |
|           |  |
|           |  |
| Status    | Documenting Statement(s), If applicable              |
| Compliant |  |
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| Status    | Documenting Statement(s), If applicable              |
| Compliant |  |
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| 1         |  |
| Status    | Documenting Statement(s), If applicable              |
| Compliant |  |
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|           | Status Compliant  Status Compliant  Status Compliant |



| Rule                                  | 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 Building Requirements    | Compliant |  |
| for Type B Homes                      |           |  |
| L                                     |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B   | Compliant | 2002tollting statement(s), it applicable |
| Homes                                 |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and            | Compliant |  |
| Combustible Materials in a Type B     | 39        |  |
| Home                                  |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B      | Compliant |  |
| Home                                  |           |  |
|                                       |           |  |
|                                       | I -       | 1 - 22 2 2 2 2                           |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records            | Compliant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster | Compliant | boddinenting statement(s), it applicable |
| Parent                                | Compilant |  |
| arcin                                 |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements    | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower           | Compliant |  |
|                                       |           |  |
| L                                     |           |  |
| P. J.                                 | Chabus    | Description Chairman (1) If              |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |

| 5101:2-13-09 Background Checks               | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-10 Health Training                 | Compliant           | bocumenting statement(s), if applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-10 Professional Development        | Compliant           | December of the second of the |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Outdoor Equipment               | Compliant           | boountending statement(s), it applicable  |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Fall Zone                       | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Safe Equipment                  | Compliant           | ,   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Clean environment and equipment | Compliant           | bocumenting statement(s), if applicable   |
|  |                     |   |
| Rule 5101:2-13-13 Handwashing                | Status<br>Compliant | Documenting Statement(s), If applicable   |
|  |                     |   |
| 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           |   |
| D.J.   | Charter             |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |

| 5101:2-13-14 Requirements for Field and Routine Trips          | Compliant |   |
|--|-----------|---|
| 2.1  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                               | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections                               | Compliant |   |
|  |           |   |
|  | I         |   |
| 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 | bootinenting statement(s), it approase  |
| 310112 13 13 (realit) Gallattions                              | Compilant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention                           | Compliant |   |
| and Confidentiality  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills                                  | 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 Emergency   | Compliant | Documenting Statement(s), it applicable |
| Preparedness and Response Plan                                 | Compilant |   |
| Li cparcaness and nesponse Flan                                |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury                                   | Compliant |   |

| Designates:  |  |   |
|--|--|---|
|  |  |   |
|  |  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance  | Compliant  |   |
| Annahumatan sama tama samatan sapatan saturapan satura sayah da sayah satura sayah sayah satura sayah satura sayah satura sayah satura sayah satura sayah sayah satura sayah satura sayah satura sayah satura sayah satura sayah sayah sayah satura sayah sayah satura sayah s | and the second of the contract |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision   | Compliant  | bocamenting statement(s), it applicable |
| 3101.2-13-19 Supervision   | Compliant  |   |
|  |  |   |
| 1  |  |   |
|  |  | D (1 C(1 ) 1 ) If                       |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision  | Compliant  |   |
|  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance  | Compliant  |   |
|  |  |   |
|  |  |   |
| *  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap   | Compliant  |   |
| Requirements   | Compilant  |   |
| Requirements   |  |   |
| ,  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 100000000000000000000000000000000000000  | , technological des  | 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  |  |   |
| 10   |  |   |
|  | •  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk  | Compliant  | Death. Statement(s), it applicable      |
| JIOI.Z IJ ZZ HUIU WIIK   | Compilant  |   |
|  |  |   |
|  | 1  |   |
| P. I.  |  | D (1) (1) (1) (1)                       |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling   | Compliant  |   |
|  |  |   |

| Designates:                        |           |   |
|------------------------------------|-----------|---|
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Infant Daily Care     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | l.        |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| TANCHINED                          |           | Documenting Statement(s), if applicable   |
| 5101:2-13-23 Diapering             | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-24 Parent Permission for | Compliant |   |
| Swimming                           | **        |   |
| 0                                  |           |   |
|                                    | 3)        |   |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication            | Compliant |   |
|                                    | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
|                                    | T as      |   |
| 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 Written Policies and     | Compliant |   |
| Procedures                         | Compilant |   |
| Frocedures                         |           |   |
|                                    |           |   |
| Dula                               | Chatria   | Designmenting Statement (a) If applicable |
| 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   |
| 5101:2-13-08 Child Care Staff      | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
|                                    |           | · ·                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable   |
| 140-14-14-1                        |           | 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 | Documenting Statement(s), if applicable |
| 3101.2 13 24 OH SILC 1 0013 | Compilant |   |
|                             |           |   |
|                             |           | <u>'</u>                                |
| 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 |   |
|                             |           |   |
|                             |           |   |
| D. I.                       | Chat      | D                                       |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Facilities out              |           |   |
| Equipment                   |           |   |
| Equipment                   |           |   |