

# **Center Licensing Inspection Full Report**

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

|  | Program Deta        | nils            |                    |
|--|---------------------|-----------------|--------------------|
| Program Name                                     | Program Number      |                 | Program Type       |
| HUGS-N-HEARTS EARLY LEARNING CENTER              | 000000404705        |                 | Child Care Center  |
| Address<br>8989 ANTARES AVE COLUMBUS<br>OH 43240 |                     |                 | County<br>DELAWARE |
| Building Approval Date                           | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½  |
| Fire Inspection Approval Date                    | Food Service Risk L | evel            |                    |
| 01/19/2022                                       | Level II            |                 |                    |

|                            | Inspection Information         |                  |                   |              |  |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Follow-up                  | Full                           |                  | Unannounced       |              |  |
| Inspection Date 03/10/2022 | Begin Time 8                   | :00 AM           | End Time 6:00 PM  |              |  |
| Reviewer:<br>CRYSTAL LUSE  |                                |                  |                   |              |  |
| Summary of Findings        |                                |                  |                   |              |  |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                         | 9                              | 0                | 2                 | 9            |  |

| 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   |                  | 21         | 0         | 21    |
| Total Under 2 ½ Years                                     | 66               | 21         | 0         | 21    |
| Older Toddler   |                  | 20         | 0         | 20    |
| Preschool   |                  | 144        | 0         | 144   |
| School Age  |                  | 24         | 0         | 24    |
| Total Capacity/Enrollment                                 | 226              | 188        | 0         | 209   |

| Staff-Child Ratios at the Time of Inspection |                          |                |         |
|--|--------------------------|----------------|---------|
| Group  | Age Group/Range          | Ratio Observed | Comment |
| Pooh's Place                                 | 18 months to < 30 months | 1 to 4         |         |

| Pooh's Place       | 18 months to < 30 months | 1 to 5  |  |
|--------------------|--------------------------|---------|--|
| Care Bears         | 30 months to < 36 months | 2 to 12 |  |
| Care Bears         | 30 months to < 36 months | 2 to 10 |  |
| Corduroy's         | 3 years to < 4 years     | 1 to 3  |  |
| Corduroy's         | 3 years to < 4 years     | 1 to 6  |  |
| Bernstain Blvd.    | 3 years to < 4 years     | 1 to 7  |  |
| Bernstain Blvd.    | 3 years to < 4 years     | 1 to 9  |  |
| Paddington Pkwy.   | 4 years to < 5 years     | 2 to 13 |  |
| Paddington Pkwy.   | 4 years to < 5 years     | 2 to 14 |  |
| Yogi's Trail       | 4 years to < 5 years     | 1 to 12 |  |
| Yogi's Trail       | 4 years to < 5 years     | 1 to 12 |  |
| Muffy's Lane       | 4 years to < 5 years     | 1 to 10 |  |
| Muffy's Lane       | 4 years to < 5 years     | 1 to 9  |  |
| Panda Pkwy         | 4 years to < 5 years     | 1 to 9  |  |
| Panda Pkwy         | 4 years to < 5 years     | 1 to 5  |  |
| Tiki Bear Lane     | 4 years to < 5 years     | 1 to 7  |  |
| Tiki Bear Lane     | 4 years to < 5 years     | 1 to 13 |  |
| Paw Place          | 4 years to < 5 years     | 1 to 7  |  |
| Paw Place          | 4 years to < 5 years     | 1 to 11 |  |
| Teddy's Trail      | 4 years to < 5 years     | 1 to 7  |  |
| Teddy's Trail      | 4 years to < 5 years     | 1 to 10 |  |
| Rainbow Bear Rd.   | 3 years to < 4 years     | 1 to 5  |  |
| Rainbow Bear Rd.   | 3 years to < 4 years     | 1 to 11 |  |
| Circus Bear Circle | 3 years to < 4 years     | 2 to 6  |  |
| Circus Bear Circle | 3 years to < 4 years     | 2 to 10 |  |
| Beach Bears        | 30 months to < 36 months | 2 to 10 |  |
| Beach Bears        | 30 months to < 36 months | 2 to 12 |  |
| Cub's Corner       | 18 months to < 30 months | 2 to 4  |  |
| Cub's Corner       | 18 months to < 30 months | 2 to 9  |  |

## **Summary of Non-Compliances**

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

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

**Domain: 08 Staff Files** 

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

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

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

1. Owner;

2. Administrator;

3. Child Care Staff Member, employee.

Submit the program's corrective action plan, which includes a statement the background check update has been requested, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/09/2022

#### Domain: 09 Children's Files

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

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in numbers 1, 19 & 25 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.

- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/09/2022

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

## Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 2 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed (Paw Place- not all children marked in).



3. The original attendance documentation was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 04/09/2022

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide equipment and materials that are easy to clean.

<u>Finding</u>: During the inspection, it was determined that at least one piece of equipment, furnishings, or material at the program was not constructed of materials to facilitate cleaning as noted in numbers 4 & 5 below:

- 1. The material had a tear.
- 2. The material was not washable.
- 3. The material was porous.
- 4. The surface was cracked (quiet area chair in Beach Bears).
- 5. The surface was repaired, but in a manner that still did not facilitate cleaning (quiet area couch in Beach Bears).
- 6. Other [ ].

Equipment, furnishings, and furniture shall be constructed of materials to facilitate cleaning. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

### **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to have all surge protectors and outlets covered.

<u>Finding</u>: During the inspection, it was determined that multiple outlets did not have childproof receptacle covers (in Paddington's, Yogi's and Panda's). The program must have safety covers on all electrical outlets, including power strips and surge protectors, which are within the reach of the children. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

## Domain: 03 Postings & Equipment

Rule: 5101:2-12-17 Daily Schedule

<u>Code</u>: The program is required to have the daily program schedule posted in all required areas.

<u>Finding</u>: During the inspection, it was determined that a copy of the daily program schedule was not posted in the Paw Place area as required. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

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

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

<u>Finding</u>: In review of the staff records, it was determined that medical examination statement(s) on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/09/2022

### Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have staff complete training in child abuse and neglect recognition and prevention within sixty days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed training in child abuse and neglect recognition and prevention as noted in number 2 below:

- 1. The training was not completed within sixty days of hire.
- 2. The training was expired, as it is only valid for two years.

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

Corrective Action Plan Due: 04/09/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number 4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 4. Tuberculosis (TB) screening/test
- a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
- b. Results of a TB test for employees meeting both criteria in 4a;
- c. Results of additional testing for employees with a positive TB test;
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 04/09/2022

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications, medical foods and topical products. The program is also required to obtain separate documentation for each medication/product and child.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for the JFS 01217 "Request for Administration of Medication for Child Care" as noted in number 2 below:

- 1. The program used an old version of the JFS 01217.
- 2. The signature date on the JFS 01217 exceeded more than 12 months.
- 3. The time period to administer the medication or medical food on the JFS 01217 was exceeded.
- 4. The JFS 01217 included more than one medication or medical food.
- 5. The JFS 01217 included more than one child's name.
- 6. The prescription label was not current.

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

Corrective Action Plan Due: 04/09/2022

#### Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to removed all medication, medical foods and topical products that are no longer being administered or have expired.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products had not been removed from the program and were no longer needed or had expired. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

| Status                                       | Documenting Statement(s), If applicable  |
|--|--|
| Compliant                                    | Documenting Statement: The license was   |
|  | in a location visible to parents as  |
|  | required.  |
|  |  |
|  |  |
| Status                                       | Documenting Statement(s), If applicable  |
| Compliant                                    |  |
|  |  |
| T a  | 10 11 11 11  |
|  | Documenting Statement(s), If applicable  |
| Compliant                                    |  |
|  |  |
|  | 10 11 11 11  |
|  | Documenting Statement(s), If applicable  |
| Compliant                                    | Documenting Statement: On the day of   |
|  | the inspection, the program was  |
|  | operating in compliance with the current   |
|  | building approval(s).  |
|  |  |
| Ctatus                                       | Documenting Statement(s) If applicable   |
|  | Documenting Statement(s), If applicable  |
| Compilant                                    |  |
| <u>.                                    </u> |  |
| Status                                       | Documenting Statement(s), If applicable  |
|  | Documenting Statement: During the  |
|  | inspection, it was determined the  |
|  | program had documentation they had   |
|  | applied and paid for the renewal of the  |
|  | annual food service license. Please be   |
|  | reminded to post the new food service  |
|  | license once it has been received from the   |
|  | health department.   |
|  |  |
|  |  |
| Status                                       | Documenting Statement(s), If applicable  |
| Compliant                                    |  |
|  |  |
|  |  |
| Status                                       | Documenting Statement(s), If applicable  |
| Compliant                                    |  |
|  |  |
| · ·  |  |
| Status                                       | Documenting Statement(s), If applicable  |
|  |  |
| Compliant                                    | Documenting Statement: The written   |
|  | Status Compliant  Status Compliant |

|   |                     | day of the inspection were verified as complete.  |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant           | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program.  |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection       | Compliant           | bocumenting statement(s), it applicable   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space<br>Requirements                           | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years            | Compliant           | Documenting Statement(s), ii applicable   |
| Rule  | Chahara             | Decomposition Chalcon with a life and include   |
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements                    | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 1/3/22. |
|   |                     |   |
| Rule: 5101:2-12-11 Outdoor Play Equipment                           | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Outdoor equipment was viewed to be safe and free of rust, sharp points, and other hazards.  |
|   | Ta                  |   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones                       | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The protective material used under outdoor equipment was mulch and artificial turf.   |
| Dula  | Chabita             | Danish Chab   |
| Rule: 5101:2-12-12 Safe Equipment                                   | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Equipment was observed to be in good condition.   |
| Rule  | Status              | Documenting Statement(s), If applicable   |

| Dulas E101s2 42 42 Handussalatas      | Compliant | Decumenting Statement Staff and           |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-13 Handwashing        | Compliant | Documenting Statement: Staff and          |
| Requirements                          |           | children were observed washing hands as   |
|                                       |           | required by the rule.                     |
|                                       |           |   |
|                                       | •         | <u>.</u>                                  |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free               | Compliant |   |
| Environment                           |           |   |
| Environment                           |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Child Medical and  |           |   |
|                                       | Compliant | Documenting Statement: In review of       |
| Enrollment Records                    |           | 25% of the records, at the time of the    |
|                                       |           | inspection, children's medical statements |
|                                       |           | were complete and on file, as required by |
|                                       |           | the rule.                                 |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant | Documenting Statement: On the day of      |
| and General Emergency Plan            | 35        | the inspection, the complete prescribed   |
| and General Linergency Flatt          |           | JFS 01242 "Medical, Dental, and General   |
|                                       |           | · · · · · ·                               |
|                                       |           | Emergency Plan For Child Care" were       |
|                                       |           | posted in the program as required.        |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation      |
|                                       |           | for completed fire, weather, and          |
|                                       |           | emergency/lockdown drills was verified    |
|                                       |           | during this inspection.                   |
|                                       |           | daring time inspections                   |
|                                       | l         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the         |
| •                                     | Compnant  |   |
| Precautions                           |           | inspection, the program had complete      |
|                                       |           | first aid kits available as required.     |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of            | Compliant |   |
| Communicable Disease                  |           |   |
|                                       | •         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Incident/Injury    | Compliant | Documenting Statement: The JFS 01299      |
| Reporting                             | Compilant | "Incident/Injury Report For Child Care"   |
|                                       |           |   |
|                                       |           | forms reviewed during this inspection     |
|                                       |           | were complete as required.                |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |

| T .                                   | 1            |   |
|---------------------------------------|--------------|---|
| Rule: 5101:2-12-16 Written Disaster   | Compliant    | Documenting Statement: The program's      |
| Plan                                  |              | written disaster plan was reviewed during |
|                                       |              | the inspection and met the requirements.  |
|                                       |              | the inspection and met the requirements.  |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and      | Compliant    | Documenting Statement: Sufficient         |
| Equipment                             | '            | equipment was observed in all categories. |
|                                       |              | equipment was observed in an eategories.  |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant    | Documenting Statement: Outdoor play       |
| , , ,                                 |              | was observed for the most groups.         |
|                                       |              | was observed for the most groups.         |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity         | Compliant    |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio              |              | Documenting Statement: Staff/child        |
| Rule. 5101.2-12-16 Ratio              | Compliant    | =   |
|                                       |              | ratios observed during the inspection     |
|                                       |              | were in compliance.                       |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Group Size               | Compliant    | Bocamenting statement(s), it applicable   |
| 3101.2-12-18 Group 3ize               | Compliant    |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Supervision              | Compliant    |   |
|                                       |              |   |
|                                       | •            |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance           | Compliant    | Bocamenting statement(s), it applicable   |
| 5101.2-12-19 Cilila Galdance          | Compliant    |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-20 Cots and Napping   | Compliant    | Documenting Statement: Cots were          |
|                                       |              | placed appropriately and safely during    |
|                                       |              |   |
|                                       |              | nap time.                                 |
|                                       | 1            |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-22 Meal and Snack     | Compliant    | Documenting Statement: Snacks served at   |
|                                       | 1 - P - 1177 | _   |
|                                       |              | the program included toods from two of    |
| Requirements                          |              | the program included foods from two of    |
|                                       |              | the four food groups and provided         |
|                                       |              |   |
|                                       |              | the four food groups and provided         |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
|                                      |           |   |
|                                      |           | 2 11 21 11 11                           |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant |   |
| Handling/Storage                     |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet    | Compliant |   |
| Training                             |           |   |
|                                      |           |   |